acpnews
March / April 2006

In **this** issue...

alberta college of **pharmacists**

Schedule 2 products and you

In December 2005 we notified you by e-mail and on the college website that the issue of collecting patient information when dispensing Schedule 2 drugs, especially emergency contraception, had reached the attention of the nation's media and privacy commissioners. Some provincial privacy commissioners were reported to disagree with pharmacists collecting personal health information. We said we would inform you of Alberta-specific information when it was available.

Greg Eberhart, registrar, and Dale Cooney, deputy registrar, met with Frank Work, Alberta's privacy commissioner, on Feb. 6, 2006, to discuss the issue of pharmacists collecting patient information.

ACP's discussion with Mr. Work revealed that he respects the right of the college to establish standards for pharmacists and that, if pharmacists need to collect patient information to meet those standards, they may collect it.

However, you should be aware that the privacy commissioner is sensitive to the principles of the *Health Information Act* (HIA) and, specifically, the responsibility to collect and record the least amount of information required. ACP will consider this perspective as we continue developing the new standards of practice.

Mr. Work mentioned the importance of ensuring patients' privacy and confidentiality when you are providing health services. The college strongly recommends that you should use extra caution to ensure that your

continued on page 2

Spam and virus protection on your college e-mail

Pharmacists have been asking for spam and virus protection for the college's e-mail system and now you have it!

The college recently installed anti-spam and anti-virus solutions on ACP's e-mail system. This means your e-mail account is now protected from accepting infected messages, and the amount of unsolicited e-mail (spam) will be significantly reduced.

Here's how it works: a message arriving that contains a virus is subject to "disinfection" and, if the disinfection succeeds, the message is delivered. If a message cannot be disinfected, it is returned to the sender with a note about the issue.

A message identified as potential spam is copied to a special mailbox in your account called *Junk Mail*. Mail older than 30 days in this folder is automatically deleted for you. You should remember to check your *Junk Mail* folder periodically for messages that were identified as potential spam, but are not.

acpnews

is published six times per year by the Alberta College of Pharmacists. Submissions for publication should be sent to:

Editor, **acp news**,
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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Schedule 2 *continued from page 1*

discussions with patients are private and confidential, and that the confidentiality of all information you collect is maintained. ACP is addressing the need for private or semi-private counselling areas in all pharmacies as we work on the regulations to the *Pharmacy and Drug Act*.

ACP's current standards require you to use clinical judgement to determine whether the appropriate therapy is being chosen, and to provide the patient with adequate information to ensure that the drug is used properly. Many patients are not aware that the purchase of Schedule 2 products is more than a commercial transaction. You must be prepared to explain the need for the information as related to patient safety and the appropriateness of drug therapy.

The privacy commissioner has released a report on an investigation related to a pharmacist who requested individually identifying health information for the purpose of selling insulin. The report upholds the right of the pharmacist to collect the information in this case. It also underlines important information about your role and the *Health Information Act*. You can find the report on the Office of the Information and Privacy Commissioner's website at www.oipc.ab.ca.

Nursing regulations to the *Health Professions Act*— further information

As we reported in the last issue of **acp news**, the regulations to the *Health Professions Act* respecting registered nurses was approved by the Lieutenant Governor in Council in November 2005. The approval of the regulations created the College and Association of Registered Nurses of Alberta, or CARNA, which is the new name for the Alberta Association of Registered Nurses (AARN).

Some of you have asked us if these regulations change the rules around nurses phoning in prescriptions on behalf of an authorized prescriber. Requirements for prescribing Schedule 1 drugs are established in the *Pharmaceutical Profession Act* and the federal *Food and Drugs Act* and its regulations. These

requirements have not changed. Nurse practitioners are authorized prescribers and may give verbal prescriptions, but registered nurses may not.

Recommendations provided to pharmacists in the past remain unchanged. An article in the July/August 2004 issue of **acp news** reminded you that the introduction of a third party into the prescribing process is a prominent source of medication error, and that accepting verbal prescriptions from anyone other than the practitioner is not in accordance with the prime directive of our *Code of Ethics*. CARNA has provided similar direction to its members. Their document *Medication Administration: Guidelines for Registered Nurses* states:

Registered nurses are not authorized to phone in medication prescriptions to a pharmacy on behalf of physicians or other regulated health professionals who are authorized to prescribe medications.

The nursing regulations outline the restricted activities that registered nurses may perform, including dispensing and compounding Schedule 1 drugs. ACP has received a copy of the standards for registered nurses who perform restricted activities. The standards recognize the pharmacist's leadership role in the areas of dispensing and compounding. We encourage pharmacists to collaborate with nurses within the context of these standards when necessary. Together we can ensure that the integrity of the drug distribution system is maintained.

The CARNA document states:

The authority to perform the restricted activity of dispensing and selling does not mean that registered nurses will now be able to dispense or sell medications in the same manner as would pharmacists. It will, however, provide flexibility to meet client needs where a pharmacist is unavailable. Situations where this authority might be needed include, but are not limited to:

- *provision of partial doses of a medication or a full prescription in a small rural emergency or where a pharmacy is not available;*
- *providing birth control pills or the morning after pill in a family planning clinic;*
- *providing medication for a client who is leaving a health care facility on a pass for a limited time period when a pharmacist is not available to do so;*
- *providing medications or a full prescription to treat sexually transmitted infections according to protocols in a STD clinic.*

The document further states that:

[i]n any setting where RNs will be dispensing medications, the Standards of Practice developed by the Alberta College of Pharmacists are to be followed. The Alberta College of Pharmacists or a pharmacist must be involved in establishing the infrastructure, policies and procedures in those specific situations where it is appropriate for RNs to dispense medications. This will assist in ensuring the integrity of the drug distribution system, client safety and quality control.

Examples of compounding in which a nurse might engage are included in the document. All of the examples describe mixing commercially available products. They include mixing Lidocaine and Maalox; crushing a tablet and mixing with a syrup for administration to a child; and mixing two types of insulin.

