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PLAN B

Plan B now a Schedule 2 drug

Plan B (levonorgestrel 0.75 mg) is now a Schedule 2 product.

The college's standards for Schedule 2 drugs apply to Plan B. We remind you that Council has approved an interpretation of these standards stating that **documentation will be required for all assessments and decisions regarding Plan B.**

The Council guidelines also adopt the CPhA's *Guidelines for the Provision of Plan B (levonorgestrel 0.75 mg) as a Schedule II Product*. The CPhA program includes a screening form and counselling notes. Completion of the CPhA screening form and counselling notes are considered adequate documentation to meet ACP standards.

The council guidelines and CPhA forms are available on the ACP website at www.pharmacists.ab.ca/practice_ref_library/standard_guidlines.aspx?id=5266.

The college does not require formal certification for pharmacists dispensing Plan B. However, you must ensure that you have adequate knowledge and competencies and, as outlined in 4.7 (c) of the standards of practice, that you had an appropriate dialogue with the patient regarding the selection and proper use of the Schedule 2 drug prior to dispensing the product.

Continuing education programs on ECP are being offered by the Pharmacists Association of Alberta (RxA). Please contact RxA for details.

An on-line course is also available on the CPhA website at www.pharmacists.ca/content/hcp/Resource_Centre/Continuing_Education_Centre/emrgcontra_training.cfm

We encourage you to participate in one of these CE opportunities before you prescribe Plan B.

alberta college of
pharmacists



Important information about new regulations and standards

See pages 2 and 3 for details

plus...

**Your new web and e-mail address
will be... pharmacists.ab.ca**

See page 4 for details

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1200 - 10303 Jasper Avenue NW
Edmonton AB T5J 3N6

The deadline for submissions is the end of the first week of the month prior to publication. Information about content and length of articles can be obtained from the editor.

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Tracy Marsden, District 5
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Public members:
Michael Faulkner
Greg Moffatt

Councillors and our public members can be reached by e-mail via our website at www.pharmacists.ab.ca 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.pharmacists.ab.ca under *Contact Us*.

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Business Manager: Lynn Paulitsch
Registry Leader: Linda Hagen
Communications Leader:
Lynn Otteson

READ THIS * IMPORTANT INFORMATION!



* Legislation update

Since the *Health Professions Act* (HPA) and the *Pharmacy and Drug Act* (PDA) were passed in 1999, a significant amount of ACP's human and financial resources have been dedicated to addressing amendments to the PDA; the development of regulations to each act, including a new and expanded scope of practice for pharmacists; and the development of new standards of practice and standards for pharmacy operations.

Throughout 2002, 2003 and 2004, the college held multiple regional consultations with members about the policy framework for the new regulations and the prescribing model. In November 2003, a presentation was made to the Health Professions Advisory Board (HPAB), proposing that pharmacists be permitted to prescribe drugs and administer drugs by injection. In December 2004, Health Minister Iris Evans responded to the recommendations of the HPAB, advising that we should proceed to develop regulations respecting these new roles. Anticipating the amendment of the PDA (which is before the Legislature as we go to print), ACP has rededicated its focus to the regulations.

Draft regulations for the HPA and the PDA should be completed later this spring or early in the summer, at which time they will be **distributed to college members and external parties for consultation and feedback**.

We have begun facilitated discussions with the College of Physicians and Surgeons of

Alberta to discuss a framework for prescribing in a collaborative environment (as directed by the minister). Our goal is to create a framework that provides clear expectations for each profession respecting prescribing by pharmacists. If there are unresolved differences, they will be documented at the conclusion of the deliberations. If the unresolved differences could have a significant impact on patients' access to quality drug therapy or to pharmacists effectively using their knowledge and skills to benefit patients, we will need to discuss the differences with the minister.

ACP's representatives in the deliberations are college members Rick Hackman, Donna Pipa, and Dr. Nese Yuksel, along with Bunny Ferguson, ACP's first public council member. Greg Eberhart will be a resource to the discussions.

We propose to present a preliminary report to the councils of each college in early June, with a final report prior to June 30.

* Developing new standards of practice

ACP is developing new standards of practice for pharmacists and standards for pharmacy operations. The standards will be implemented in conjunction with proclamation of the *Health Professions Act* (HPA) and the *Pharmacy and Drug Act* (PDA) for pharmacy.

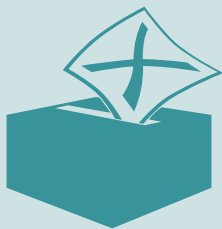
The standards of practice for pharmacists will replace our existing standards and will focus on the practice of individual pharmacists. They will include an increased emphasis on patient care and drug-use decision making rather than the context of simply dispensing.

The standards for pharmacy operations are a new opportunity granted under the PDA in response to members' requests that the responsibilities of pharmacy licensees' be made more clear.

Important!

Watch for consultation information about new regulations and new standards, and be prepared to provide input!

The content of these documents will determine how you can practise for many years. Be sure to make your voice heard!



New councillors elected

Three new councillors have been elected to represent members. They are:

- District 2 Rick Siemens
- District 3 Jim Krempien
- District 5 Lane Casement

These new councillors will bring a diversity of experience and skills to the council table.

They will commence their responsibilities on Sun., June 5, 2005 and serve three-year terms.

We extend a sincere thank you to Burke Suidan, District 2; Don Makowichuk, District 3; Aryn Kanjee, District 5; and Greg Moffatt, public member, whose last day as councillors will be June 4. The entire college membership appreciates your willingness to serve the profession!

READ THIS * IMPORTANT INFORMATION!

The new standards will be consistent with Council's priorities: public safety, quality pharmacy practice as it relates to appropriate drug use, integrity of the drug distribution system, and accountability. The standards of practice are based on a model developed by the National Association of Pharmacy Regulatory Authorities that received input from pharmacists across Canada. The national model has been supplemented with requirements that have been implemented in international jurisdictions such as Australia, the US and Great Britain.

The development of standards is being guided by a working group of 15 pharmacists with various practice backgrounds. The group is also providing insight on the issue of collaboration with other health professionals.

The **draft** standards will be **distributed to members for consultation and feedback for a period of 60 days**. Our goal is to conduct this consultation later this spring or early in the summer.

* Council responds to feedback about the clinical register

Councillors have heard and responded to feedback from members and other groups respecting the clinical practice register proposed under the *Health Professions Act* (HPA). Council has rescinded the requirement for **all** pharmacists registered on the clinical register to provide direct patient care for 600 hours in each two-year period.

