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alberta college of  
**pharmacists**



## Highlights of the Sept. 29 to Oct. 1 council meeting

Council participated in a board development seminar and held business meetings between Sept. 29 and Oct. 1.

The objectives of the board development seminar were to learn about:

- the relative value of multiple communication strategies to gather feedback from Council's stakeholders and primary publics;
- processes to address public policy more effectively; and
- strategies to expand Council's leadership and decision-making processes.

The seminar refocused Council on its goal of improving patients' understanding and expectations of pharmacists. By enhancing patients' demands, pharmacists will have greater opportunity to contribute to clients' health through the appropriate and safe use of drugs.

### Are you connected to your college e-mail?

If you aren't, you could be missing important information that would support your practice.

If you've misplaced your user name and password, please contact Misti Denton at the college office by e-mail at [Misti.Denton@pharmacists.ab.ca](mailto:Misti.Denton@pharmacists.ab.ca), or by telephone at (780) 990-0321 or 1-877-227-3838.

Join our electronic communication network! It's as easy as 1-2-3.

Here is a synopsis of decisions from Council's business meeting.

- Medicinal marijuana: Council has declined an invitation from Health Canada to participate in pilot projects to distribute medicinal marijuana through pharmacies. The pilot project was not viewed as a priority within Council's immediate strategic plan.
- Regulations to the *Health Professions Act*: Draft 6 of the proposed regulations was reviewed and, subject to amendments discussed at the meeting, were approved in principle for consultation with pharmacists and stakeholders.
- Regulations to the *Pharmacy and Drug Act*: Draft 3 of the proposed regulations was introduced. However, due to time constraints, deliberation was deferred to a teleconference meeting on Oct. 5. On that date, Council reviewed and approved them in principle for consultation purposes, subject to amendments discussed at the meeting.
- Suspension of members for non-payment of fees and/or for non-compliance with professional development responsibilities: Council approved publishing the slate of pharmacists who did not fulfil requirements for renewing their annual certificate to practise pharmacy. (See page 2 for the list.)
- Governance policies: Council heard a preliminary report from a working group on governance. The working group is reviewing the governance policies that guide reporting between the administration and Council. The

*continued on page 2*

acpnews

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Councillors and our public members can be reached by e-mail via our website at [pharmacists.ab.ca](http://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 [pharmacists.ab.ca](http://pharmacists.ab.ca) under *Contact Us*.

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**Highlights** *continued from page 1*

group will present its final report in December, with a goal of clarifying expectations and removing redundancy from the current process.

- Performance scorecard: The college management team introduced a draft performance scorecard that would enable better tracking of the college's performance as it fulfils its prescribed regulatory responsibilities and Council's goals.
- Continuing Competence Committee: Thomas Schadek, pharmacy manager, London Drugs (South Edmonton Common), was appointed to the continuing Competence Committee for a three-year term.

**HQCA resources**

The Health Quality Council of Alberta (HQCA) has recently released useful resources on the quality and safety of the health system, including the *Alberta Patient Safety Survey 2004/05* and HQCA's 2004/05 annual report.

The patient safety survey looked at Albertan's perceptions of and actual experiences with medical errors, and specific details about the circumstances surrounding errors experienced. (Medical errors are defined as mistakes made during medical care that result in serious harm, such as death, disability or additional prolonged treatment.) The survey's technical reports and highlights can be found on the HQCA website at [www.hqca.ca](http://www.hqca.ca).

The annual report offers an overview of the council's initiatives, including the Alberta Medication Safety Collaborative, best practices review and the Alberta Quality Matrix for Health, which is a frame of reference for health services quality in Alberta. The report can also be found on the HQCA website.