In addition to the examples, nurses are advised that:

[t]he mixing of pharmaceutical products of all dosage forms, oral liquid or solid, parenteral and topical often affects the storage requirements, stability and, thus, the efficacy of the product. Consultation with a pharmacist and/or published references is encouraged if the nurse has not prepared the compound in the past and is required for any compounds that will be stored beyond 24 hours.

RxCEL

So much to learn, so little time!

CONTINUING PROFESSIONAL DEVELOPMENT (CPD) PLAN

Getting started

Are you wondering how to tackle the fat package that contains the RxCEL Continuing Professional Development Plan (CPD Plan)?

You can get a jump-start by participating in a pre-conference workshop immediately prior to the ACP conference in June. You are welcome to sign up for the workshop even if you're not attending the conference.

At the workshop you will have hands-on experience with the CPD Plan, begin your own plan, network with your colleagues, and earn 2.5 CEUs.

Watch for the conference brochure in your mail or check out our website (after March 1) for more information.

Learning portfolio tip...

Have you already acquired the minimum 15 CEUs you need to renew your registration? Or will you be scrambling for continuing education activities in May?

You have less than four months until you submit your Continuing Professional Development Log as part of the registration renewal process.

Don't be in a last-minute panic! Think about what learning needs you have and undertake learning activities to address them.

RxCEL

Council nominations

This issue of **acp news** went to print prior to the deadline for receipt of council nominations. As a result we are unable to include the list of nominees. We will distribute the list through the college's e-mail system as soon as it is available.

Ballots for districts 1, 3, 5 and 6 will be mailed on March 15, 2006. Completed ballots must be returned to the college office by **4:30 p.m. on Thurs., April 13, 2006**.

Call for resolutions

You still have time to propose a resolution for consideration at the annual general meeting in June 2006. Your resolution must reach the college office by **4:30 p.m. on Tues., April 4, 2006**.

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

Pardon our error

In the January/February 2006 issue of **acp news**, we incorrectly reported that desloratadine and its salts and preparations (in products marketed for adult use—two years and older) is unscheduled. Instead the statement should have read:

Desloratadine and its salts and preparations (in products marked for adult use—**12 years** and older).

We apologize for any confusion this error may have caused.

You asked us...

Q How do I purchase narcotics from another pharmacy in an emergency?

A Pharmacies with a good relationship in close proximity occasionally borrow or purchase drugs from each other for a short term when one pharmacy is out of stock. When you purchase narcotics in such situations, Section 45 (1)(b) of the *Narcotic Control Regulation* (NCR) applies.

The pharmacist purchasing the narcotic must supply a written order, signed and dated, to the pharmacy selling the narcotics. The order must specify the drug quantity and state that the purchase is required for emergency purposes. The purchasing pharmacist must also record the purchase of the narcotic in the pharmacy's narcotic records.

The sale of the narcotic must be recorded by the selling pharmacist if the narcotic is reportable.

It is good practice to supply a written order even when you borrow narcotics. The order enables the lending pharmacy to release the drugs in compliance with NCR Section 45 and provides a written record of the transaction in case the pharmacy is subjected to a narcotic audit before the loan of drugs is repaid.

As in so many situations, documentation is key to preventing discrepancies.

RxCEL

CPD on-line tool ready for you

The on-line Continuing Professional Development Log (CPD Log) is available for your use in the *My Membership Profile* section of the college website.

Most Canadian accredited continuing pharmacy education courses are included in a database, so you can choose your course from a drop down list. When you have signed onto the system and are in the CPD Log, you'll find the list in the screen for adding courses to your log (click on the *Go* button). Once you've found the correct course, you can simply enter the date you took the course and the number of CEUs you're claiming, then click *Submit*.

Remember that, during registration renewal time, you can complete the entire renewal process on-line, including submitting your electronic CPD Log.

Fax noise = medication errors in the making

Note: The following article is reprinted by permission from the National Association of Boards of Pharmacy®, from the December 2005 *National Pharmacy Compliance News*. ©2005 National Association of Boards of Pharmacy, Mount Prospect, Illinois.

Since we are required to print the original version in its entirety, you may find references to US organizations that do not apply to your practice.

This column was prepared by the Institute for Safe Medication Practices (ISMP). ISMP is an independent non-profit agency that works closely with the United States Pharmacopeia (USP) and FDA in analyzing medication errors, near misses, and potentially hazardous conditions as reported by pharmacists and other practitioners. ISMP then makes appropriate contacts with companies and regulators, gathers expert opinion about prevention measures, then publishes its recommendations. If you would like to report a problem confidentially to these organizations, go to the ISMP website (www.ismp.org) for links with USP, ISMP and FDA. Or call 1-800/23-ERROR to report directly to the USP-ISMP Medication Errors Reporting Program. ISMP address: 1800 Byberry Rd., Suite 810, Huntingdon Valley, PA 19006. Phone: 215/947-7797. E-mail: ismpinfo@ismp.org.