When Council was seeking authority for pharmacists to prescribe drugs, it considered the requirements of other professions that had recently been granted prescribing privileges, including the need for 600 hours of direct patient care in each two-year period. Some pharmacists who provide direct patient care on a casual basis felt that this requirement could not be met. In addition, feedback was received indicating that not all pharmacists wish or were prepared to prescribe in the context of the three categories of the prescribing model proposed by the college.

As a result, Council has **approved a modified clinical register** to accommodate the concerns expressed by members and other individuals and groups. The clinical register will be modified to include a standard clinical register and an advanced register or designation.

Pharmacists registered on the standard register will be restricted to prescribing for the purposes defined in category 2 of the prescribing model.* This includes prescribing to accommodate the movement of patients within the health system, interim/short-term refills, adjustment of dosages and dosage forms, and generic and therapeutic substitution.

Pharmacists who qualify for the advanced register will be able to prescribe for all purposes approved in the new regulations.

The Competence Committee has been charged with advising Council about defined requirements and processes for entry to and remaining on the advanced clinical register. The requirements may or may not include providing direct patient care for a minimum number of hours within a defined period. Since the advanced clinical register is solely focused on prescribing, the qualifying and maintenance requirements will need to focus on knowledge, skills and attitudes that are important to that role.

Pharmacists providing restricted activities or who are employed or reimbursed for the purpose of providing advice about drug therapy for individual patients must register on the clinical register under the HPA. The requirement of separate certification for administering drugs by injection remains.

*The categories are outlined in *Optimizing Drug Therapy in Alberta* at www.pharmacists.ab.ca/council_at_work/emerging_issues.aspx?id=5283.

* Highlights from the spring legislative agenda

Bill 7 Health Statutes Amendment Act

This act amends multiple pieces of legislation including the *Health Professions Act* (HPA) and the *Government Organization Act* (GOA).

continued on page 4

We all have a new electronic presence!

The college has updated its website domain name to better reflect who we are. Effective immediately, our new website address (URL) is

www.pharmacists.ab.ca

The look remains the same and you'll still find the same important information to support your practice at that address.*

Your membership e-mail address has also changed. Rather than having your mail addressed @altapharm.org, your address is now

@pharmacists.ab.ca

Reading your e-mail will remain much the same. Your membership e-mail username and password remain the same. All of your settings, such as forwarding address, e-mail alias, etc., have been moved to your new account.

For a number of months, anyone sending a message to you at @altapharm.org will receive a **one-time** automated reply informing them of your new e-mail address. Their mail will still reach you; however, they'll know to change their address book.

To summarize:

- you will continue to access your e-mail at <http://pharmacists.ab.ca> by clicking on *Membership E-mail*;
- your username and password remain the same;
- your actual e-mail address has changed to include @pharmacists.ab.ca instead of @altapharm.org; and,
- people sending mail to you at the old address will receive a **one-time** notice of your new e-mail address.

**You are Alberta's pharmacists.
Now your e-mail address shows it!**

* If you haven't visited our site, check it out!

Remember: if you want help signing onto the e-mail system, please contact Misti Denton by telephone at (780) 990.0321 or 1.877.227.3838 or by e-mail at Misti.Denton@pharmacists.ab.ca

Highlights *continued from page 3*

Schedules to the HPA specific to several professions are being amended, and the use of the term specialist is being restricted. Changes to the GOA include amendments to the definitions of dispensing and compounding, and introduces a definition for administering drugs. The amended definition of compounding more closely reflects the existing definition in the *Pharmaceutical Profession Act* by excluding the reconstitution of a drug with water. The definition of dispensing clarifies that a prescription must be for a person. The *Pharmacy and Drug Act* includes a provision for pharmacists to dispense drugs for animal use.

Bill 38 Pharmacy and Drug Amendment Act

When the *Pharmacy and Drug Act* was passed in 1999, the government agreed that it would be amended prior to proclamation. The amendment would provide a regulatory framework that better reflected emerging trends in the drug distribution system, the operation of pharmacies, and pharmacy practice. Most of the amendments reflect considerations shared with members through district meetings and other consultations over the past three years.

The amended legislation will provide four categories of pharmacy licences: community pharmacy licence, compounding and repackaging pharmacy licence, satellite pharmacy licence, and mail order pharmacy licence. It also will provide for the registration of drug wholesales, the closing of a pharmacy that is not in compliance with the legislation, and broader authority for developing regulations.

Bill 204 Pharmacy and Drug (Methamphetamine Limiting) Amendment Act

This is a private members bill, introduced by Ivan Strang, MLA West Yellowhead. It proposes to limit the sale and storage for sale of all products containing ephedrine and pseudoephedrine to Schedule 2.

ACP has responded negatively to the bill, indicating that the act as proposed is not practical. We have indicated our support to restrict the storage or sale of all single entity products containing ephedrine and pseudoephedrine to Schedule 2, and further, to restrict the sale of all multi-ingredient products containing pseudoephedrine or ephedrine to Schedule 3.

**Have a say
in college
deliberations**

ACP seeks members interested in serving on a standing committee, working group or task force during the 2005/06 membership year. Positions are open on the Competence Committee and Investigating Committee Pool.

The Competence Committee is responsible for developing and implementing programs for monitoring and maintaining the competence of members. The Investigating Committee Pool is a slate of members from which the college selects members to chair investigating committees as required. Other members of investigating committees are often selected from the membership at large. More information about these committees is available on the college's website at www.pharmacists.ab.ca under *About*.

Appointment to these committees is for a three-year term, with eligibility for appointment for a second term.

Further, throughout the year, the college may appoint working groups and task forces to address short term projects. The number and type of these vary from year to year. Additionally, the college often makes appointments to external committees and working groups established by Alberta Health and Wellness, regional health authorities or other partnering organizations.

If you are interested in participating in any of these opportunities, please forward your personal biography to Lynn Szoo at Lynn.Szoo@pharmacists.ab.ca or by fax at (780) 990-0328.

Your biography should be received **prior to May 6, 2005.**

Information to be included in your biography should include, but not necessarily be limited to, name, registration number, practice history and experience, unique learning/training opportunities in the past five years, designations, awards and leadership roles you have held within the profession or your community.

On the registration horizon—on-line convenience!

ACP is currently testing on-line membership services that will allow you to renew your membership, make changes to your demographic information, and maintain your professional development log on-line.

These service functions will soon appear in the *Membership Profile* section of our website at www.pharmacists.ab.ca

We are currently testing the system and are striving to offer these on-line services for the 2005/06 renewal period. However, we must be confident the system is working accurately and securely before making it live.

Here are details of the future on-line services.