**Suspended members**

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

**Practising to suspended status**

Cert. #	Name
6474	Chang, Tom Chi Hong
2758	Dudas, Nancy M.
5753	Hsu, Victoria Cho M.
6357	Koleba, Tamar Rachel
4048	Longard-Gabrys, Jennifer
6489	Luong, Ba
6475	Moffett, Claire Louise
5060	Neagoe, Cristian
6619	Nguyen, Trang Thi Minh
6476	Salam, Abdul
3211	Sam, Veronica
6667	Sunku, Brett
6303	Thorkelson, Krisjan Eric
6235	Walters, Michael Shawn

**Non-practising to suspended status**

Cert. #	Name
6318	Andrews, Kaye Nichol
4273	Barsoum, Nilly A.
2648	Brown, Barbara M.
6004	Rajora, Anupam
4501	Raposo, Jody Lynn
5539	Tait, Mark Harris

**Learning portfolio tip...**

Forms for the RxCEL Learning Portfolio have been revised and simplified.

The Professional Development Log is now called the Continuing Professional Development Log.

The Learning Project Record you used for non-accredited learning is now called the Non-accredited Learning Record.

You can find the new forms in your Continuing Professional Development

Plan and on our website ([pharmacists.ab.ca](http://pharmacists.ab.ca)) under *Continuing Competence*.

Give the new forms a try—you'll find them quick and easy to complete!



## Adding flavouring to drug products

The Alberta College of Pharmacists considers the addition of flavouring agents, such as FlavoRx, to a prescription product to be compounding, since another ingredient is being added to a drug product

As with the preparation of any compound, when you consider whether to add a flavouring agent to a product, you must apply your pharmaceutical knowledge and professional judgement.

You must consider whether the additive will affect the stability assigned to the product by the manufacturer.

You must also consider labelling and documentation; the prescription label must indicate that the manufacturer's medication has been altered. The documentation must provide an audit trail accurate enough to allow you to replicate the taste and concentration when you next fill the prescription.





## So much to learn, so little time!

**C O N T I N U I N G   P R O F E S S I O N A L   D E V E L O P M E N T   P L A N**

### Did you receive your package?

Practising pharmacists should have received their new RxCEL Continuing Professional Development Plan (CPD Plan) in the mail. If yours hasn't arrived yet, please contact Kathy Smart at the college office at (780) 990-0321 or 1-877-227-3838.

The package is designed to help you plan and manage your continuing professional development.

Non-practising pharmacists can also obtain a copy by contacting Kathy Smart at the numbers above.

### Have you started on your CPD Plan?

If you have, congratulations! You could be on your way to continuing education experiences that are more rewarding and relevant.

If you need more pages to record your plans and activities, you can find the CPD Plan booklet as a pdf file on the college website ([pharmacists.ab.ca](http://pharmacists.ab.ca)) under *Continuing Competence*. As a registered pharmacist, you can download the entire booklet or the specific pages that you need.

In the same location on the website, you will also find individual pdf files for the Continuing Professional Development Log, the Non-accredited Learning Record, and a general continuing professional development plan page.

### Want to learn more about the CPD Plan?

Be sure to check out the educational opportunities on the UofA's Office of Continuing Pharmacy Education's website at [www.pharmacy.ualberta.ca/conted](http://www.pharmacy.ualberta.ca/conted). There are two options available: a home-study course and live workshops. The educational sessions will help you understand how to use the plan and gain experience using it.

### Why was the competency profile part of the CPD Plan package?

We included a CD-ROM of the *Competency Profile for Alberta Pharmacists* in the CPD Plan package as a reference tool. You will find all of profile's competency statements have been included in the CPD Plan for ease of reference. However, since the profile is so important to the pharmacy profession, we committed to distributing a copy to each practising pharmacist in Alberta. Including it with the CPD Plan mailout helped us to reduce mailing costs.

Here's why the competency profile is so important to our profession.

