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Karen Wolfe—new ACP president



Karen Wolfe was installed as the college's new president at the annual general meeting on Sat., June 4 in Jasper.

In her inaugural address she highlighted the conference theme, *The Power of Partnership: Charting New Courses*, and indicated that, by holding a joint conference with Alberta's nurses, pharmacists have indeed charted a new course. She noted that each profession has unique knowledge

and skills to offer the health care system, yet all health professionals have in common the care of the patient or client. Although each professional contributes in a different way, the ultimate goal is the same. "We want to help people live long, full, healthy lives, free from disease, asymptomatic, with the highest quality of life possible," she said.

Karen also reminded delegates that the proposed changes to provincial pharmacy legislation have the potential to enable pharmacists to directly influence drug therapy decisions, resulting in improved access to drug therapy, new and improved service delivery, and the ability to meet client needs in a safe, effective manner. We are hopeful the legislation will allow pharmacists who are interested, competent, and willing to collaborate, the opportunity to make their practices more than what they are today.

Karen represents District 6 at the council table, and teaches the retail pharmacy assistant program at Grande Prairie Regional College.

Karen's enthusiasm and optimism for the profession will bode well as she serves her 2005/06 presidential term.

Congratulations Karen! We look forward to working with you.

alberta college of
pharmacists



Joint conference a huge success!

Pharmacists and nurses set a fine precedent for interdisciplinary learning and cooperation at *The Power of Partnership: Charting New Courses*, the historic joint ACP/AARN conference June 2 to 4, 2005. An air of excitement about

bringing the two professions together permeated the educational sessions and social events.

Over 470 delegates heard internationally-known and local speakers who encouraged the pharmacists and nurses in their quest for collaborative practices, and offered wisdom for use in delegates' day-to-day responsibilities.

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Lea Ann Luchka, District 5
Tracy Marsden, District 5
Karen Wolfe, District 6

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Joan Pitfield

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

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Lynn Otteson

Joint Conference *continued from page 1*

Here are some comments from delegates.

- Team approach was excellent!
- Very professional and organized speakers, time well spent!
- Joint conference is a great idea!
- The theme of partnership and collaboration between two health professionals more than successful.
- Good mix of speakers for collaborative education.
- Excellent speakers, excellence venue! Please do again.

Through the conference, pharmacy and nursing created an opportunity to focus on partnerships and collaboration, and to serve as role models for other health professional colleagues. The event was just a starting point. The college will pursue opportunities to solidify the partnership with our nursing colleagues and expand it to include other health professional groups.

In the meantime, mark your calendars for the college's 2006 conference which will be held in Edmonton June 2 and 3.

New faces at the college

We're privileged to welcome some new faces to the college! We welcome these individuals and look forward to working with them.

Joan Pitfield—public appointee to Council

Joan was appointed to Council by the Honourable Iris Evans, minister of Health and Wellness, effective June 1, 2005. She comes to us with strong legal, public policy and private sector business experience, in addition to extensive community involvement. She is keenly interested in pharmacy and the health care system and is pleased to be serving in this voluntary capacity.

Welcome Joan! We look forward to working with you as we support safe pharmacist practice.

Jamie Raisbeck—part-time inspector

Jamie Raisbeck has joined the college team

as a part-time inspector. He will assist Merv Blair, complaints director, in complaints resolution and inspections.

Jamie has practiced community pharmacy for 34 years, spending the last 32 years as a licensee with Shoppers Drug Mart in Calgary and Medicine Hat. He served on the Alberta Pharmaceutical Association Council for six years, and has been a member of the Investigating Committee Pool for the past 10 years.

Welcome Jamie! We look forward to working with you.

New Executive Committee

At its June 2, 2005 meeting, Council appointed the Executive Committee for the 2005/06 registration year. The committee members are:

- President: Karen Wolfe
- President Elect: Jeff Whissell
- Vice President: Dianne Donnan
- Past President: Tracy Marsden

Congratulations Karen, Jeff, Dianne and Tracy on your new appointments.

New (and retiring) committee members

Also at the June 2 meeting, Council appointed the following new committee members.

Competence Committee

Josiah Akinde and Anita Warnick, both from Calgary, have been appointed to serve three-year terms on the Competence Committee. In addition, Jeff Whissell was appointed chair and Diane Duncan was appointed vice chair.

The committee also says a fond farewell to Donna Pipa, Susan Haunholter and Nadine Velasco whose terms on the committee are now completed. Thank you Donna, Susan and Nadine for your faithful service!

Investigating Committee Pool

Judy Baker, Cathy Biggs, Rene Breault and Bob Sprague were appointed to the Investigating Committee Pool (ICP) for three-year terms.