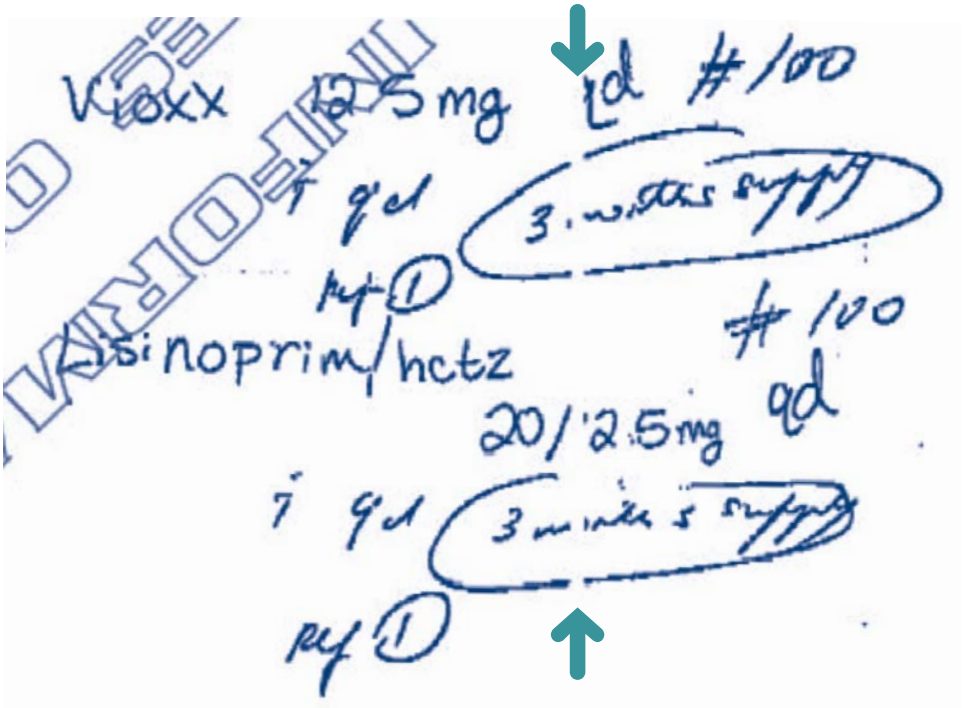
Problem:

Most health care practitioners would agree that fax machines have facilitated communication of prescriptions. But there are inherent problems associated with this technology. In fact, an article in the *Journal of Managed Care Pharmacy* found that prescriptions received by fax required a greater number of clarification calls than those received by other methods of communication.[1]

ISMP received a report from a long-term care facility about a patient who had been receiving Neurontin® (gabapentin) 600 mg TID [three times a day]. However an order had been faxed to the pharmacy to change the Neurontin dose to "300 mg 1 tab QID [four times a day]." The change was made and the new dose was sent to the facility. Later, when the pharmacist received the original order from the long-term care facility and compared it with the faxed copy, he realized that the physician had actually requested a change to "800 mg 1 tab QID." The left side of the order had been cut off during the fax transmission, making the 8 look like a 3. Fortunately, since the pharmacist had been sent the original order for comparison, he quickly realized the mistake. Unfortunately, not all pharmacies receive the original prescription for comparison purposes.

In another report received by ISMP, a faxed prescription was received at a pharmacy for what appeared to be Monopril® (fosinopril) 10 mg #90 one tablet daily. Despite the fact that the fax machine created a definite vertical streak that ran between the drug name and the strength, the pharmacist felt confident in her interpretation of the prescription. Unfortunately, it was later discovered that the prescription was actually for 40 mg. The streak had run through the 4 in 40 mg, making it look like 10 mg instead.

The following prescription (see image on page 5) was faxed to a mail-order pharmacy. Look at the bottom order for Lisinopril/hctz. (Note: ISMP does not condone the use of the abbreviation hctz.) The pharmacist interpreted this order as 20/25 mg. But what the prescriber had actually written was 20/12.5 mg. A subtle vertical gap in the faxed copy (which can be seen breaking the circles around 3 months supply) had obliterated the 1 in 12.5. In addition, the pharmacist reading the order had misinterpreted the decimal



point as one of many stray marks on the faxed prescription.

Safe practice recommendations:

Fax noise (the random marks and streaks on faxes) is an inherent problem with this form of communication, which may be more common in old or poorly maintained fax machines. Usually, fax noise is just an inconvenience. In the case of prescriptions, however, there is a very real chance that a patient could be harmed by misinterpretations caused by fax noise.

To manage this risk, safeguards should be instilled into the fax process. Such safeguards include a careful review of all prescriptions received by fax for fax noise. If the transmission has fax noise in the area of the order, the prescriber should be contacted to confirm the prescription.

Whenever possible, compare the faxed order against the original prescription. Prescribers should consider giving a copy of the prescription to the patient to present at the pharmacy for verification. To prevent confusion or duplication of the prescription at a different pharmacy, the copy could be stamped with a statement such as "Verification Copy Only" to indicate that the prescription was already faxed to a particular pharmacy.

Maintenance should be regularly scheduled for fax machines on both the sending and receiving end. If maintenance fails to improve fax quality, the machine should be replaced.

1 *Feifer RA et al. Mail-order prescriptions requiring clarification contact with the prescriber: prevalence, reasons, and implications. JMCP 2003;9:346-352.*

Consent for drug histories

Remember that, under the *Health Information Act* (HIA), you are required to have written consent from a patient before releasing his or her detailed prescription drug history to another individual, except under certain circumstances.

As Canadians prepare their income tax returns, you are likely to receive many requests for this type of information. Section 35 of the act lists the purposes for which you, as a custodian, may release health information without consent. It is important to collect written consent from the patient before disclosing information for any other purpose.

Obtaining informed consent protects the patient's confidential information and protects you and your pharmacy from liability. Consent must stipulate:

a) who is to receive the information and why;

b) the effective dates of the consent;

continued on page 6

Did you know...

You can change some of your registration information on-line. Sign onto *My Membership Profile* on the college's website and you can change your address, phone and fax number(s), title, gender and consent choice, in addition to managing your Continuing Professional Development Log and renewing your registration. However, information such as name changes, employment changes and membership status changes still require you to submit written documentation to the college office before your record can be officially changed on the register.

You will enter the same user ID (your certificate number) and password that you use to access the secure sections of our website and your membership e-mail. If you are having problems signing on, please call Misti Denton at the college office at (780) 990-0321 or 1-877-227-3838.

And don't forget you could be missing out on important information if you haven't signed onto the college's e-mail system. Call Misti for help signing on if you're having difficulty.

Drawing blood for point of care testing

Pharmacists have called to ask if drawing blood for point of care testing is included in the pharmacists scope of practice.

Schedule 7.3, Section 3(c) of the *Government Organization Act* states that drawing venous blood is not a restricted activity in Alberta. As a result, pharmacists may draw venous blood. However, if you choose to administer point-of-care testing, it is your responsibility to ensure that the device and the procedure are in fact collecting venous, and not arterial, blood.