- The *Health Professions Act* requires pharmacy, as a self-regulated health profession, to have a formal means of assessing and reporting the continuing competence of its members. It is difficult to do that without knowing exactly what those competencies are, so we developed the competency profile in collaboration with Alberta Health and Wellness. (See **acp news** Nov/02 to May/03.)
- The profile describes in detail the competencies (knowledge, skills, behaviours, attitudes and professional judgements) expected of practising pharmacists. However, no one pharmacist is expected to have all of the competencies.
- The profile will be the building block for revised standards of practice.
- It provides a foundation for ACP's continuing competence program, including the competence assessment and the self-assessment components of the Continuing Professional Development Plan.
- It holds the promise of being a useful tool for developing performance

*continued on page 4*

## Multivitamins containing vitamin K are Schedule F

Health Canada has asked us to remind you that multivitamin preparations containing Vitamin K are listed in Schedule F to the *Food and Drug Regulations* and require a prescription.

Products available on the Canadian market that contain vitamin K include Adeks (Axcan Pharma Inc.), available in a liquid and tablet formulation; and Centrum 8400, 8409, 8401 and 8285 tablets (Wyeth Consumer Healthcare Inc.).

Please be sure there are no vitamin K containing products available for sale in the patient self-selection area of your pharmacy.

### CPD Plan *continued from page 3*

management systems and pharmacist job descriptions.

- The profile provides direction to basic baccalaureate pharmacy programs regarding essential curriculum components.
- It serves as a reference to inform employers and other stakeholders of the competence and potential of pharmacists in the health care team.
- It provides baseline information and reference for long-term manpower planning for health care.

The profile is not intended to:

- be inclusive of all possible competencies possessed by Alberta pharmacists. While we have endeavoured to be as comprehensive as possible, it is likely that some competencies have inadvertently been missed;
- represent the competencies that all pharmacists must achieve;
- specify obligations and/or requirements of pharmacists for third-party agencies or any other outside party; or,
- be "set in stone." We anticipate the competencies will change over time.

ACP is committed to keeping the competency profile current and as accurate as possible. We have planned a complete review and updating of the profile in 2007. In the meantime, if you notice any inaccuracies or omissions, please contact Roberta Stasyk, competency director, at (780) 990-0321 or 1-877-227-3838.

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

The Office of Controlled Substances (OCS) has indicated that Health Canada has now moved ketamine from Schedule F of the *Food and Drug Regulations* (FDR) and listed it in Schedule 1 to the

*Controlled Drugs and Substances Act* (CDSA) and the schedule to the *Narcotic Control Regulations* (NCR).

In May we told you that Health Canada was planning this action.

To remind you, according to the OCS, all offences and penalties associated with Schedule 1 of CDSA are applicable to ketamine. 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 NCR with respect to any products containing ketamine. 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.

## Safety information: Herceptin (trastuzumab)

The US Food and Drug Administration (FDA) has distributed information to health care professionals about cardiotoxicity information related to the use of Herceptin.

The information was obtained from the National Surgical Adjuvant Breast and Bowel Project (NSABP) study, a randomized Phase III trial that was conducted in 2,043 women with operable, HER2 over-expressing breast cancer.

According to the FDA, the study demonstrated a significant increase in cardiotoxicity in patients who were randomized to the Herceptin-containing arm as compared to patients who received chemotherapy alone. Preliminary analysis of the safety data from the NSABP study and the North Central Cancer Treatment Group study revealed that the group taking Herceptin had a 4.1 per cent rate of congestive heart failure over three years, compared to only 0.8 per cent in the chemotherapy-only group. Although no one died, the patients had a severe form of heart failure.



According to the Canadian Press, Health Canada is aware of the information and is evaluating the situation.

ACP will notify you of Health Canada's analysis of the newly released information when it is available.

The FDA information, along with a link to the drug manufacturer's letter, is available on the FDA website at [www.fda.gov/medwatch/safety/2005/safety05.htm#Herceptin](http://www.fda.gov/medwatch/safety/2005/safety05.htm#Herceptin).

## Thioridazine cessation in sales

In early September 2005, Health Canada advised all manufacturers of thioridazine products in Canada that they will be required to stop sale of the products by Sept. 30, 2005.