Ron Welch and Jim Krempien have resigned their positions on the ICP. Thank you Ron and Jim for your willingness to serve the profession in this capacity!



Continuing Professional Development Plan includes self-assessment

As we told you in the last issue of **acp news**, the learning portfolio has been expanded to include the entire continuing professional development cycle. In the shaded portion of the graphic (bottom right) you can see that the revised learning portfolio will include self-assessment, your learning plan, documentation of learning activities, and evaluation of your learning.

The new Continuing Professional Development Plan, along with the instruction manual, helpful resources and new forms, will be sent to all Alberta pharmacists in the fall 2005. Watch for an education program on the expanded learning portfolio via live workshops and a home study course that will be available in the fall 2005.

AGM resolutions

Resolutions at the fifth annual general meeting on June 4, 2005 in Jasper generated lively debate. In particular, delegates offered many points of view about the two resolutions distributed in the annual general meeting package, i.e., tablet splitting and affinity programs.

The tablet splitting resolution was not passed by the delegates. The affinity programs resolution was passed as distributed; its disposition will be considered by councillors at the September council meeting.



New model for Continuing Competence Program approved

At their June 2nd meeting, councillors approved the expanded model for ACP's continuing competence program as proposed by the Competence Committee. The new model includes new competence assessment methods and an expanded learning portfolio.

All Alberta pharmacists will participate in continuing professional development, including reporting mandatory continuing

education to the college each year at registration renewal time. Pharmacists on the clinical register will be subject to competence assessment.

Under the new model, a portion of the members on the clinical register will be selected for competence assessment each year. Each of the selected members will have the option of completing a knowledge assessment or a continuing competence portfolio for the assessment process.

This fall the Competence Committee will begin to develop the knowledge assessment and the criteria for the continuing competence portfolio. The current on-site assessment process will continue while the new assessment tools are under development, then be used as a more detailed assessment tool if necessary.

Watch for details in future issues of **acp news**.



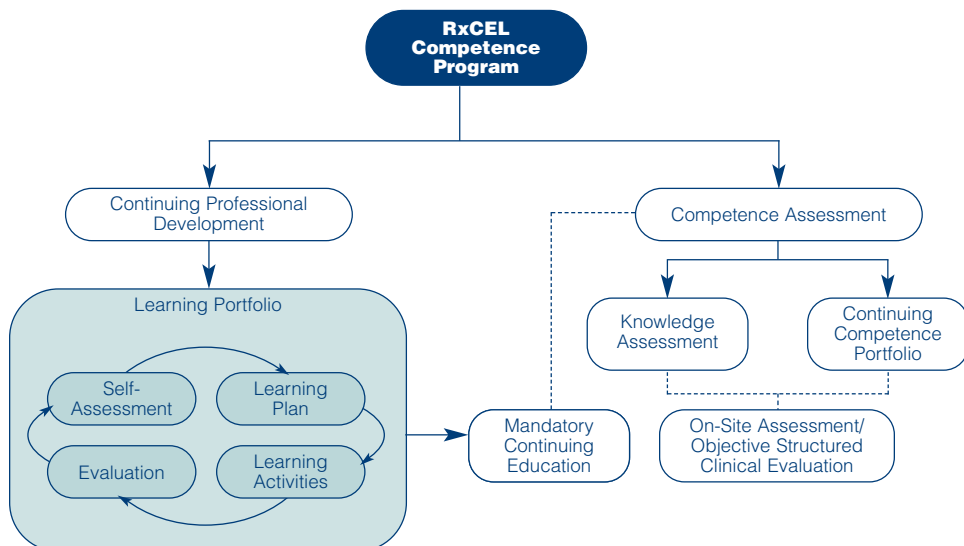
Learning portfolio audits

Audits of learning portfolios for the 2003/04 registration year have now been completed.

Out of 600 audits, 597 met all audit criteria and received letters of compliance—a 99.5 per cent compliance rate.

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Continuing Professional Development Cycle





Advancing the Culture of Safety

If you have a role or interest in patient safety and quality care, plan to attend

Advancing the Culture of Safety, Oct. 20 to 22, 2005 in Calgary.

Also known as Halifax 5, this event is a premier meeting of individuals and organizations with a desire to improve patient safety and enhance the overall quality of our health system.

Making improvements to create a safer system will require the commitment of all health care professionals, administrators, educators, industry and members of the public. The conference's focus will be on the real problems faced by health care providers in their efforts to offer safe care to their patients. International and Canadian experts in patient safety are on the speaker roster, as are three Canadian judges.

Detailed program information is available at www.buksa.com/index2.htm

Learning portfolio *continued from page 3*

Congratulations pharmacists, keep up the great work!