Update your profile

You can view your demographic information, status, current employment location(s), voting district and consent choice(s). You will be able to update your address, phone number and consent choice on-line.

Maintain your professional development log

You can input data, edit, view and print your professional development log (PDL) on-line. If you are renewing your membership on-line, you will be required to enter and submit your on-line PDL electronically through this service. If you chose to renew via Canada Post or via facsimile transmission, you can print your on-line professional development log and include it with your renewal form.

Renew your membership

This new service will permit you to renew your membership on-line. Payment options include Visa, MasterCard and cheque. Members whose employer pays their fees can choose the cheque option and still submit their renewal and PDL on-line. The split-fee option will not be available via the on-line renewal service.



Annual report on the web

Meet our award winners and other innovative Alberta pharmacists (including one serving in Kabul), and read about highlights of the college's year in the 2004/05 annual report, now on the website.

Simply go to www.pharmacists.ab.ca/about/annual_report.aspx

Copies of the report will be available at the college's annual general meeting on Sat., June 4, at 3:45 p.m. at the Jasper Park Lodge. If you aren't able to attend the meeting and would like a copy, please call the college office.



2005/06 annual membership fees

The annual membership fee for the 2005/06 membership year will be:

- practising members \$925.55 (\$865 + \$60.55 GST)*
- non-practising members \$208.65 (\$195 + \$13.65 GST)*
- military/academic practitioners \$695.50 (\$650 + \$45.50 GST)*

The pharmacist registration fee no longer includes malpractice insurance. Consequently, pharmacist registration fees were reduced (from the 2004/05 level) by an amount equal to the value of the malpractice insurance premium.

Malpractice insurance is a personal responsibility of each member and is available through RxA or another source of your choice, such as CSHP. The college strongly encourages you to acquire personal malpractice coverage. Remember, personal malpractice insurance will be mandatory for pharmacists who register on the clinical register next year.

* The fees take into account the final grant from ACP to RxA in 2005/06.

It's membership renewal time again

Membership renewal packages were mailed April 30, 2005. Please call the college office if you have not received your package by mid-May.

You will find a few changes to the information on the renewal form this year.

- Membership status will be shown only as **practising or non-practising**, not community staff member, community manager, hospital staff, hospital director, etc.
- You will have choices about how ACP discloses your name and address. Rather than simply providing or withholding your consent, you may choose for which purposes, if any, ACP may release your personal information. These purposes are:
 - professional development and continuing education,
 - health promotion programs,
 - practice-based research,
 - member recruitment, and
 - programs and benefits for professional or personal well-being.

When renewing by mail, remember to send:

- your **membership renewal form**, with **both sides of the form filled in and signed**, and
- a **copy of your professional development log**, along with your
- **membership fee payment**.

We must have all of these documents to renew your registration!

If your employer is paying your fees, please be sure to give your employer your completed renewal form and a copy of your professional development log to send with their payment.

Please **do not send the original of your professional development log or your supporting materials**, such as CE certificates. Keep these documents in your records for two years in case your learning portfolio is audited. Remember that most practising members must have earned 15 CEUs between July 1, 2004 and June 30, 2005. Check your renewal form for details.

If you have questions about the membership renewal process, please contact Linda Hagen or Cheryl Shea by telephone at (780) 990-0321 or 1-877-227-3838, or by e-mail at linda.hagen@pharmacists.ab.ca or cheryl.shea@pharmacists.ab.ca

PROFESSIONAL DEVELOPMENT LOG				
NAME: Jane Lerner		REGISTRATION #: 9999		MEMBERSHIP YEAR: 2004-2005
DATE(S)	PROGRAM TITLE, PROVIDER AND FILE NUMBER (ACCREDITED) OR PRACTICE ISSUE (NON-ACCREDITED)	CEUs		KEY IDEAS/THOUGHTS/LEARNING POINTS
		ACCR	NON-ACCR	
Aug. 14-17, 2004	CSHP AGM and Educational Sessions CSHP CCCEP # 139-0604L3	13.75	0.00	New STEMI guidelines - timing of intervention is probably more important than the nature of the intervention (surgical or pharmacologic). Delivering written medication information to patients - large font, use boxes to separate information, use graphics
Oct. 22-23, 2004	Drug Update & Practical Therapeutics Course (5) Faculty of Medicine UofA ACP # AB04-039	11.0		Be sure to attend this course in 2006 - good information, great speakers, no product bias, no company sponsorship. New Antibiotics - new macrolid Telithromycin - no advantages; new FQs moxiflox, gatiflox, levoflox same efficacy; ertapenum is cost-effective alternative to imipenus. Influenza - 18% emergence of resistance with tamiflu in kids - will this limit its usefulness in a pandemic? Traveller's diarrhea - Dukoral not necessary. HIV - check CD4 and HIV viral load before starting Tx to optimize therapy. Statins - no one statin better than others with regards to myotoxicity risks
Mar. 5, 2005	RxA Professional Development day Trusted Partners in Health RxA ACP # 05-009	6.25		Dealing with conflict in the workplace - beware of withdrawal from conflict - may mean withdrawal from the organization. Liver cirrhosis - LFTs can be normal due to decreased production of enzymes by damaged liver. Medications and mother's milk - check out reference by Thomas Hale. Complementary and Alternative Medicine - great presentation! Note - do not recommend Echinacea to patients with ragweed allergies and in autoimmune diseases
Mar. 8, 2005	An Introduction to Crystal Meth CSHP ACP # 05-010	1.5	0.00	Crystal meth is highly addictive. Very difficult to break addiction, therefore extended rehab period (1 yr?) is needed.
TOTAL CEUs <i>(minimum 15 per year)</i>		32.5	0.00	<i>Jane Lerner</i> Signature
		32.5 Accredited <i>(minimum 8 per year)</i>	Non-accredited	

acp xPresses and News

acp xPress

(faxed since Feb. 3, 2005)

Feb. 10

- Safety information: Adderall XR® (dextroamphetamine and levoamphetamine salts.)

acp news

(issued on the college website since Feb. 3, 2005)

External:

Apr. 11

- April 2005 issue of *Canadian Adverse Reaction Newsletter (CARN)*

Meetings:

Feb. 16

- New Horizons award reminder

Mar. 14

- ACP/AARN 2005 conference registration now on-line

Mar. 17

- New pharmacists—attend the conference for free!

Operations:

Mar. 1

- Election by acclamation—Districts 2, 3 and 5

Mar. 15

- Call for resolutions—annual general meeting

Mar. 22

- Council meeting April 2005

Practice Issues:

Mar. 24

- ECP scheduling may change in April

Apr. 7

- Pfizer pulls Bextra from US and European market

Drug Information:

Feb 10.