Thioridazine is known to be associated with QT prolongation, which predisposes to life threatening cardiac arrhythmia such as torsade de pointes, and sudden death.

Patients using thioridazine should be switched to an alternate anti-psychotic therapy. Gradual reduction in thioridazine dosage over several weeks is recommended to prevent recurrence of symptoms of the underlying condition and cholinergic rebound. The choice of switching strategy and its detailed execution must be individualized for each patient.

While all manufacturers will be prohibited from selling thioridazine after Sept. 30, 2005, pharmacies may continue to dispense remaining supplies to allow for a transition period to switch patients to an alternate therapy. Health Canada anticipates there will be sufficient supplies in pharmacies to allow patients time to switch to another product. Should pharmacy supplies be inadequate and/or patients cannot be safely changed to marketed alternatives, prescribers should contact the Special Access Programme at Health Canada to request temporary access to the drug for individual patients.

The complete Health Canada advisory can be found on our website at [pharmacists.ab.ca/news\\_events/default.aspx?id=5380](http://pharmacists.ab.ca/news_events/default.aspx?id=5380).

## 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](mailto: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 website.

### ■ Safety information: counterfeit Lipitor in the UK

[www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2005/2005\\_91\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2005/2005_91_e.html)

### ■ Safety information: restricted indication for Iressa® (gefitinib) 250 mg tablets

*for health professionals:*

[www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/iressa\\_hpc-cps\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/iressa_hpc-cps_e.html)

*for consumers:*

[www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/public/iressa\\_pa-ap\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/public/iressa_pa-ap_e.html)

### ■ Safety information: Adderall XR (mixed salts amphetamine extended release capsules)

[www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/adderall\\_xr2\\_hpc-cps\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/adderall_xr2_hpc-cps_e.html)

### ■ Safety information: long-acting beta-2 agonists

[www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/index\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/index_e.html)  
*media advisory:*

[www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2005/2005\\_107\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2005/2005_107_e.html)

### ■ Safety Information: Appropriate prescribing and use of Duragesic® (fentanyl transdermal system)

*for health professionals:*

[www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/duragesic\\_hpc-cps\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/duragesic_hpc-cps_e.html)

*for consumers:*

[www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/public/duragesic\\_pa-ap\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/public/duragesic_pa-ap_e.html)

### ■ Safety information: Celebrex® (celecoxib) capsules

*for health professionals:*

[www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/celebrex\\_3\\_hpc-cps\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/celebrex_3_hpc-cps_e.html)

*for consumers:*

[www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/public/celebrex\\_pa-ap\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/public/celebrex_pa-ap_e.html)

### ■ Safety Information: risk of emotional changes and self harm with Strattera® (atomoxetine hydrochloride)

*for health professionals:*

[www.napra.ca/pdfs/advisories/Strattera.pdf](http://www.napra.ca/pdfs/advisories/Strattera.pdf)

*for consumers:*

[www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/public/strattera\\_pa-ap\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/public/strattera_pa-ap_e.html)

Alberta College  
of Pharmacists

# Code of Ethics

## **Principle II: A pharmacist respects the autonomy and dignity of the client.**

Guidelines:

1. Pharmacists encourage clients to participate in decisions about their health.
2. Pharmacists foster autonomy by ensuring that their clients are properly informed about the medications they are taking and made aware of other options available to them.
3. In the provision of pharmaceutical services and care, pharmacists must not discriminate against clients on grounds such as religion, age, gender, etc.

## **Principle III: A pharmacist forms a professional relationship with each client.**

Guidelines:

1. Pharmacists enter into a trusting relationship with their clients.
2. Pharmacists consider the well-being of their clients.
3. Pharmacists take into account needs stated by clients, as well as those defined by health science.
4. Pharmacists treat each client in a caring and compassionate manner.