In September we will begin audits of learning portfolios for the 2004/05 membership year. This year we will undertake audits of 20 per cent of practising pharmacists.

Learning portfolio *tip*

There are new learning portfolio forms coming your way!

Based on feedback from Alberta pharmacists and the self-assessment pilot participants, the Professional Development Log and the Learning Project Record have been simplified, revised and renamed.

Watch for the Continuing Professional Development Log and Non-accredited Learning Record forms with your Continuing Professional Development Plan coming to your mailbox in the fall of 2005! These forms will also be posted on our website www.pharmacists.ab.ca as soon as possible.

Don't worry. If you've already started documenting your learning activities on the old Professional Development Log—we will accept that form too.



Plan B, minors and child sexual abuse

The college has received a number of calls about your responsibilities related to Plan B and minors, particularly related to child sexual abuse.

You can find a briefing document on this topic on our website at www.pharmacists.ab.ca/news_events/default.aspx?id=5317

Please note that the briefing document is not intended to replace legal advice.

The TPP and the Health Information Act

The college has become aware that there are some pharmacists who appear to believe that the *Health Information Act* (HIA) has eliminated their obligation to comply with the Triplicate Prescription Program (TPP).

The TPP was established in 1986 to monitor the use of certain drugs prone to misuse and abuse. Both the College of Physicians and Surgeons of Alberta (CPSA) and ACP made participation in TPP mandatory.

ACP and CPSA understand that the HIA permits pharmacists and physicians to disclose the information contained in the TPP form for the purposes of the program without consent of either the patient or the prescriber. The Alberta government supports this position and made its view clear in its submissions to the legislative committee that conducted the recent three-year review of the HIA. The legislative committee accepted this view of the HIA and **recommended that the HIA be amended to include a specific reference to the TPP so that there would be no misunderstanding on this point.**

Under the HIA a custodian such as a pharmacist may disclose health information without consent if the disclosure is "authorized or required by an enactment" (sections 35(1)(p) and 37(1)(b)). The TPP has been approved through a CPSA by-law and by an ACP resolution. By-laws and resolutions are both explicitly included in the definition of a "regulation" under Alberta's *Interpretation Act* and under the same act a regulation is considered to be an "enactment." Thus the TPP is authorized by an enactment that requires a pharmacist to disclose the health information as part of the TPP.

As it has since 1986, ACP will continue to expect that each pharmacist dispensing a drug included in the TPP, will comply fully with the requirements of the TPP. Any reports of pharmacists or pharmacies failing to comply with the TPP will be investigated by the college and, if it is found that there has been a failure to

comply, disciplinary proceedings may be initiated.

The college knows that the vast majority of pharmacists support the TPP and continue to comply with its requirements. Pharmacists who have mistakenly assumed that the HIA has removed their obligations to comply with TPP should take immediate steps to ensure they have fully complied and continue to comply with the TPP.

Interpretation of the word “person” and the HIA



In May 2005, the Office of the Information and Privacy Commissioner (OIPC) issued an interpretation of the word “person” within section 34(2)(c) of the *Health Information Act* (HIA).

Section 34 of the act allows for the disclosure of individually identifying health information with consent. Within section 34, subsection 2, there is a list of specifying criteria that must be adhered to in order for consent to be considered valid. Subsection (2)(c) requires the consent to include the identity of the recipient to whom the health information may be disclosed.

The use of the word “person” within section 34(2)(c) has raised the question of whether or not a custodian requires the specific name of a person to whom the health information may be disclosed or if the name of an organization is sufficient when considering adequacy of the consent.

According to the OIPC interpretation, the word “person” can mean a natural person such as an individual, but can also mean an artificial person or entity, created by law, such as a corporation. The person, whether an individual or a corporation, must be described with enough clarity to ascertain who is the intended recipient of the health information.

It is the custodian’s responsibility to determine whether a consent for the purpose of disclosure meets the HIA requirements. If the consent specifies the recipient of the health information as a



particular corporate entity, the requirement to provide the identity of the person to whom the health information may be disclosed can be considered to have been met.

The complete interpretation can be found on the OIPC website at www.oipc.ab.ca/ims/client/upload/ACF932C.pdf

Destroying controlled substances, including targeted substances

There appears to be some confusion with respect to destroying controlled substances. The following information was obtained from Health Canada.

Destruction requirements—controlled substances

Pharmacists, hospitals, nursing stations and practitioners must apply to the Office of Controlled Substances in Ottawa for permission to destroy all controlled substances, **except targeted substances.**

All requests submitted must be legible and include:

- both the printed name and signature of the pharmacist making the request,
- the date of the request,
- a detailed list (name, strength, form, concentration, quantity and size) of substances to be destroyed locally, and
- the reason for the destruction.