- Adderall XR®

Feb. 22

- Inivrase® (saquinavir mesylate) and Fortovase® (saquinavir)
- Recall notice: Additional strengths of Paxil® tablets, 30s

Mar. 7

- Crestor® (rosuvastatin) update
- Ayurvedic medicinal products
- Cough syrup DM

Mar. 24

- Icodextrin-containing peritoneal dialysis solutions

Apr. 7

- Bextra™ (valdecoxib) and Celebrex® (celecoxib)

Pharmacists' civil liability for medication errors



We live in a litigious world. It may even appear that anyone can be sued for anything. However, a successful lawsuit is

built on a factual and legal foundation.

A lawsuit against a pharmacist is usually based on an allegation that the pharmacist was negligent in dispensing a drug. In order to sue a pharmacist successfully for negligence, a patient must demonstrate:

- the pharmacist owed the patient a duty of care,
- the pharmacist breached that duty of care,
- the patient suffered damage caused by the breach.

Where there is a pharmacist/patient relationship, it is easy to demonstrate that a duty of care is owed.

Whether or not a pharmacist breached the duty of care owed to the patient is determined on the "reasonable pharmacist test." Under this test, the pharmacist must bring to the task "a reasonable degree of skill and knowledge" and "is bound to exercise that degree of care and skill, which could reasonably be expected of a normal prudent practitioner."

As you are aware, a reasonable pharmacist is expected to dispense the prescribed drug correctly. Failure to do so invites liability for any damage suffered by a patient.

Historically, pharmacists were shielded from liability if they dispensed a drug correctly in accordance with the directions of a prescriber, even if the prescription was inappropriate for the patient. The courts' view was that the physician was the learned intermediary between the manufacturer and the patient—the physician determined which drug was appropriate. The role of the pharmacist was simply to fill the prescription as written.

As pharmacy practice evolved, so did the pharmacist's scope for liability. Pharmacists must now keep prescription profiles and warn physicians if a prescription is not

appropriate. Pharmacists can refuse to dispense if a prescription is not appropriate. Pharmacists must provide patient counselling. Expanded professional activities like these give rise to liability if they are conducted negligently and cause damage, e.g., failure to enquire or warn about an allergic reaction.

The scope of pharmacist practice will shortly expand again as pharmacists begin prescribing. The precise parameters governing prescribing are still unfolding as part of the process of developing regulations for the *Health Professions Act*. When that act is proclaimed for pharmacists, the pharmacists' scope for liability will expand. The physician will cease to be the sole learned intermediary with respect to the selection of a drug for a patient. The pharmacist may take on or share that responsibility. With increased responsibility comes an increase in the potential for liability.

Exposure to the potential for liability is not a reason to recoil from life or the application of professional talents. The key is to manage that exposure. Management of liability involves five components:

- awareness of the risks associated with the task,
- awareness of the limits on your ability,
- appropriate training and qualifications for the task,
- careful practise in an environment where there are "fail safe" systems, and
- personal liability insurance that covers the task.

Submitted by Bill Shores, Shores Belzil Jardine

Welcome Betty!

Betty Glassman has joined the college team as a part-time inspector. She will assist Merv Blair, complaints director, in complaints resolution and inspections.

Betty served with the RCMP for 29 years, mostly recently as the sergeant in charge at the Edmonton International Airport detachment. She also has a nursing background.

We look forward to working with Betty!



Jennifer Herrick,
M.J. Huston Pharmacist
of the Year



Crescent Rexall Pharmacy,
Sylvie Druteika, Manager,
W.L. Boddy Pharmacy
of the Year



Donna Kowalishin,
Honourary Life Membership

Congratulations award winners!

Congratulations to this year's award winners! The profession thanks you for your contributions and for being role models.

For additional information about these leading pharmacists and others, please go to the annual report on our website at www.pharmacists.ab.ca/about/annual_report.aspx

M.J. Huston Pharmacist of the Year*

Jennifer Herrick, the newest M.J. Huston Pharmacist of the Year, is known for excellence in pharmacist practice, particularly in geriatric assessment, and drug information services and research.

In Jennifer's words, she has "the best clinical practice." She's a member of the two-person team at the Calgary Health Region Geriatric Outpatient Assessment Clinic, working in tandem with the geriatrician, Dr. D. Burbach. In addition to drug reviews with patients, she also conducts initial cognitive assessments for patients, thus contributing to patient management. The assessment includes collecting the patient's history from the family.

Participating in the follow-up patient visits means Jennifer gets to know the patients and their families well. "Alzheimer's is a difficult disease," she declares. "I am amazed and humbled by how families care for their loved ones."

The geriatrician is particularly appreciative of her guidance regarding management of the patients' medications. He often contacts her about more complex geriatric patients he sees in hospital inpatient units, especially patients with cognitive or mood disorders.

As a result of her work at the clinic, Jennifer has made presentations on a variety of geriatric medicine topics to pharmacy and interdisciplinary audiences. She is also a preceptor for pharmacy students and hospital pharmacy residents at the clinic.

Jennifer devotes 60 per cent of her practice to supporting pharmacy's involvement in research. One aspect of this work is coordinating the pharmacy residents' research projects.

Jennifer is also a willing volunteer for the profession. In recognition of her efforts she received the Canadian Society of Hospital Pharmacists (CSHP) Alberta Branch

Recognition Award for Team Work in 2003 and the CSHP Alberta Branch Practitioner Award in 2004. Her practice has a non-traditional flavour, something she enjoys immensely. According to her nominators, she makes a difference in patients' and families' lives, as well as in the lives of her colleagues, and is a role model for pharmacists.

** The M.J. Huston Pharmacist of the Year award is presented to a college member who has demonstrated outstanding professional excellence in pharmacist practice.*

W.L. Boddy Pharmacy of the Year*

Sylvie Druteika describes **Crescent Rexall Pharmacy** as a small-town pharmacy in a big city, alluding to the friendly, caring attitude of staff and the high level of service. Personal relationships are important in this pharmacy.

"Patients know about me and I know about their lives," says manager Sylvie. As a result, she and her staff feel comfortable speaking up when they see a problem, and patients feel equally comfortable about bringing their health concerns to the pharmacy staff.

Quality relationships with health care professionals are also a priority. Sylvie and her staff focus on creating strong collaborative bonds with physicians and other health care providers in the building and in the community. Through these strong connections the Crescent Rexall pharmacists enhance patients' outcomes and long-term health.