## **Tramacet® (tramadol, acetaminophen): new drug with unlegislated schedule**

Tramacet (tramadol, acetaminophen), a new analgesic, received a Notice of Compliance from Health Canada on July 20, 2005.

Although it is classified as a narcotic agonist, Tramacet is not in the schedules to the *Controlled Drugs and Substances Act*. Health Canada has recommended placement in Schedule F to the *Food and Drug Regulations*. The drug is currently undergoing a regulatory amendment. Until then, Tramacet is unlegislated.

Pharmacists and prescribers are advised to treat Tramacet as if it were in Schedule F. Prescriptions for Tramacet may be written or verbal, and a refill interval is not required. Transfers between pharmacies are permitted. The drug is not on the Triplicate Prescription Program, but will be reviewed from time to time for inclusion.

## **Providing pharmacy services to elderly patients**

Pharmacists providing services to clients in nursing-home or assisted-living settings must ensure that the manner in which those services are provided respects the rights of the client.

The services must align with the professional duties of the pharmacist as embodied in the *Code of Ethics; The Standards of Practice—The Pharmacist; the Pharmaceutical Profession Regulation*, Section 15(5), and the council guideline on patient counselling.

Issues related to elder care can arise when a pharmacy has an agreement with the nursing-home or assisted-living facility management to provide pharmaceutical services to the residents. Remember that the basic aspects of the pharmacist/client relationship, such as the professional duties owed to a client under the *Code of*

*Ethics* and the standards of practice, cannot be altered by the terms of the contract.

Principle II and Principle III of the *Code of Ethics* address the nature of the care to be provided (see sidebar to left).

The fact that elderly clients can have complex health care needs requiring an interdisciplinary approach to care, and the fact that elderly residents can have diverse and specialized needs, emphasize the need for pharmaceutical care that is designed for each resident based on his or her specific health status.

An important aspect of your professional relationship with a client is that the client is entitled to freedom of choice. Although not all elderly clients in facilities are able to provide informed consent or make their wishes known, the *Code of Ethics* clearly states that each client must be treated as an individual. Thus each client's right to participate in his or her pharmaceutical care must be respected to the greatest degree possible. If a client is able to express his or her needs or wishes, you have an ethical duty to take those needs or wishes into account in providing pharmaceutical care. For example, if you provide services under contract to a facility's residents and a resident has a long-term relationship with a pharmacy and wishes to maintain that relationship, you must respect the resident's wishes.

You must recognize that other professional requirements are not altered by the fact that a client may be a resident of a nursing home or assisted-living facility. Standard IV of the standards of practice states "Patient-oriented pharmacy services apply equally to pharmacy services provided to residents of a nursing home or assisted-living facility." Of particular importance are sections 4.3 (Evaluating the Prescription), 4.4 (Monitoring Drug Therapy), and 4.5 (Patient Education). The duties of patient counselling required by Section 15(5) of the *Pharmaceutical Profession Regulation*, Section 4.5 of the standards of practice and the council guideline on patient counselling also continue to apply in these situations.

## Unique residency at UAH

The University of Alberta Hospital (UAH) is the site of a new advanced pharmacy residency program. This unique program offers a resident the opportunity to provide service to the UAH's multidisciplinary outpatient cardiology referral service one to two days per week, and rotate through ambulatory and inpatient cardiology care settings.

The intent of the program is that the resident will develop skills in physical assessment, patient interviewing, patient education, and teaching.

Dr. Sheri Koshman is the first candidate for this new residency. She says she was interested in more clinical training after completing her PharmD. "The residency is ideal since it's in ambulatory care, a relatively new area for pharmacists in Canada."

The cardiac EASE clinic at the UAH is currently one of her primary work areas. When a patient is referred to the clinic, a PharmD or a nurse practitioner completes a patient history and physical assessment, reviews diagnostic information, then presents the case to the cardiologist.