A request may include products from inventory and products brought back by clients to the pharmacy. These two types of products must be listed separately in the request.

When you receive the authorization from the Office of Controlled Substances in Ottawa, you must destroy the product(s) in a manner that would render further consumption impossible. The destruction must take place in the presence of a pharmacist or practitioner. The acknowledgement of receipt for destruction is valid for a period of 60 days following the date it was issued and

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E-mail usage still growing!

As of the end of April, 69 per cent of active members were using the college’s e-mail system. The percentage of members using the system has steadily increased since its introduction.

Are you one of the 2579 who are enjoying this electronic convenience? If not, and you’d like to be, please contact Misti Denton at the college office at (780) 990-0321 or 1-877-227-3838, or contact her by e-mail at Misti.Denton@pharmacists.ab.ca.

Remember, you can forward your college e-mail account to another address. If you’re not sure how to do that, Misti can help you out.



Burke Suidan: new NAPRA president

Burke Suidan, who was ACP's president for the 2002/03 year, has been named president of the National Association of Pharmacy Regulatory Authorities (NAPRA). He was elected at NAPRA's annual general meeting on April 23, 2005 for the 2005/06 term.

Burke says he is looking forward to the challenge of contributing to national regulatory affairs and ensuring the organization contributes to the commitments of the provincial regulatory authorities. His new position is a natural expansion of his responsibilities as the college's representative to NAPRA for the last two years.

NAPRA was created 10 years ago by Canada's provincial pharmacy licensing bodies to take a national approach to common issues.

Congratulations Burke! We look forward to working with you in your new role.

applies only to the drugs mentioned in the request.

When the drugs have been destroyed, you and a second party (pharmacist or practitioner) must sign and date the inventory list. This document must then be placed in your files, filed chronologically (for easy access), and kept for two years.

Additional information can be obtained from the Compliance, Monitoring and Liaison information line by telephone at (613) 954-1541 or by fax at (613) 957-0110.

Destruction requirements— targeted substances

The destruction/denaturing of benzodiazepines and other targeted substances **does not require prior authorization or approval**. You may destroy a targeted substance if the following conditions are met:

- you record, before the destruction, the name of, strength per unit and quantity of the targeted substance to be destroyed;
- the method of destruction is in conformity with federal, provincial and municipal environmental legislation;
- you record the date of destruction;
- the destruction is witnessed by a pharmacist or practitioner;
- you and the witness sign and print your names on a joint statement, indicating you have witnessed the destruction; and,
- the targeted substance has been altered to such an extent to ensure its consumption impossible or improbable.

Standards and guidelines for methadone maintenance treatment in Alberta

The College of Physicians and Surgeons of Alberta (CPSA) has developed draft guidelines for methadone maintenance treatment (MMT).

The draft standards, version 1.0, will be available on-line at www.cpsa.ab.ca in early July 2005. During the summer

months, the CPSA will seek feedback on this draft document from physicians, pharmacists and other interested stakeholders.

One of the goals of the *Standards and Guidelines for Methadone Maintenance in Alberta* is to improve patient health and social outcomes by increasing the consistency and access to safe clinical care. Achieving this goal will require continual fostering of collaborative relationships between physicians and pharmacists.

Treating opioid dependent patients with methadone has been an accepted practice in our province since 1971. To be successful, this treatment requires a structured network of physicians and retail pharmacies.

In Alberta, there are limited resources for the provision of MMT. Until recently there was only one large clinic, funded and operated by the Alberta government and located in Edmonton. There are now four significant clinics functioning in Alberta as well as some smaller ones that serve very specialized populations. Despite the additional treatment centres, there continues to be a need to enhance access through community-based practitioners.

The role of pharmacists in methadone dispensing and administration is very important. It is estimated that there are now over 250 pharmacies actively providing services for this patient population. As a result, your input into the draft standards and guidelines is also very important. Watch for more information when the document is available on-line.

In the meantime, if you have questions about the draft standards and guidelines, please contact:

Catherine McCann, manager of Physician Prescribing Practices
(780) 970-6234
cmcann@cpsa.ab.ca

Chris Mayberry, Opioid Dependency Treatment (ODT) coordinator
(780) 412-2698
cmayberry@cpsa.ab.ca

Support for this project has been made possible through a financial contribution from Health Canada.

Triplicate prescription pads piloted for medical residents

The Triplicate Prescription Program (TPP), administered by the College of Physicians and Surgeons of Alberta (CPSA), will launch a pilot project this summer to study the use of triplicate prescription pads by medical residents.

Residents do not currently carry triplicate prescription pads. Concerns have been raised about a resident's ability to provide TPP prescriptions to patients when needed. The TPP believes that by allowing medical residents to prescribe TPP drugs, the quality and efficiency of patient care will be improved.