All professionals are responsible for ensuring that they have the proper training in techniques and safety before they participate in any activity, including drawing blood.

Finally, remember that screening clinics offered by pharmacists cannot be considered by the pharmacist or the patient to be diagnostic.

Drug histories *continued from page 5*

c) specifics about what information is to be disclosed;

d) an indication that the individual has been made aware of the reasons why the information is needed;

e) the implications to the individual of consenting or refusing to consent; and,

f) a statement to the effect that consent can be revoked at any time.

If you have HIA questions, contact the Alberta Health and Wellness HIA Help Desk at (780) 427-8089 or toll free through the RITE line at 310-0000 and ask for 427-8089.

Prescription record retention

We continue to receive calls from pharmacists asking how long prescription records should be kept. Given the myriad legislation that addresses pharmacist practice, the confusion is understandable.

Here's an overview of the major requirements.

- Section 16 of the *Pharmaceutical Profession Regulation* requires that a prescription record be kept for two years after the last change in the information, whether the change is a refill or a part-fill. Federal legislation also uses the two-year time frame for Schedule F drugs and for controlled drugs and substances.
- Under Alberta's *Health Information Act* (HIA), Section 41(1):

  a custodian must maintain a record of any disclosures made of individually identifying diagnostic or treatment information. The records must show the person to whom the disclosure was made, the date and the purpose for which the disclosure was made, and a description of the information required.
- Under Section 41(2), the HIA says:

  this information must be kept for 10 years following the date of disclosure.
- Under Section 60(2)(b)

  a custodian is responsible for the proper disposal of health records.

According to the *Personal Information Protection Act* (PIPA), there is no specific time limit imposed. However, there is a provision indicating that even where a consent is withdrawn "an organization may for legal or business purposes retain personal information for as long as it is reasonable." Therefore, the standard under PIPA is that the information must be kept as long as is reasonable.

In summary, you can see there is no single standard length of time for all records. However, a **general rule of thumb** can be drawn from this information. If the maximum activity period for a prescription is 18 months, and records must be kept for two years from the date of the last activity, you should probably keep prescription records **at least 18 + 24 = 42 months**. Yet, PIPA requires that records be retained for a "reasonable time."

As a result, a pharmacist must use his or her professional judgement about how long beyond two years to keep prescription records or medical files after the last entry. The one exception to this point is for records of any disclosure of information, which must be maintained for 10 years under the HIA. Some pharmacists create separate files for HIA-related documents.

This review of prescription record retention has not addressed income tax requirements or keeping records for protection with respect to possible law suits. These issues are not professional regulation matters; pharmacists should address them with their lawyers.

Butorphanol added to Triplicate Prescription Program

Butorphanol was added to the Triplicate Prescription Program (TPP) on Feb.1, 2006.

A revised TPP list is available on our website at pharmacists.ab.ca.

Schedule change for alpha1-proteinase inhibitor (human)

The National Drug Scheduling Advisory Committee has placed alpha1-proteinase inhibitor (human) into Schedule 1. This change was finalized effective Jan. 6, 2006.

The revised Alberta drug schedules are now on our website at pharmacists.ab.ca.

Addiction: a disease of the brain

Addiction is a disease that develops when a susceptible but otherwise healthy individual is exposed to either an addicting substance or addicting behaviour. It occurs in individuals who are genetically and environmentally predisposed to developing repetitive actions despite negative health and social consequences. The result of addictive behaviours is seen as persistent changes in brain structure and impaired function; the disease is manifested by loss of control, compulsive actions and craving.

Similar to other chronic relapsing diseases, addiction is characterized by remissions and relapses, and may be progressive and fatal if not treated. The analogy between addiction and conditions like hypertension, coronary artery disease, asthma, diabetes, or clinical depression is apt because all of these conditions can produce permanent structural and functional changes in the body as a result of interaction with the environment that put the patient at risk for continued health problems. Addictive drugs and behaviours can produce changes in brain pathways that may be irreversible and that may persist long after a person stops the addiction. These changes place the individual evermore at high risk of relapse.

Methadone maintenance therapy (MMT) is an exemplar of substitution treatment for opioid dependent patients. MMT represents a harm reduction approach that attempts to correct and normalize the dysfunctional behaviour associated with the loss of control of the use of opioids, while not requiring opioid abstinence. Patients remain opioid dependent while on MMT which provides and allows an improved quality of life, as the loss of control of the opioid is externally controlled with the help of the MMT clinic practitioners.

The newly released *Standards and Guidelines for Methadone Maintenance Treatment in Alberta*, developed by the College of Physicians and Surgeons of Alberta, represent only one part of a wide spectrum of treatment modalities that are now becoming available medically to treat and support addicts in their struggle with the disease of addiction.

Submitted by the College of Physicians and Surgeons of Alberta. Prepared by Dr. Bill Campbell, CPSA Guidelines Development Committee

acp xPresses and News

acp xPress

Dec. 16
- Recent changes to Alberta Drug Schedules plus Safety Information: discontinuation of Climacteron® Injection

acp news

(issued on the college website since Dec. 8, 2005)

External:

Jan. 3
- January 2006 issue of Adverse Drug Reaction Newsletter on website

Jan. 5
- DUE Quarterly notice

Operations:

Dec. 15
- E-mail using altapharm.org will not be delivered

Dec. 19
- Awards announcements – winners and nomination extension

Dec. 20
- Conference opportunity for recent grads

Dec. 21
- International Pharmacists Orientation – a new opportunity

Dec. 23
- Holiday greetings and college office hours

Jan. 11
- Pharmacy award nomination

Jan. 20
- International pharmacist orientation reminder

Practice Issues:

Dec. 8
- Dispensing ECP

Dec. 15
- Midwife prescribers

Dec. 22
- Consultation on proposed regulations

Jan. 18
- Schedule change for alpha1-proteinase inhibitor (human)

Jan. 20
- Interim recommendation against use of amantadine for influenza

Jan. 24
- Butorphanol added to Triplicate Prescription Program

Drug Information:

Dec. 9
- Zevalin® (ibritumomab tiuxetan)

Dec. 16
- Bextra (valdecoxib)

Dec. 20

Tequin™ (gatifloxacin)

Dec. 21
- Avandia® (rosiglitazone maleate) and Avandamet® (rosiglitazone maleate/metformin hydrochloride)

Dec. 21
- Chaparral

Dec. 22
- Paxil (paroxetine)

Dec. 28
- Kaizen Ephedrine HCL tablets

Jan. 18
- Anti-TNFa products Enbrel (etanercept), Humira (adalimumab) and Remicade (infliximab)

Jan. 19
- African herbal products M2 Formula and Energy 2000 capsules

Jan. 23
- Macugen™ (pegaptanib sodium injection)

Jan. 24
- Recall notice: Estalis™ transdermal therapeutic system

Jan. 26
- Libidfit

Jan. 27
- Recall of Octreotide Acetate Omega

Feb. 1
- White Peony Scar-repairing pills
- Accu-Chek Aviva blood glucose meter

Feb. 2
- Methyl-1-testosterone

making a difference
pharmacists at the forefront of care

Conference and annual general meeting

June 2 and 3, 2006
The Westin Edmonton Hotel

Join your colleagues as you learn about

- leading change using evidence-based outcomes
- making your practice more satisfying
- disclosing errors, a province-wide approach
- patient safety in your pharmacy
- how you know you're competent

You will also participate in the college's annual general meeting, then join the Canadian Pharmacists Association to hear two keynote presentations:

- Silken Laumen and
- Pharmacists Without Borders.

Mark your calendars and plan to be there. It'll be a busy learning time!

Recent grads—free conference registration

If you graduated within the past five years, you could be eligible to apply for a New Horizons Award and gain free registration, accommodation and travel expenses for the college's conference on June 2 and 3, 2006 in Edmonton.

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

To qualify, you must:

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

The application form is available on our website at pharmacists.ab.ca/news_events/default.aspx?id=5496. Simply fill it in and send it to Lynn Otteson at the college office by **Fri., March 31, 2006**. Mail to 1200 – 10303 Jasper Ave., Edmonton AB T5J 3N6 or fax to (780) 990-0328.

Helping you cut costs

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

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

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

The Health Human Resources databases and you

The Canadian Institute for Health Information (CIHI) has asked us to participate in the effort to create a national database about pharmacists. The information in the database will address the lack of standardized data on our profession, information that is important for the policy makers who make decisions about manpower and other health human resources management issues.

Standardized data has been collected on the nursing and physician professions for over 20 years. The intent of the project is to expand the data to include five more health professionals: pharmacists, occupational therapists, physiotherapists, medical radiation technologists and medical laboratory technologists.

Our participation will mean that anonymized data about Alberta pharmacists will be sent annually to CIHI. CIHI will address national and provincial privacy legislation requirements throughout the project.

What does this mean for you? You will notice that the registration renewal form, both in paper and on-line, will be altered to reflect the additional data for areas the college has never collected before. We are in the process of addressing the technological considerations of our participation in the project.

Watch for further information in upcoming issues of **acp news**.

Interim recommendation against use of amantadine for influenza

The Public Health Agency of Canada (PHAC) recommends that health care providers in Canada not prescribe amantadine to treat and prevent influenza during the current flu season.

This interim recommendation follows testing that shows viruses currently in circulation are resistant to the drug.

The PHAC recommendation is endorsed by Alberta Health and Wellness and is in

keeping with the US Center for Disease Control and Prevention recommendation.

According to PHAC, oseltamavir (Tamiflu) and zanamivir (Relenza) are the recommended antiviral medication for the treatment or prevention of influenza for the remainder of the 2005/2006 influenza season.

Influenza immunization remains the most effective way to avoid contracting influenza, when combined with proper hygiene, including frequent hand washing.

For more information, visit the Public Health Agency of Canada's website at:

www.phac-aspc.gc.ca/media/advisories_avis/2006/statment060115.html .

Adverse reaction newsletter and *DUE Quarterly*

The January 2006 *Canadian Adverse Reaction Newsletter* (CARN) is now available from the *Safety Advisories* section of our website at under *News and Events*.

In this issue:

- oseltamivir and warfarin: increase in INR
- levonorgestrel-releasing intrauterine system and uterine perforation
- guidance document for industry
- energy drinks
- case presentation: Rosiglitazone: parotid gland enlargement
- as well as a summary of advisories.

You can subscribe to receive the CARN electronically from the Health Canada website at www.hc-sc.gc.ca/dhp-mps/medeff/subscribe-abonnement/index_e.html

The January 2006 issue of the *DUE Quarterly* newsletter is also available on our website in the *News and Events*. This issue is a continuation on the subject of drugs that impact nutritional intake, Part II: CNS drug-related nausea and vomiting.

If you prefer to receive a hard copy of either newsletter, please contact the college and we will mail you one.

Investigation into professional conduct

The following ACP investigating committee decisions have been summarized due to space considerations. Copies of the full decisions are posted on the college website at pharmacists.ab.ca under *Complaint Resolution*. You can also obtain a copy by contacting the college office at (780) 990-0321 or 1-877-227-3838.

Investigations and hearings can vary widely in the time required to reach a decision. Some may be completed within a year of the original complaint; others can require many years to allow due process to unfold.

Summary of an investigating committee decision regarding the conduct of a pharmacist member

On April 26, 2005, a college investigating committee issued a final decision regarding the conduct of a pharmacist member as the pharmacy manager and licensee of AB Pharmacy[1] and as a dispensing pharmacist.

The allegations arose in respect to three complaints from the public received by the college within a three-month period regarding dispensing errors that occurred at the AB Pharmacy.