"I've learned to interview patients and collect their history in much more detail than I had learned before, and I have developed skills in physical assessment, really broadening my experience as a pharmacist. I spend about 45 minutes with the patient, then after I present the case to the cardiologist, the physician and I together will spend about 15 minutes with the patient. The program is a good integration of multidisciplinary knowledge and skills, allowing the cardiologist to see more patients than he or she would without our involvement."

For more information about the residency, contact Dr. Ross Tsuyuki, at [ross.tsuyuki@ualberta.ca](mailto:ross.tsuyuki@ualberta.ca).

## Introducing Alberta Netcare

There are some changes under way with the electronic health record (EHR) project. Alberta Health & Wellness, along with all the health regions and health stakeholder partners, will launch a new brand, Alberta Netcare, to mark the further consolidation of EHR-related activity in the province. You may have noticed the new logo on the screen if you are connected to the system.

This name change also signals Alberta's commitment to building one EHR system that will efficiently link community health providers across the province, including physicians, pharmacists and hospitals. The new brand will eventually replace existing EHR-related brands you've seen, such as the Alberta EHR and Capital netCARE. The move will help to better reflect the scope of Alberta's EHR and the many partners working to support EHR. Alberta Netcare provides a single, consistent name.

The current Alberta Electronic Health Record will be renamed Alberta Netcare Portal 2004, but the product itself will stay the same. If you're using the Alberta EHR, the only change you'll notice is a new logo on the screen.

Next summer Alberta Netcare will begin to roll out the next generation provincial EHR product which builds on the existing system and incorporates the technology currently in use with Capital Health's netCARE. The new product will set the stage for future enhancements.

Watch for more information about new developments in upcoming newsletters.

For more information on the current Alberta Netcare and its deployment, or how to sign up, visit [www.albertanetcare.ca](http://www.albertanetcare.ca).

*Submitted by Alberta Health and Wellness*

Alberta  
**Netcare**   
ELECTRONIC HEALTH RECORD



## DUE Quarterly

### DUE Quarterly notice

The July 2005 issue of the *DUE Quarterly* newsletter is available on our website in the *News and Events* section at [pharmacists.ab.ca/news\\_events/quarterlyNewsletter.aspx](http://pharmacists.ab.ca/news_events/quarterlyNewsletter.aspx)

This issue features treatment considerations to manage dementia and appropriate medication use for behavioral and psychological symptoms of dementia.

If you prefer to receive a hard copy of the DUE Quarterly please contact Pat Barnes at the college office by e-mail at [Pat.Barnes@pharmacists.ab.ca](mailto:Pat.Barnes@pharmacists.ab.ca) or by telephone at (780) 990-0321 or 1-877-227-3838.

## Did you know?

Did you know there is an *Ask Your Councillor* section on our website that allows you to contact your councillor via e-mail? Simply go to the website ([pharmacists.ab.ca](http://pharmacists.ab.ca)) in the *Council At Work* section, and select *Ask Your Councillor* from the drop-down menu. You will be required to enter your name and contact information so your councillor can respond to you.



## Notice of interim suspension from CPSA

We have received notice from the College of Physicians and Surgeons of Alberta (CPSA) that Dr. Carl Christopher Nqumayo of Fort McMurray has been suspended from the practice of medicine effective at noon on Thurs., Sept. 8, 2005, pending investigation by the Investigating Committee of CPSA's Council.

## Spring pilot program: International Pharmacist Orientation

*Do you know internationally trained pharmacists who are interested in an orientation program on workplace expectations in Alberta pharmacies?*

*Are you a Canadian-trained pharmacist or pharmacy manager interested in how cultural diversity impacts employees and patients in your workplace—or how to increase benefits from that diversity?*

Next spring, ACP will coordinate two pilot programs to assist internationally trained pharmacists in their transition to the Canadian workplace. A nine-day orientation conducted over a seven-week period will focus on communication, cultural awareness and work practices in the Canadian pharmacy. The session will combine in-class instruction with on-site mentoring tailored to the needs of program participants.