The pilot will consist of approximately 20 medical residents from oncology, palliative care and general surgery, mainly from the Calgary Postgraduate Medical Program. These residents may be doing rotations throughout Alberta.

Residents will write TPP prescriptions under the supervision of preceptors and will use the prescription form currently used by the program. Prescriber information found on the forms will be different, as the majority of residents have no fixed location of practice. Resident program specifications will be provided in place of clinical details. The TPP program and procedures will remain the same.

The medical residents involved in the pilot will be included in the list of prescribers (Physicians and Surgeons) found on the ACP website.

Pending the outcome of the pilot, all medical residents who qualify for TPP pads for their clinical practice will be enrolled in the program in early 2006.

Further information about the program can be obtained from the CPSA website at www.cpsa.ab.ca. Questions can be directed to Catherine McCann, manager of TPP, at (780) 970-6234 or at cmccann@cpsa.ab.ca.



acp xPresses and News

acp xPress

(none faxed since Feb. 10, 2005)

acp news

(issued on the college website since April 11, 2005)

External:

April 29

- Congratulations Burke Suidan – new NAPRA president

Meetings:

April 15 through May 19

- ACP/AARN conference reminders

May 2

- Golf tournament reminder!

May 4

- Annual meeting package

May 19

- Council meeting June 2005 – Jasper Park Lodge

Operations:

April 25

- New e-mail and website addresses!
- Call for members to have a say in college deliberations

May 2

- ACP annual report is on our website
- Remember, you have a new address!

May 12

- Save your time and energy – registration suggestions

Practice Issues:

May 4

- Status of ketamine under the *Controlled Drugs and Substances Act (CDSA)*

May 17

- Plan B, minors and child sexual abuse

Drug Information:

April 15

- Avandamet®, Avandia®, Coreg®, Paxil®, Paxil CR™ and Relafen®

April 21

- ratio-Paroxetine (paroxetine hydrochloride)
- LifeScan blood glucose meters

April 26

- Transdermal drug patches and MRI procedures

April 27

- Elidel® cream and Protopic® ointment

April 28

- Trileptal (oxcarbazepine)

May 2

- pms-Sodium Polysterene Sulfonate Powder for suspension

May 6

- Amended safety information: pms-Sodium Polysterene Sulfonate Powder

May 9

- Association of Xigris® with intracranial hemorrhage in pediatric patients

May 12

- Diane-35

May 13

- Master's Miracle Fortified Mineral Neutralizer and Miracle II Miracle Neutralizer

June 7

- Human growth hormone drug GHR-15

June 9

- Refludan® (lepiruden)

Invitation for MedEffect on-line consultation

Health Canada is preparing to launch MedEffect, a new website that will provide centralized access to new safety information about marketed health products and offer health professionals and consumers a simple and efficient way to complete and file adverse reaction reports.

The Marketed Health Products Directorate is currently developing the new website and needs input from you on the proposed site, also on how the MedEffect program should evolve over time.

The MedEffect on-line consultation will run from June 9 to July 29, 2005.

The on-line consultation website is available at the following address:
www.healthcanada.gc.ca/me/defectconsultation

The consultation should take about 20 to 25 minutes of your time.

If you have questions about the MedEffect on-line consultation, or if you require assistance, please contact the Marketed Health Product Directorate at medeffect.info@hc-sc.gc.ca

Investigating Committee report

In February 2005, an Investigating Committee made a decision in respect to a complaint concerning two pharmacists arising out of circumstances where a prescription for Ranitidine was filled for a newborn infant. The prescription clearly read Ranitidine 6 mg bid for 1 month. The hand written additions on the prescription included 15 mg/5 mg and 6 mg/2 ml a total of 120 mls dispensed. The dose the infant received was actually 30 mg twice daily instead of 6 mg.

The infant was given the medication and the error was not discovered until two weeks later when the mother returned to her doctor.

The mother attended at the pharmacy and spoke with another pharmacist who acknowledged the error, apologized, and provided a new prescription at no charge. The mother was concerned that she was not given sufficient information about whether there could be permanent damage or side effects and that, although she had asked to see the manager, she was advised that the manager would not be coming to the store to see her. She was also concerned that she had been advised the pharmacy manager would call her back that day, but she did not receive a call until a week later. As a result she filed a complaint.

The hearing addressed the conduct of both the pharmacist who had dispensed the prescription and the licensee (manager) of the pharmacy.