According to Sylvie, another means to assure good patient outcomes is the pharmacy's involvement in research and in special projects designed to advance patient care. She says, "Crescent Rexall's participation amplifies the pharmacists' individual practices, provides unique services for patients, and offers a challenge and professional satisfaction for staff."

Dr. Roy Gritter, a nearby physician, notes that Sylvie and her staff "are always looking into ways to improve patient care." An example of this commitment is the pharmacists' participation in the Anticoagulation Management Program based at the University of Alberta Hospital. Other research involvement has included the Study of Coronary Risk Intervention by Pharmacists (SCRIP) and two sub-studies MORESCRIP and SCRIP 2.

Sylvie credits much of the pharmacy's success to her collaborative relationship with colleague Karen Schultz who moved to another pharmacy in mid 2004. "Most of the projects have only been possible because we were both involved," Sylvie says.

According to personnel at a neighbouring pharmacy, Crescent Rexall Drugs and its staff are highly regarded by both patients and health care professionals for their positive impact on the community's health. The staff's emphasis on community and a high standard of practice, and the trust and respect from patients and other health professionals, mean the community's health is in good hands.

** The W.L. Boddy Pharmacy of the Year award is presented to an Alberta pharmacy whose health professionals, by virtue of their practice, have had a positive impact on the health of their community.*

Honourary Life Membership*

Donna Kowalishin is known to colleagues and patients alike as the consummate professional. Her commitment to the profession and her patients has earned her an honorary life membership in the Alberta College of Pharmacists. She exemplifies commitment to the profession, with dignity, says Berndt Staeben, past president of the Canadian Pharmacists Association (CPhA). His comments are echoed by Chuck Wilgosh who has served on many college committees with Donna. "She has very high professional and ethical standards," he notes.

Donna first worked on the then Alberta Pharmaceutical Association's Internship Committee. "Then people encouraged me to run for Council," she comments. She was elected in 1989.

Donna describes her service on Council as hugely eye-opening. Prior to becoming a councillor, she didn't understand the scope of the issues in which the association, now Alberta College of Pharmacists, was involved. "When you're a councillor, you realize it's your responsibility to deal with the issues and try to make a difference."

After serving on Council, including her term as president in 1992/93, she was appointed to the CPhA board. Her involvement there spanned 10 years from 1994 to 2004 addressing national and international pharmacy issues, and included a term as president in 2002/03.

Reflecting on her volunteer experience in the profession, Donna says, "I enjoyed working

with and interacting with peers." Your horizons are broadened and you learn from each other, she says.

Rick Hackman, a former fellow councillor, remarks, "Donna doesn't rest on her laurels, but leads by example in the way she practises herself. She's a consummate professional, working to make a difference in people's lives."

Donna says she is pleased and humbled to receive the honorary life membership. "I was involved because I love the profession and my reward was getting to know and work with so many pharmacists. Having experienced all of that, then having friends recognize my contribution, is the ultimate honour."

** An honorary life membership is awarded to pharmacists who have rendered distinguished service to the profession.*

Award of Excellence*

Cynthia (Cyndy) Brocklebank has been recognized with an ACP Award of Excellence for her work with the Calgary Health Region's anticoagulation management service (AMS). Under her direction the single anticoagulation clinic at the Peter Lougheed Hospital (PLH) expanded to a regional service at three adult acute hospital sites.

Cyndy's involvement with the anticoagulation service began as a staff pharmacist and expanded during a 2001 Pharm D rotation at the PLH clinic. She later assumed the management of the clinic on an acting basis and began planning the service's expansion to other hospital sites. Shortly after she became the permanent manager in the fall of 2002, the Rockyview Hospital AMS Clinic opened (February 2003) and the Foothills Medical Centre AMS Clinic followed in March.

Cyndy has been responsible for developing and disseminating the regional anticoagulation management protocols to staff and stakeholders. In addition, she's involved in direct patient care, drug information and support, statistical reporting, coordination of clinic procedures, and in-services and liaison with physicians and other health care providers.

When a patient is referred to the anticoagulation service, pharmacists order the required lab tests, then determine and adjust therapy as appropriate, managing the patient according to the clinic's policies. The

continued on page 10



Cyndy Brocklebank,
Award of Excellence



Brad Marshall,
Award of Excellence



Ted Szumlas,
Wyeth Consumer Healthcare
Bowl of Hygeia

Tips for successful website searching

You can get the best search results by using the advanced search link on the college website.

When you are using the advanced search tool, be sure to:

- click **search tips** to view Boolean operators you can use, and
- change the **News Start Date** to 2000.

For example, if you want to find information on the regulations for nurse practitioners, you could use the search terms **nurse + practitioner**. Then change the *News Start Date* to 2000 and you will receive the best results.

Keep in mind that, when you have a pdf such as a newsletter displayed on your screen, you can click on the binocular button along the top menu bar to bring up a search window. Type in your keyword and you will be directed to the exact spot where the word appears.

Try this:

- go to the *Practice Reference Library* on our website, then click on *Standards and Guidelines*,
- click on the title *Standards of Practice – The Pharmacist* and the pdf will open,
- click on the binoculars, enter the keyword **reuse** in the search window and
- you will be taken directly to Standard 5.1 (m) that reads: "The pharmacist shall not accept the return for use or reuse of any portion of any drug or nonprescription medication."



Award winners

continued from page 9

average length of time a patient is managed by the clinics is four months; however, some remain with the clinic for years.

Cyndy notes that the service is growing quickly. In fact, the January/February 2005 statistics show that 1636 patients were referred to the AMS clinics, compared to 1381 in all of 2004! She now has the challenge of dealing with the clinics' capacity. As a result she is examining alternate ways to manage the chronic, stable patients who require only regular follow-up and do not have many ties to the acute-care sites.

Cyndy's nominators note that she serves as a role model for all pharmacists. One commented that she puts into practice each day the knowledge and commitment to patient care that exemplifies the best of our profession of pharmacy.

** The ACP Award of Excellence is presented to a member for a single, unique accomplishment or contribution to the field of pharmacy.*

Award of Excellence*

Brad Marshall's focus on improving care for long-term care residents led to the pharmacist-driven anticoagulation program for which he is being celebrated.

Long-term care residents at Calgary's InterCare are the beneficiaries of the anticoagulation program. During a Pharm D rotation, Brad worked with an anticoagulation protocol in which pharmacists ordered tests and monitored the anticoagulation therapy. He saw great potential for the protocol in long-term care where anticoagulation therapy is not always well managed.

Brad comments that, prior to the introduction of the protocol in 2000, anticoagulation therapy for residents was extremely time consuming for nursing staff and physicians. Now pharmacists take responsibility for the therapy as soon as the residents are referred to the program.