A shorter, six-hour workshop will be offered to supervisors and colleagues of internationally trained pharmacists. The workshop will explore cultural diversity in the pharmacy workplace and how that diversity can benefit co-workers and patients.

The pilot project, funded by Alberta Health and Wellness, is based on a program developed in Manitoba.

If you are interested in learning more about ACP's spring pilot project, contact Lucy Rachynski by e-mail at [lucy.rachynski@pharmacists.ab.ca](mailto:lucy.rachynski@pharmacists.ab.ca)

or by telephone at (780) 990-0321 or 1-877-227-3838.

Please pass this information on to other professionals who may be interested in the orientation.

## Staged care approach to methadone maintenance treatment

A staged-care model of planning and coordinating opioid-dependence treatment has emerged from the recently developed *Standards and Guidelines for Methadone Maintenance Treatment in Alberta*.

The standards and guidelines were developed by the Methadone Guidelines Development Committee, supported by the College of Physicians and Surgeons of Alberta. The committee anticipates increased caseloads in existing methadone maintenance treatment programs (MMTP), thus a need to increase capacity and ensure timely access to treatment.

The goal of the staged-care model is to improve the patient's physical, economic and social health. The model is based on a stepped-care approach in which patients are initiated on methadone at an established MMTP. When the patient is stabilized, his or her treatment is maintained by a primary care physician. The MMTP will continue to liaise with the primary care physician as needed. If required, the program will reassess and resume management of the patient for a period of restabilization. Access to ongoing treatment in the patient's home community will help the individual hold a job, obtain family support, and live at home.

Pharmacists will provide their expertise during the initiation, stabilization and maintenance phases of the patient's methadone treatment. There will be an ongoing, flexible relationship between the physician, clinic/program, pharmacist and patient.



Expanding medical methadone maintenance through referral to primary care physicians will free resources in the formal clinics, this increasing the availability of initial treatment. Community-based practitioners have an important role to provide ongoing methadone maintenance to patients once they are stabilized and return to their communities.

For additional information, contact Chris Mayberry, Opioid Dependency Treatment Coordinator, College of Physicians and Surgeons of Alberta at (780) 412-2698.

*Submitted by the College of Physicians and Surgeons*

## Influenza self-care strategy launched

On Oct. 6, 2005, the Honourable Iris Evans, minister of Health and Wellness, announced the implementation of a provincial influenza self-care strategy. The strategy is a means of helping Albertans understand influenza and how to care for themselves and others.

Information about the strategy and resources for the Alberta public and for health professionals are available from regional public health offices and on the Alberta Health website ([www.health.gov.ab.ca](http://www.health.gov.ab.ca)).

The resources include:

- the booklet: *It's in your hands: How to care for yourself and others with influenza*;
- fact sheets on the following topics: pandemic influenza, hand washing to prevent influenza, how to take a temperature, over-the-counter medication for influenza, influenza antiviral medications, and dealing with stress or feelings of fear because of influenza.

You'll find a copy of the guidelines for health providers, entitled *It's in your hands: Helping people to help themselves and others during influenza season and pandemic*, inserted in this newsletter.

Don't forget to encourage your patients to get a flu shot and to get one yourself!

## acp xPresses and News

### acp xPress

(none faxed since last newsletter)

### acp news

(issued on the college website since Aug. 9, 2005)

#### External:

##### Sept. 14

- Pharmacy/pharmacy tech student conference

##### Sept. 20

- Retirement party for Ms Nancy Rae

##### Sept. 27

- *DUE Quarterly notice*

##### Oct. 6

- Influenza self-care strategy

#### Operations:

##### Sept. 20

- Council meeting Sept. 29 and Oct. 1

##### Sept. 21

- Notice of interim suspension from CPSA

##### Sept. 29

- Help make Alberta pharmacists shine!