In its decision, the Investigating Committee found that the charges with respect to the manager were not well founded. The evidence indicated that the manager was on vacation at the time of the incident. Upon his return he was advised of the situation, discussed the matter with the pharmacist, and prepared a drug error report. Also entered into evidence were the *Policies and Procedures Manual* for the pharmacy. The Investigating Committee found that the provisions in the manual regarding preparing the drug error report form had been followed.

With respect to the pharmacist who dispensed the prescription, the pharmacist acknowledged that she had incorrectly dispensed the prescription and had

dispensed a dose that was five times the dose prescribed for the infant. The pharmacist admitted and the Investigating Committee found that there was an error in the calculation of the dosage resulting in the dispensing error and the administration of the incorrect dosage to the infant. The Investigating Committee determined that a final check of the strength of the liquid dosage from the manufacturer was not performed and that this contributed to the failure to detect the calculation error.

The pharmacist acknowledged that she had contravened section 15(1) of the *Pharmaceutical Profession Regulation* which states "A pharmacist who dispenses a drug pursuant to a prescription must ensure that the drug is dispensed in accordance with the directions of the prescriber." The pharmacist also acknowledged contravening section 5.1(k) of the *Standards of Practice – The Pharmacist* which requires a final check to ensure that each step in the dispensing process has been completed accurately.

The evidence before the Investigating Committee indicated that there had been no injury to the infant and that both pharmacists had been fully cooperative in the investigation and hearing.

The Investigating Committee ordered the following penalty with respect to the dispensing pharmacist:

- a written reprimand,
- payment of costs of the hearing in the amount of \$3,000, and
- publication of the decision in **acp news** on an anonymous basis.

The decision regarding anonymous publication was based on the following facts: this was an isolated incident involving a single error made by a pharmacist who had practised as a pharmacist for nearly 10 years, who had no other reported incidents of errors or problems, and who had volunteered for and been accepted as an assessor for the Pharmaceutical Examining Board of Canada. As a result the Investigating Committee determined that publication of the pharmacist's name was not required but that the decision should be published for educational purposes as a reminder to other pharmacists to verify dosages and not to rely solely on their memory.



Securing patient information

The Alberta EHR - built with security in mind

Health information in the Alberta Electronic Health Record (EHR) is protected by security measures that meet industry best practices. In addition, only authenticated health providers have access to the system, and patient information is accessed only on a need-to-know basis.

Access

One of the ways in which the EHR ensures security is through a two-step authentication process for pharmacists to access the EHR system.

- First, you register with the program as an authorized user of health information and receive your username and password.
- Then you will be given a unique Personal Identification Number and a small authentication device known as a fob, which every minute displays a unique number that you will use when you sign onto the system.

The process allows the system to verify that you are who you say you are, preventing others from logging into the system using your identity.

Physical Security

The EHR is further protected by a high-quality network security system. This system uses firewalls and a rigorous 24-hour intrusion detection system that alerts EHR personnel of any unusual activity.

Backup and recovery rules are in place for added security and system continuity in the event of disasters. Specific security guidelines also address mobile and wireless access.

If you experience a computer crash in your own pharmacy, you will still have access to EHR information because the EHR data is not stored at your site.

Liability

As a custodian under the *Health Information Act*, pharmacists are required to have policies and controls in place to protect health information. These responsibilities are no different with the introduction of the EHR in your pharmacy.

More information

For more information, or to gain access to the EHR, please call 1-866-756-2647, or visit www.albertaehr.ca.



Status of ketamine under the **Controlled Drugs and Substances Act (CDSA)**

The Office of Controlled Substances (OCS) has indicated that Health Canada plans to remove ketamine from Schedule F of the *Food and Drug Regulations* (FDR) and explicitly list it in Schedule 1 to the *Controlled Drugs and Substances Act* (CDSA) and the schedule to the *Narcotic Control Regulations* (NCR).

Ketamine is an analogue of phencyclidine (PCP) and is therefore captured as item 14 in Schedule 1 of the CDSA and item 14 in the NCR which states:

"Phencyclidine (1—(1—phenylcyclohexyl) piperidine), its salts, derivatives and analogues and salts of derivatives and analogues."

According to the OCS, all offences and penalties associated with Schedule 1 of CDSA are applicable to the drug. These offences include possession, trafficking, possession for the purpose of trafficking, importation, exportation, possession for the purpose of exportation, and production.

All practitioners, pharmacists and hospitals must comply with the *Narcotic Control Regulations* with respect to any

New Alberta Adverse Reaction Office

Health Canada has opened an Alberta Adverse Reaction Reporting Centre. The toll-free telephone number is 1-866-234-2345, and the toll-free fax is 1-866-678-6789.