After a four-day hearing, the Investigating Committee determined that the member engaged in conduct that constituted unskilled pharmacy practice and professional misconduct during the period between July and September 2002.[2] The Investigating Committee made the following findings.

a. As pharmacy manager and licensee, the member through his actions and inactions created an environment within the pharmacy that was conducive to medication errors and did not meet the minimum standards of practice. A work environment was created in which patients did not regularly receive appropriate patient counselling, where there was insufficient quality improvement process and drug error management program, and where the number and training of pharmacy staff was insufficient to safely and professionally process the prescription volume and pharmacy needs of their patients.

b. The member as a dispensing pharmacist made a serious error in dispensing the wrong strength of Cytomel on a new prescription to the patient. It was found that although the patient's medication profile was evaluated and some limited generic information was provided to the patient in the form of a label-sheet tear-off, additional patient medication-specific counselling should have been provided to meet the requirements of Section 15(5) of the *Pharmaceutical Profession Regulation*. The omission of appropriate patient counselling greatly contributed to the medication-error. The Investigating Committee noted that the member knew that this was a new medication for the patient being prescribed for an off-label indication and that both verbal and more extensive written counselling should have been provided.

c. In respect to the medication errors which occurred, the committee found that the member, as pharmacy manager and licensee, failed to prevent the contravention of sections 15(1) and 15(5) of the *Pharmaceutical Profession Regulation* with respect to medication errors, and that he allowed an environment within the pharmacy that was conducive to medication errors. In particular, the policy of only routinely providing patient counselling in the form of the limited, generic information found on the label-sheet did not meet the

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1. Pursuant to the direction of the Investigating Committee, the member and the pharmacy were not to be named in the published summary. The pharmacy in question was to be identified only as a chain pharmacy in an urban location.

2. A copy of the full decision of the Investigating Committee is located on the ACP website.

Investigations *continued from page 9*

requirements for appropriate patient counselling.

The Investigating Committee determined that the evidence established that:

- only a small percentage of patients were counselled;
- an offer of verbal patient counselling was rarely, if ever, made by the cashiers who were generally the point of contact with patients picking up medication;
- the evidence in the form of "patient counselling logs" provided supported testimony that only a small percentage of patients were counselled and that very limited verbal counselling was offered or provided; and,
- the pharmacy was very busy during the summer of 2002 and the pharmacists did not have the resources to routinely provide verbal counselling and engage in patient contact, but rather felt that they were required to focus their efforts to ensure that prescriptions were filled and labelled correctly.

The Investigating Committee stated that it is the responsibility of the pharmacist to assess each patient and their needs individually to ensure that the patient receives appropriate counselling. The cashier's offer of counselling puts the burden of responsibility on the patient who most likely has little or no training in pharmacy and is not generally equipped to make the decision.

In respect to the requirements of Section 6 of the *Standards of Practice—The Pharmacist*, the committee found the member did have systems in place to protect the public. However, the committee found that many of these systems were not regularly followed by the member and his staff. The committee attributed this failure in part to the poor work environment and relatively high prescription volume that the member allowed in his pharmacy. The committee determined that the workload, relative to the number and training/experience of staff, created a system that overwhelmed the pharmacy staff, compromising the triple-check system and the provision of appropriate counselling.

In respect to Section 6.4 of the standards of practice, the member failed to ensure that the college's Drug Error Reporting Form was completed and kept in the pharmacy. It was not used as a quality improvement tool and the college's Drug Error Management Policy was not complied with.

The Investigating Committee also found that the counselling and communication with the patients that was provided contravened sections 4.4(d) and 4.5 of the standards of practice. The Investigating Committee found that the member did not exercise acceptable professional judgement in allowing the use of generic label-sheet information to be the cornerstone of pharmacy counselling services.

The committee acknowledged the member displayed knowledge and skill in the practice of pharmacy and participated in external professional working committees, and attempted to rectify some working-condition shortfalls by lobbying the chain proprietor for an IVR phone system and hiring replacement cashier staff. The Investigating Committee also acknowledged that the member realized that consistent verbal counselling and pharmacist/patient interactions were an essential part of providing good pharmacy services.

However the Investigating Committee found that as pharmacy manager and licensee, the member displayed lack of judgement in pharmacy practice by:

- allowing the operation of the system where a cashier rather than a pharmacist extended the offer of counselling to patients, when this offer occurred at all, at the point of dispensing the drug;
- allowing a system that routinely resulted in inadequate and inappropriate levels of patient counselling;
- not ensuring that a proper continuous quality improvement process was in place and being followed by all staff; and
- allowing staffing levels to be overwhelmed by the workload levels to the point that three related errors occurred in a relatively short time.

At a separate hearing several months later, the Investigating Committee heard submissions as to the appropriate orders to be made.

Considerable evidence was presented by the member and the member's employer as to significant changes instituted at the pharmacy in response to the Investigating Committee's initial decision. The committee noted that there had been significant efforts by the member and the member's employer to increase pharmacist/patient contact, and that steps were taken to improve and prevent recurrences of the problems in question including the following:

- redesign and remodelling of the pharmacy to improve working area for pharmacists;
- installation of the IVR phone system;
- ensuring that additional pharmacists and other staff were in the pharmacy at peak prescription volume times;
- increased emphasis in company policies, procedures and manuals on verbal patient counselling;
- new prescriptions are not released to patients until a pharmacist comes over and intervenes;
- changes to the computer system to allow pharmacists to place overrides requiring that prescriptions, including refills, not be released without pharmacist intervention;
- increased documenting of patient counselling; and,
- staff was advised that strict compliance with drug error policies and the established quality improvement program was expected.

As a result, the Investigating Committee made the following orders.

1. In respect to the member as a pharmacist for the dispensing error noted:

   a. written cautionary statement;

b. an order directing the member pay the costs of the investigation and hearing (practice part of a global costs for all matters); and,

c. an order providing for the publication of the decision in **acp news** without identifying the pharmacist, the pharmacy or the corporate proprietor.