An additional benefit for residents and nursing staff is that dosing is now more consistent. The anticoagulation program permits pharmacists to determine an effective level of drug therapy for individual residents and ensure that dosing is the same day after day unless lab results show a need for change.

The Calgary Health Region has now adopted the protocol for use in other facilities. "The protocol has moved from our three trial facilities to at least 10 or 12 others in Calgary," says Brad. In addition, other health regions have shown interest in incorporating the program into their long-term-care facilities, a fact Brad finds satisfying.

A new challenge has arisen with the addition of palliative-care beds in the InterCare facilities. Managing anticoagulation therapy for palliative patients is more difficult than the general population given the complexity of their medical conditions and the other medications they are taking.

According to Brad, the protocol has increased an awareness of the clinical pharmacists' role in long-term care, rather than just a dispensing focus. He was confident the protocol had great potential; it appears he was right.

** The ACP Award of Excellence is presented to a member for a single, unique accomplishment or contribution to the field of pharmacy.*

Wyeth Consumer Healthcare Bowl of Hygeia*

Ted Szumlas loves being a part of the pharmacy profession! He also loves being a part of the Bashaw community where he has served extensively since moving there in 1991. It's Ted's vast contribution to his community that has resulted in him being heralded as this year's recipient of the Wyeth Consumer Healthcare Bowl of Hygeia.

When Ted and his wife Diane moved to Bashaw, they wanted their children to live where they could have a sense of community—where they would know everybody, feel safe, and have a sense of belonging.

Ted says, "[Community members] left me alone for a few months after we moved here, then I was approached to serve on the Chamber of Commerce." Thus began his significant tally of community service, including a three-year term as the town's mayor.

In addition to serving on the chamber executive (two of those years as president), he has been active in many community building and economic development organizations. A short list includes the Bashaw Health and Wellness Association,

the Bashaw Handi-Van Society, the Bashaw Agriculture Society, the Bashaw Curling Club, the Bashaw Economic Development Committee and the Bashaw Senior Class Graduation Association.

He has also been active in the support and design of local health services, particularly in the 1990s. The recruitment of physicians was a major focus for the last few years.

He continues to advocate for a system of primary-care services to rural communities, and is an integral part of providing health care services to both the community and the Bashaw Health Centre. He owns and manages Bashaw Drugs, and serves the local 32-bed lodge and the 28-bed hospital.

Another major focus of Ted's activities has been politics. In addition to his service as mayor from 1995 to 1998, Ted was actively involved in the Ponoka-Rimbey Progressive Conservative Constituency Association, serving as president for eight years, and now serves as president of the newly created Lacombe-Ponoka constituency association.

Despite all of the time and energy devoted to his community, Ted prioritizes family time. "Family is really important to Diane and me," he comments. "I've set aside so much time for my job, so much for my community, and neither of those intrude on my family time."

Ted notes that the community opened its arms to the Szumilas family and the family is delighted to be a part of it. "Being community makes it easy to continue to serve."

** The Wyeth Consumer Healthcare Bowl of Hygeia is awarded to a pharmacist who has compiled an outstanding record of community service which, apart from the recipient's specific identification as a pharmacist, reflects well on the profession.*

New Horizons Award recipients

Three new pharmacists have been chosen to receive the New Horizons Award from Merck Frosst. They are Kristen Chelak, Jana Dostie and Adrienne Lindblad.

The three will receive complimentary registration and accommodation while attending the college's conference and annual general meeting.

You can participate in congratulating these outstanding members at the Awards

Luncheon on Fri., June 3, 2005. The luncheon is part of The Power of Partnership: Charting New Courses, our joint conference with the Alberta Association of Registered Nurses, June 2 to 4 at the Jasper Park Lodge. See page 15 for details.

Labelling reminder

During on-site assessment visits our assessors sometimes observe pharmacy practices that do not adhere to our regulations or standards of practice. One common issue is the appropriate labelling of prescriptions.

Remember that under the *Regulations to the Pharmaceutical Profession Act* and according to *The Standards of Practice – The Pharmacist*, the prescription label must include:

- the name, address and telephone number of the pharmacy;
- the name of the patient for whom the drug was dispensed;
- the name of the prescriber of the drug;
- the name, strength and dosage form of the drug [or drug identification number (DIN), in special circumstances when deemed appropriate after consultation with the physician, or appropriate description for drugs used in official scientific investigations];
- instructions for the use of the drug;
- the dispensing pharmacist;
- a unique prescription number;
- the date the drug was dispensed;
- the quantity dispensed;
- the expiry date, when appropriate; and
- number of refills remaining.

If you cannot affix a prescription label to a drug container, you must ensure that the container has a label with the patient's name, the name of the drug, the drug strength and, whenever possible, the prescription number on the container. Then you must ensure that the container is put into another package onto which the full label is affixed.

These requirements apply to all prescriptions, including inhalers, eye drops and ointments, compliance packages, and topical preparations.

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@pharmacists.ab.ca.

Some of the 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:

Adderall XR® (dextroamphetamine and levoamphetamine salts) napra.ca/pdfs/advisories/Adderall.pdf

Invirase® (saquinavir mesylate) and **Fortovase®** (saquinavir) napra.ca/pdfs/advisories/invirase_fortovase_hpc_e.pdf

Crestor® (rosuvastatin) update napra.ca/pdfs/advisories/crestor3.pdf

Ayurvedic medicinal products

www.hc-sc.gc.ca/english/protection/warnings/2005/2005_09.html

Association of icodextrin-containing peritoneal dialysis solutions with falsely elevated blood glucose monitor readings

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

Bextra™ (valdecoxib) and **Celebrex®** (celecoxib) napra.ca/pdfs/advisories/bextra.pdf

Safety advisory:

Cough Syrup DM www.hc-sc.gc.ca/english/protection/warnings/2005/2005_13.html

Recall notice: additional strengths of Paxil® tablets, 30s

On Feb. 18, 2005, GlaxoSmithKline Inc (GSK) issued a product recall for:

- Paxil CR 12.5 mg tablets packaged in bottles of 30, lots 523P06, 753P06, 34P06 and F304P06; and
- Paxil CR 25 mg tablets in bottles of 30, lots H1873P07 and 1544P07.

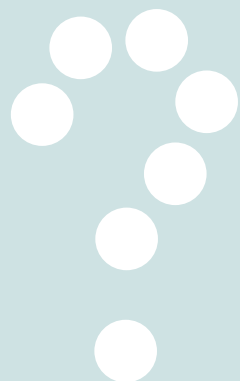
The company's quality procedures have identified that some tablets may have split before reaching patients.