Remember that you do not have to be certain that a health product caused the reaction in order to report it. Adverse reaction reports are, for the most part, only suspected associations. Health Canada wants to know about all suspected adverse reactions, especially if they are:

- unexpected, regardless of their severity (not consistent with product information or labelling);
- serious, whether expected or not; or,
- adverse reactions related to recently marketed health products, i.e., on the market for less than five years.

Complete the adverse reaction reporting form that can be obtained from:

- www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/index_adverse_e.html
- from a regional adverse reaction centre or
- in the back of the *Compendium of Pharmaceuticals and Specialties* (CPS).

Forms should be sent to the fax number above.

Information about the adverse drug reaction monitoring program can be found on the Health Canada website at www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/fact_cadrump_e.html

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Solicitor General Division Team Award for meth- amphetamine group

Lindsay Torok-Both, ACP's representative on the government's interdepartmental Methamphetamine Working Group, received a certificate of accomplishment in recognition of her contribution to the working group. The group was chosen for a Division Team Award from the Public Security Division of the Alberta Solicitor General's department. The award recognizes government employees' service excellence with internal or external groups.

Thanks Lindsay for your contribution on the college's behalf! And congratulations to the working group for their efforts to reduce methamphetamine use in Alberta.

Status of ketamine *continued from page 9*

products containing ketamine. Effective immediately, pharmacists must apply the security measures and record keeping requirements of the NCR to ketamine.

Please note that verbal prescriptions for ketamine are no longer permitted.

Ketamine is a non-barbiturate anaesthetic approved for use in both humans and animals. It has been listed in Schedule F of the *Food and Drug Regulations* since at least 1995.

Ketamine has become popular as a party or club drug due to its dissociative effects; it creates the illusion of an out of body experience. It is also used as a date rape drug.

Questions concerning this notice should be directed:

- by mail to the Policy and Regulatory Affairs Division, Office of Controlled Substances, Address Locator: 3503D, 123 Slater St., Ottawa ON K1A 1B9;
- by telephone to (613) 946-0124;
- by fax to (613) 946-4224; or,
- by e-mail to OCS_Policy_and_Regulatory_Affairs@hc-sc.gc.ca



Recognize excellence!

It's time to think about whom among your colleagues should be nominated for an ACP award.

Recognizing pharmacists through the awards program helps to raise the profile of pharmacy in Alberta, while identifying role models among your peers.

Consider nominating a colleague for one of the following awards.

M.J. Huston Pharmacist of the Year Award—presented to a member who has demonstrated outstanding professional excellence in pharmacy practice. (Note that the terms of reference for this award have been revised.)

W.L. Boddy Pharmacy of the Year Award—presented to a pharmacy in recognition of exemplary professional standards in pharmacy practice

Wyeth Consumer Healthcare Bowl of Hygeia—awarded to a pharmacist who has compiled an outstanding record of community service which, apart from his or her specific identification as a pharmacist, reflects well on the profession

Award of Excellence—presented to a member for a single outstanding achievement in the field of pharmacy. (This award is granted for a single unique accomplishment or contribution, thus differing from the Pharmacist of the Year Award.)

Honourary Membership—presented by Council to a person who is not and has never been a pharmacist, and has rendered distinguished service to the pharmaceutical profession

Honourary Life Membership—presented by Council to a member who has rendered distinguished service to the pharmacy profession

Nominations must be received at the college office **by Oct. 31, 2005.**

You can download the awards' terms of reference and the nomination form from our website at www.pharmacists.ab.ca/council_at_work/awards.aspx, or from the college office at (780) 990-0321 or 1-877-227-3838.

New grads recognized by minister

The Hon. Iris Evans, minister of Health and Wellness, joined the 2005 grads and their families and friends at the college's annual grad breakfast on Thurs., June 9.

Ms. Evans indicated that her personal experiences with pharmacists and the value of the profession to the health system have led her to be a strong supporter of pharmacy. She encouraged the new grads to be sure that their strengths are used in the most effective way towards the health of Albertans. She also encouraged them to be good listeners so they will know what their

patients need and so their patients will feel valued.

President Karen Wolfe told the grads that this is one of the most exciting times in the history of pharmacy in Alberta, being on the cusp of an expanded scope of practice. The legislative changes we can expect to see over the next year will mean that individual pharmacists will be more likely to have the potential to make their practices be what they want them to be.

Karen had the privilege of announcing the winners of three awards, including Randy Howden who was named the Apotex Future Leader; Tamara Ellis, the gold medal winner; and Andrea Linn, APSA Past President award winner.



Karen Sullivan, Apotex, with Randy Howden, Apotex Future Leader



Andrea Linn, APSA Past President, and Karen Wolfe, ACP President

In addition, Jeff Kapler from Calgary was named the Hospital Preceptor of the Year and presented with his award. Peter Macek, recipient of the Community Preceptor of the Year award, was unable to attend the grad breakfast but was recognized at the event.