2. In respect to the member as licensee:

a. a written cautionary statement;

b. an order directing the member in his current or future capacity with the corporate proprietor to take such steps as may be reasonably necessary so that:

i. appropriate staffing levels are maintained at the pharmacy;

ii. greater efforts are made to ensure that patients are offered counselling and the counselling is regularly provided to patients;

iii. pharmacy procedures and systems in place for public protection upheld by all pharmacy staff;

iv. a quality improvement program that includes the college's Drug Error Management Policy and that the appropriate provisions in the corporate proprietor's manual are followed and all staff are aware of the requirements;

c. an order directing that there would be two meetings in the following six months at the pharmacy between the member and a college inspector to review the steps taken to comply with the direction. The member will pay the costs of these meetings;

d. an order directing that the member pay the costs of the investigation and hearing;

e. an order providing for publication of the decision in acp news without identifying the pharmacist, the pharmacy or corporate proprietor. The published article was expected to focus on the didactic nature of the findings of the investigation, and highlight the many positive actions undertaken by the licensee and the chain pharmacy that are expected to help ensure the public is protected and a greater level of pharmacy care is provided;

f. an order directing the member to pay the costs of the investigation and hearing concerning all matters dealt with by the Investigating Committee.

The Investigating Committee issued the following cautionary statement to the member as a manager and licensee:

... as pharmacy manager and licensee you must not only ensure your adherence to the Alberta College of Pharmacists' standards of practice and professional regulations, but you must also make certain that your pharmacy and staff pharmacists meet these guidelines. Struggling to meet just the minimum standard creates an environment that is fertile for medication errors and potential patient harm when circumstances such as periods of higher prescription volume occur. Although corporate policies, departmental procedures and systems of efficiencies can be utilized to increase cognitive pharmacy resources, there is no substitute for pharmacist/patient contact. As pharmacy manager you must exercise leadership to ensure proper drug error management programs, staff levels, best practices and quality improvement programs are in place and adhered to in order to protect the health of your patients.

The committee recognizes, and applauds, your recent efforts to work with the college, your employer and your staff to develop and implement many changes within the pharmacy that have resulted in increased patient counselling, staffing, new-hire training, checking systems and professionalism. We acknowledge your sincere and genuine interest to address the matters of concern to lead your pharmacy in meeting and exceeding all standards and regulations.

We trust this matter will have a lasting impact on your professional life and will make you a better pharmacy manager.

Decision of an investigating committee for the Alberta College of Pharmacists in the matter of an investigation regarding the conduct of B.J.

On Nov. 5, 2005, an ACP investigating committee made a decision in respect to a hearing regarding pharmacist B.J. regarding allegations arising as a result of the fact that, during the period January 2002 to October 2004, the pharmacy of which B.J. was licensee received approximately 41,200 Oxycocet tablets, but dispensed only 30,510 tablets, with the result that the pharmacy was missing approximately 10,270 tablets of Oxycocet.

The fact that there was a problem was eventually discovered by another pharmacist who had recently returned to the pharmacy and by a pharmacy technician who then performed a detailed review and identified the scope of the discrepancy. It was acknowledged that, when the losses were discovered, B.J did not ensure that the reports required by the *Narcotic Control Regulation* and Schedule G to the *Food and Drug Regulations* were made within the required 10-day period and did not ensure that the college's drug error reporting policy was followed.

It was alleged that failure to prevent the loss of over 10,000 Oxycocet tablets during this period, the failure to detect the significant discrepancy between the number of tablets received and the number of tablets dispensed for a period of over 32 months, and the failure to report the losses within the required time frame were breaches of:

a. Section 45(3)(e)(i) of the *Pharmaceutical Profession Regulation*;

b. Sections 42 and 43 of the *Narcotics Control Regulation*;

c. Sections G.03.012 and G.03.013 of Schedule G to the *Food and Drug Regulations*; and

d. ACP's drug error reporting policy.

The hearing proceeded by way of an Agreed Statement of Facts and Joint Submission. It was noted in the Agreed

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Statement of Facts that the pharmacy did not have a security system that would provide suitable protection against theft or diversion that was facilitated or hidden by tampering with computers or electronic records. The pharmacy's computer allowed individuals to sign onto the computer and to alter inventory amounts without leaving any record.

It was also noted that the pharmacy failed to take sufficient steps to protect narcotics on the premises from loss or theft including:

a. lack of sufficient internal controls and monitoring to protect against internal diversions;

b. the computer system allowed individuals to sign on to the computer and alter inventory without leaving a record;

c. there was a failure to maintain sufficient security with respect to the key to the narcotics cabinet;

d. no review or check system was in place which reconciled the amount shown on the narcotics register and purchase invoices against the narcotic prescriptions dispensed;

e. the pharmacy failed to conduct checks and reconciliations at a regular interval; and

f. sufficient steps were not taken despite the fact that there had been a significant unexplained loss of Oxycocet tablets in 2000. Despite these unexplained losses, the pharmacy failed to take the necessary steps to prevent a reoccurrence of such losses.

The member as licensee and proprietor of the pharmacy acknowledged that the member had failed to institute sufficient systems and procedures to meet the requirements of the regulations cited above.

Facts were presented regarding steps the pharmacy had taken once the diversion was found. Evidence was also presented concerning the pharmacy's investigation and conclusion that the diversions were internal diversions by a non-pharmacist family member of B.J.

The Investigating Committee determined that the conduct of B.J. had breached Section 57 of the *Pharmaceutical Profession Act* by contravening the act and the regulations, by contravening act of the Parliament of Canada, and by displaying a lack of judgement in pharmacy practice. This was found to be proprietary misconduct.

The Investigating Committee recognized the extensive efforts by the member to remedy the situation to eliminate further problems with the security of medication.

As a result, the Investigating Committee made the following orders:

a. that the member be reprimanded;

b. that the member be assessed all the costs of the investigation and hearing; and

c. that there would be full disclosure of the results of the hearing through publication in **acp news**, but that the member's name and location of the pharmacy would not be identified.

In conclusion, the Investigating Committee made the following comments:

The extent and results of the situation referred to demonstrate how easily the inventory system (and more importantly, the narcotics and controlled drugs) of a pharmacy can be manipulated and drug diversion can occur. This is a certainty when measures are not taken to secure the inventory system against this, and when all pharmacy staff including the proprietor are not vigilant in performing regular checks.