In its recall notice, GSK indicates that all further distribution of the above lot numbers 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 products.

In December 2004, Glaxo issued a recall of Paxil 10 mg, 30s.

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



Another tool to help prevent prescription abuse



The Alberta Electronic Health Record (EHR) is being used by a growing number of health professionals throughout the province to get

accurate information about their patients quickly, securely and easily. It has also proven to be an effective tool to prevent prescription drug abuse.

Pharmacists have had an impact on the EHR's growth through their participation in the Alberta EHR Batch Plus program, by uploading daily dispensing data to the EHR to keep patient prescription records up to date. The dispensing data is valuable to all clinicians given that it leads to an improved understanding of an individual patient's active and historical medications.

Since December 2004, Tricomp customers have been able to view prescription information in the EHR as well as send information to the EHR about medications they've dispensed. Now Propharm and Kroll pharmacy systems provide the same benefits. More pharmacy system vendors are in the final stages of changing their software to make this option available to their customers as well.

While the EHR is designed to help improve patient safety, it has also proven itself to be a valuable tool in preventing potential prescription abuse, as Andrea Rushfeldt, a pharmacist at the Sundre Value Drug Mart, recounts.

"The EHR has not just helped me with my normal day-to-day work, but it's given me the ability to confirm potential cases of drug abuse," she says. "Being able to access the most up-to-date information provided by pharmacies participating in Batch Plus lets me see instantly if patients are attempting to buy legitimate drugs for not-so-legitimate purposes."

Earlier this year, Andrea was presented with a prescription from a patient's daughter for three different medications, including Tylenol 3. After looking at the patient's record in the Alberta EHR, she saw that the patient had received Tylenol 3 the day before in Calgary. Andrea filled the prescriptions for two of the medications, but declined to provide the

Tylenol 3, noting the reason why on the prescription.

"Many of the legitimate pharmaceuticals we carry can be abused. The EHR gives pharmacists a tool they need to crack down on customers attempting to buy drugs for improper use," explains Andrea.

As of April 1, 2005, 85 pharmacies are contributing to the EHR through the Batch Plus solution. Hundreds more have signed on to access information in the EHR. Having the most accurate drug information helps all health care providers give patients the best care possible.

To participate in the Alberta EHR, call the Alberta EHR deployment team at 1-866-756-2647, or contact them by email at health.ehrdeployment@gov.ab.ca. To learn more about the Alberta EHR, visit www.albertaehr.ca.

CPSA drafts methadone maintenance standards and guidelines

The College of Physicians and Surgeons of Alberta (CPSA) has developed draft guidelines for methadone maintenance treatment in Alberta. Over the next few months, pharmacists will be asked to review the document and provide feedback.

In September 2004, CPSA established an expert group of physicians to develop consensus standards and guidelines for methadone maintenance treatment in Alberta. Their work has resulted in a draft document *The Standards and Guidelines for Methadone Maintenance Treatment in Alberta*. This resource will guide physicians in prescribing methadone for opioid-dependent patients.

Given the fundamental relationship between pharmacists and physicians in treating these patients, pharmacists will be a key player in the implementation and long-term success of the new standards/guidelines.

Look in future issues of this newsletter for details on how you can be involved. Other stakeholders, such as AADAC and professional colleges across Canada, will also be given the opportunity to provide feedback on the draft document.

Once the standards/guidelines are finalized, the document will be sent to physicians throughout Alberta to raise awareness of opioid dependency and to encourage physicians to address this issue in general practice. Although other therapies for opioid dependency have been used in locations around the globe, the standards/guidelines will focus on the use of methadone in addressing the issue.

For additional information please contact Catherine McCann, manager, Physician Prescribing Practices, CPSA, by telephone at (780) 970-6234 or e-mail at cmccann@cpsa.ab.ca



Self-assessment news

The pilot of the self-assessment program wrapped up with a final meeting and evaluation on April 23. The program has undergone significant modification during the pilot, resulting in a more helpful tool for pharmacists.

The self-assessment program will be integrated with the *RxCEL Learning Portfolio* under a new name: *RxCEL Continuing Professional Development*.

Self-assessment is one part of your continuing professional development—identifying the areas that you need to develop or enhance. You then go on to develop a plan to address these areas, undertake your learning activities, evaluate your learning, and the cycle continues.

The *RxCEL Continuing Professional Development* manual and forms will be mailed to you in September 2005.

Watch for upcoming workshops and a home study course to help you with this expanded program.

Thank you pilot volunteers

Thank you to the many members who were involved in the self-assessment pilot project. Your ideas and critiques have helped to create a more useful program for members. Thank you!

Learning portfolio tip

What courses can I claim as accredited learning?

ACP recognizes CE programs accredited by the Canadian Council on Continuing Education in Pharmacy (CCCEP), the Accreditation Council on Pharmaceutical Education (ACPE) and the Alberta College of Pharmacists as accredited learning.

Continuing medical education programs cannot be claimed as accredited learning unless they have been accredited by a pharmacy accrediting body.

Remember, it is **your** responsibility to confirm that a program has been accredited by one of these bodies before you claim it as accredited learning.

How many CEUs can I claim for an accredited course?

One contact hour equals one continuing education unit (CEU). Your course certificate should indicate the number of CEUs the course has been accredited for. Remember that ACPE awards 0.1 CEU for one contact hour but you may claim 1.0 CEU for one contact hour.

Can I claim courses that I plan on attending on my PDL and submit it for registration renewal?

No, you can only claim courses that you have attended or completed.

Remember that you sign a professional declaration at the time of registration renewal stating that your professional development log (PDL) is a true and accurate account of continuing education activities **as of the date you sign the declaration**.

Can I carry over extra CEUs to next year?

No, you can only claim CEUs that you earned in the membership year you are claiming them for.



NAPRA is 10 years old!

In February 2005 the National Association of Pharmacy Regulatory Authorities (NAPRA) marked its 10th anniversary.

Ten years earlier Canada's provincial and territorial pharmacy regulatory bodies founded NAPRA to enable members to take a national approach in addressing common pharmacy regulatory issues. Since then NAPRA has helped to provide consistent input to Health Canada and other organizations on public protection issues related to pharmacy.