#### Practice Issues:

##### Aug. 25

- Adderall permitted back on Canadian market
- Tramacet® (tramadol, acetaminophen); new drug with unlegislated schedule

##### Sept. 22

- RxCEL package in mail to you

##### Sept. 28

- Your new CPD Plan really is coming

##### Oct. 4

- Status of ketamine under the CDSA

##### Oct. 7

- Multivitamins containing vitamin K are Schedule F

#### Drug Information:

##### Aug. 15

- Counterfeit Lipitor in the UK

##### Aug. 26

- Restricted indication for Iressa® (gefitinib) 250 mg tablets

##### Sept. 2

- Herceptin (trastuzumab) cardiotoxicity information
- Adderall XR (mixed salts amphetamine extended release capsules)

##### Sept. 6

- Thioridazine cessation in sales

##### Sept. 9

- Long-acting beta-2 agonists

##### Sept. 16

- Appropriate prescribing and use of Duragesic® (fentanyl transdermal system)

##### Sept. 21

- Celebrex® (celecoxib) capsules

##### Oct. 3

- Strattera (atomoxetine hydrochloride) and self harm

##### Oct. 7

- Paxil (paroxetine) and risk of birth defects

## ...from the faculty

The distinguished **Pharmacy Class of 1955** has capped their fifty-year reunion and celebrations by successfully endowing a new bursary. The bursary was established with over \$18,000 donated by the class members and will provide \$500 of financial assistance annually to a deserving pharmacy student. The students and faculty thank the organizing committee and entire class for their commitment.

There is an obvious lack of **pharmacy-related information** in the alumni magazine *New Trail*. The Pharmacy Alumni Association would like to rectify that by attracting a few individuals to collect, coordinate and forward items that would be submitted to the magazine. **No meetings are required**, just the ability to connect with colleagues and classmates and share items of interest to the rest of our profession. Check the back of the next edition of *New Trail* for a sample of the type of information expected.

If this simple volunteer assignment is attractive to you, please contact Terry Legaarden (tlegaarden@pharmacy.ualberta.ca).

Gennium Inc recently established the **Gord LaClaire Memorial Bursary** for pharmacy students. Gord was a popular sales representative in the Calgary area who passed away suddenly in January 2005.

The most recent addition to the faculty's staff is **Dr. Michael R. Doschak**. He completed both his MSc (angiogenesis and wound healing) and his PhD

(bisphosphonate drugs and bone) in Medical Science with the UofC, under the supervision of surgeon Dr. Robert Bray, and the renowned bone investigator Dr. Ron Zernicke respectively. After his doctoral defence, he commenced an NSERC Industrial Research Fellowship under the supervision of Dr. Hasan Uludag at the UofA, researching artificial hydroxyapatite bone biomaterials and employing bisphosphonate drugs as a delivery platform to mineralized tissues, with subsequent pharmacokinetic and biodistribution evaluation. Since joining the faculty, Mike has begun to establish Canada's first pharmaceutical orthopaedic research laboratory. With a focus on orthopaedic disease, Mike's research aims to elucidate factors that govern the systemic transport, uptake, and structure-activity relationships of drugs and peptide biologics to bone undergoing adaptive remodeling during the pathogenesis of developing orthopaedic conditions, such as osteoporosis, rheumatoid arthritis and osteoarthritis.

In the September/October 2005 issue of **acp news**, the faculty announced that the top Canadian pharmacy student for 2005 was from the UofA: John-Michael Gamble. The faculty can now proudly confirm that for the **15th time in the last 17 years** the graduating class maintained the distinction of achieving the **highest class standing** in both the multiple choice and OSCE components of the 2005 PEBC examinations. Congratulations to the grad class and their instructors!



## Mark your calendar!

Plans are under way for the college's 2006 conference and annual general meeting to be held

in Edmonton, Friday, June 2 and Saturday, June 3.

The conference will end just as the Canadian Pharmacists Association conference, also in Edmonton, begins.

Watch for details in future issues of the newsletter!

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