Congratulations to the class of 2005! We look forward to working with you.

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: Avandamet®, Avandia®, Coreg®, Paxil®, Paxil CR™ and Relafen®**

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

■ **Safety information: ratio-Paroxetine (paroxetine hydrochloride)**

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

■ **Safety information: 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

■ **Safety information: transdermal drug patches and MRI procedures**

napra.ca/pdfs/advisories/mri_patches_nth_e.pdf

■ **Safety information: Elidel® cream and Protopic® ointment**

www.hc-sc.gc.ca/english/protection/warnings/2005/2005_31.html

■ **Safety information: Trileptal (oxcarbazepine)**

napra.ca/pdfs/advisories/trileptal_hpc_e.pdf

■ **Safety information: pms-Sodium Polysterene Sulfonate Powder for Suspension**

www.hc-sc.gc.ca/english/protection/warnings/2005/2005_33.html

■ **Safety information: Association of Xigris® with intracranial hemorrhage in pediatric patients**

napra.ca/pdfs/advisories/xigris_hpc_e.pdf

■ **Safety information: Diane-35**

www.hc-sc.gc.ca/english/protection/warnings/2005/2005_39.html

■ **Safety information: Master's Miracle Fortified Mineral Neutralizer and Miracle II Miracle Neutralizer**

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

■ **Safety information: Health Canada warns consumers not to use human growth hormone drug GHR-15**

www.hc-sc.gc.ca/english/protection/warnings/2005/2005_55.html

■ **Safety information: Refludan® (Ilepirudin)**

napra.ca/pdfs/advisories/refludan_nth-ah_2_e.pdf

...from the faculty

Pharmacy 361 - Pharmaceutics II, a new course in the undergraduate curriculum, offers you the opportunity to have students research answers for practice-based questions related to compounding and pharmaceutics. Please send your questions to Dr. Afsaneh Lavasanifar at alavisanifar@pharmacy.ualberta.ca by August 1, 2005.

The 6th annual **Dean's Tournament of Golf** was held June 5 at the Jasper Park Lodge as a culmination to the joint ACP/AARN conference. Over one hundred golfers enjoyed the mountain air and the spectacular scenery in support of pharmacy education in Alberta. The putting challenge raised \$880 for the Friends of Pharmacy Bursary and was won by N. Metcalfe.

The winners of the **Sabex Trophy** for team low gross were Doug Koffski, Barry Peachment, Rick Provencal and Ray Haymour. The inaugural **Espresso Cup** for the Texas scramble winners was won by Tony Glasser, John Kearny and Brian Carter. Proceeds from the tournament will be directed to the Experiential Education Endowment to assist the off-campus learning program.

The faculty and students acknowledge and thank the donors of the following new awards.

- **London Drugs/Brenda Miller Memorial Award**
- **Care Mart Pharmacy Clinical Rotation Travel Award**
- **Value Drug Mart Mainstreet Clinical Rotation Travel Award**
(Mr Francis Yip)
- **John and Hazel Switzer and Family Clinical Rotation Travel Award**

In memoriam*

W. Fraser Currie died on May 31, 2005 at the age of 83 years. Fraser graduated with his BSc in Pharmacy from the UofA in 1951. After working briefly in Red Deer at the well-known Gaetz-Cornett Drug Co., Fraser owned and operated Currie Drugs in High River. Later, his daughter became pharmacist/manager at the pharmacy.

Fraser is mourned by his wife, their two daughters and two sons.

George Arthur Johnson died on Jan. 5, 2005 at the age of 84 years. He graduated from the UofA with his BSc in Pharmacy in 1949 and registered with the Alberta Pharmaceutical Association in the same year. In 1953 George opened Johnson's Drug Store in Edmonton and served the King Edward Park community until his retirement in 1987.

He is lovingly remembered by his six children and their families.

Larry Wayne Mah died tragically on Oct. 30, 2004 at the age of 39 years. Larry graduated with his BSc Pharm from the UofA in 1994 and registered with the Alberta Pharmaceutical Association in the same year. His brief career in pharmacy was in community practice.

He is survived by his wife, Shantel.

Edward L. Marles died at the age of 85 years on April 8, 2005. Edward graduated with his pharmacy diploma from the UofA in 1942 and then continued his studies to graduate with his BSc Pharm in 1944. He briefly owned and operated a pharmacy in Mundare, then became a well-known pharmacist in Calgary until his retirement in 1992. Edward was recognized as a 50-year member of the Alberta Pharmaceutical Association in 1994.

He is mourned by his wife Edith and their two daughters.

**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 Privacy of Personal Information Policy.*