NAPRA can boast about a number of achievements. They include:

- development of a national drug scheduling process and harmonized schedules regarding the conditions of sale for non-prescription drugs;
- establishment of national competencies for entry-level pharmacists, that have been integrated into the licensing standards, as well as pharmacy educational programs curricula and related accreditation standards;
- implementation of the mutual recognition agreement that facilitates the movement of pharmacists across provincial borders;
- development of model standards of practice for Canadian pharmacists, providing a framework and practical guidance for pharmacy practitioners; and,
- initiation of a collaborative relationship with international colleagues, such as the US National Association of Boards of Pharmacy.

Congratulations NAPRA!



Topical ophthalmic anaesthetic agents

The college has been advised of serious adverse effects arising from the use of topical ophthalmic anaesthetics. A central Alberta ophthalmologist reports recently having seen three patients with significant self-inflicted corneal injuries due to the use of topical ophthalmic anaesthetics.

While topical ophthalmic anaesthetics such as tetracaine, e.g. Pontocaine®, are available without a prescription as a Schedule 2 product, the monograph for Pontocaine states that this product should only be used on the advice of a physician. Prolonged use of tetracaine ophthalmic preparations has been associated with corneal epithelial erosions and retardation or prevention of healing of corneal erosions. This may lead to corneal scarring with accompanying reduction of visual acuity or visual loss.

The Canadian Pharmacist's Association's *Patient Self-Care* reference states that eye pain or history of exposure to heat, e.g., welder's flash, may be indicative of a serious eye injury and should be referred to a physician.



Help your patients understand

Help your patients know their medicines better and understand their drug therapy. Many medication errors are preventable. They often occur when a client does not understand the treatment regime, product efficiency or drug side-effects.

Encourage your client to become part of the solution. Every client should know the following information prior to taking any new medication:

- the name of the medication and what it's supposed to do;
- when and how to take it;
- how long to take it;
- whether the medication contains anything that can cause an allergic reaction;
- whether the client should avoid alcohol, other medicines, food or activities;
- potential side effects;
- how to respond to missed dosages;
- safety related to pregnancy or breastfeeding, if applicable; and,
- how to store the medication.

Although this reminder may seem obvious, related medication errors continue to occur. As the drug therapy expert, you can contribute to optimum drug therapy and improved client outcomes by ensuring your client is informed and understands their drug therapy.

Digital photocopiers and fax machines—a security risk?



According to Information and Privacy Commissioner Frank Work, the newer generation of office equipment, such as

digital photocopiers and fax machines, can pose a security risk for organizations.

Machines bought or leased in recent years may contain hard drives or memory chips. Like a computer, those hard drives and memory chips can record and store data that has been photocopied or faxed.

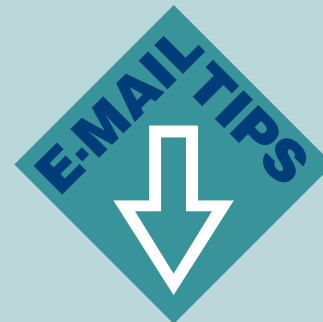
Personal, health and confidential business information stored on the machine's hard drive can be at risk for unauthorized access or disclosure when the machine is serviced, returned at the end of a lease or sold.

Unauthorized access or disclosure of personal information is a breach of provincial privacy legislation.

Some measures you should consider to protect information include:

- understand the machine you have bought or leased, especially whether it has a data storage device that can store data electronically;
- understand what information is being stored, if any;
- determine how easily the data storage device can be accessed and/or removed; and
- determine how to control residual data in the storage device.

A more detailed outline of the measures you can take can be found on the Office of the Information and Privacy Commissioner website at www.oipc.ab.ca/ims/client/upload/NR_03_15_2005_Residual.pdf



When your membership e-mail mailbox approaches 85 per cent of its quota, the system will notify you that it's time to "clean house." When you've reached your quota, additional e-mail messages will be refused by the system until your InBox contents are reduced.

Moving messages into file folders or deleting them on a regular basis will help to ensure you will receive mail.



Thank you sponsors!

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

Platinum

Alberta Health and Wellness
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Faculty of Nursing, UofA
Faculty of Pharmacy and Pharmaceutical Sciences, UofA
LifeScan
Merck Frosst
Novopharm
Pfizer Canada Inc.
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Roche Pharmaceuticals

Silver

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Canadian Association of Chain Drug Stores
Cobalt Pharmaceuticals
Janssen-Ortho Inc.
McKesson Canada
Procurity Pharmacy Services Inc.
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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!

Register now!!

Please note: All guest rooms at the conference rate must be booked through Buksa Conference Management and Program Development when you register.

...from the faculty

Celebration for Dr. Wiebe

You are invited to join your pharmacy colleagues as they celebrate Dr. Leonard Wiebe's career. Dr. Wiebe retired on Jan. 1, 2005, after 36 years of academic service to the university.

The event will be held on Thurs., June 16, 2005 at the Faculty Club, with the reception beginning at 5:30 p.m. and dinner at 6.

As a lasting tribute to Dr. Wiebe, an endowed award will be established to assist post-graduate research for students in the doctoral degree program at the Faculty of Pharmacy and Pharmaceutical Sciences. Donations to the fund are welcome in lieu of a gift for Dr. Wiebe. Please make cheques payable to the University of Alberta.

Information about the retirement celebration and the endowment are available from Terry Legaarden at (780) 492-8084 or tlegaarden@pharmacy.ualberta.ca

Information and a registration form for the event are also available on the faculty's website at www.pharmacy.ualberta.ca. Click on *Newsletter*, then on *Faculty News*.

CPhA Centennial Award Winner

The faculty is pleased to announce that Janelle Rondeau is the Alberta winner of the CPhA Centennial Award for 2005.

The award acknowledges a third-year student who promotes the faculty and the profession by being active in all areas of undergraduate activities while maintaining a good academic standing. The prize includes a week-long program, culminating with attendance at the CPhA's May conference in Quebec City.

Faculty newsletter available

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

In memoriam*

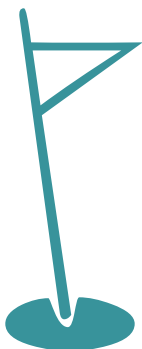
George Richard Klompas

died on Dec. 8, 2004 at the age of 67 years. He graduated in 1959 with his pharmacy degree from the UofA and registered with the Alberta Pharmaceutical Association in the same year.

George was a community pharmacist at Hardin's Drug Store until his voluntary resignation in 1991. He is survived by his brother Nick.

** 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.*

REMINDER!



6th Annual Dean's Tournament of Golf

Jasper Park Lodge

June 5, 2005 • 8 a.m. start

New for this year:

team low gross or Texas scramble format available
Registration forms are available in the ACP conference registration package or at www.pharmacy.ualberta.ca.

Click on *Newsletter*, then on *Events*.