Attention is drawn to the Pharmaceutical Profession Regulation*, sections 45(1), 45(3)(e)(i), 45(3)(e)(ii) and 45(3)(f) which refer to the proprietor and licensee's responsibility in terms of maintaining proper security in the pharmacy and with regard to computer systems. Current pharmacy computer systems maintain inventory counts, and these inventories should be checked on a very regular basis, with proper documentation of the pharmacy staff doing the checks. Alternating pharmacy staff members doing the check adds extra levels of protection against tampering and diversion of drugs. Providing documentation of reasons for changing inventory figures is extremely important. This, in turn, indirectly protects the public also, who may be exposed to drugs "on the street" as a result of theft from a pharmacy.*

Decision of an Investigating Committee respecting complaints concerning the conduct of Cliff Taylor and Westfair Foods Limited.

On Oct. 7, 2005, a college investigating committee made a final decision in respect to Cliff Taylor and Westfair Foods Limited acting as proprietors in relation to the Real Canadian Superstore. The complaints related to a series of newspaper advertisements that were published in the *Edmonton Journal* and *Calgary Herald* in early 1999.

Three forms of advertisement were considered by the Investigating Committee. Copies of each type of advertisement were reproduced in full as an appendix to the decision of the Investigating Committee which is posted in full on the ACP website.[1]

In summary form, the three types of advertisement stated as follows:

Type 1

"…Many pharmacies in Edmonton charge a dispensing fee of $9.70 or higher on every prescription they fill!"

Type 2

"… the Alberta Pharmaceutical Association says to all pharmacies 'you are free to charge… whatever you deem appropriate' … January 27, 1999 Rx Press!! Many pharmacies… charge a fee of $9.70 or higher 'where appropriate'"

Type 3

"…the Alberta Pharmaceutical Association says to all pharmacists in Alberta 'Pharmacists seek and should expect to receive fair remuneration for their professional services'. Many Alberta

1. The full decision also provides details of the various steps and hearings that occurred prior to the final decision of the Investigating Committee. These included initial hearings on preliminary matters and applications by the respondents, a three-day hearing on the allegations, and a separate hearing concerning the appropriate orders to be made.

Findings of the Investigating Committee

Alleged breach	*Inaccurate or misleading*	*Deprecates another pharmacist or pharmacy as to fees*	*Harms the honour and dignity of the profession*
Advertisement Type 1	YES	NO	NOT ALLEGED
Advertisement Type 2	YES	NO	YES
Advertisement Type 3	YES	NO	NO

pharmacies therefore charge a fee of $9.70 or higher."

The Investigating Committee was asked to consider whether the advertisements were:

1. inaccurate and/or misleading [Section 32(7)(b)];
2. deprecating to another pharmacist or pharmacy as to fees [Section 32(7)(e)]; and
3. harmful to the honour and dignity of the profession [Section 32(7)(i)].

The findings of the Investigating Committee in respect to each type of advertisement are summarized in the table above.

The key points considered by the Investigating Committee in respect to each type of advertisement were as follows:

a. Advertisement Type 1

The allegation that the advertisement is inaccurate or misleading.

The Investigating Committee concluded that the advertisement was inaccurate and misleading and of sufficient materiality to be potentially detrimental to the public interest. A primary concern was the word "every" in relation to prescriptions filled by other pharmacies. The Investigating Committee found that the evidence presented did not support the use of the word "every."[2]

The Investigating Committee considered the respondents' position that their intent was merely to communicate that their price was lower. The respondents noted that the public had expressed an interest, through a survey (Angus Reid 1995), in accessing this knowledge, and that price knowledge is beneficial to the public and to the health care system generally.

While the Investigating Committee indicated that it understood this perspective, it held that it was not the intent of the communication that was under scrutiny, but rather the substance of what was actually communicated. The Investigating Committee concluded that the substance of what was communicated was inaccurate and capable of misleading the public which placed it in breach of Section 32(7)(b) of the regulation.

The Investigating Committee did not accept the allegation that the advertisement deprecated other pharmacists or pharmacies as to fees. It determined that while the advertisement may have been in poor taste, it was not seen by the committee as expressing "earnest disapproval" of another pharmacist or pharmacy and therefore did not breach Section 32(7)(e) of the regulation.

b. Advertisement Type 2

In respect to this form of advertisement the Investigating Committee noted that the advertisement appeared to attempt to clarify the statement in Advertisement Type 1 of "every prescription" by removing it and adding a qualified phrase "where appropriate." These changes improved the accuracy of advertisement Type 2 when compared to Type 1.

However, the Investigating Committee noted that this advertisement attributed a quote to the APhA and suggested there was a direct link between the association and the fee of $9.70 charged by many pharmacies. The evidence presented by the ACP and confirmed by Mr. Taylor showed that the APhA was not the source of the quote used in the advertisement and that the actual statement was made by Alberta Blue Cross. In addition, the advertisement only paraphrased the actual quote by Alberta Blue Cross and failed to communicate the full context within which the statement was made. Therefore, the Investigating Committee determined the advertisement was inaccurate and could mislead the public as to the significance of the statement which placed it in breach of Section 32(7)(b) of the regulation.

In respect to the suggestion that this advertisement deprecated other pharmacists or pharmacies as to fees, the Investigating Committee rejected this allegation holding that the addition of qualifying statements "many pharmacies where appropriate" tended to soften the comparison.

The Investigating Committee also determined that the Type 2 Advertisement crossed the line between what is acceptable by incorrectly and deliberately misquoting the professional association that represents pharmacists. It held that the APhA was inappropriately drawn into an advertisement meant to compare fees between professional pharmacies. In addition, the quote in question was inaccurate, and the respondents disregarded the request of the APhA by failing to clarify the statement or by publishing a correction. As the APhA was unquestionably representative of the profession of pharmacy, the advertisement was deemed by the Investigating Committee to have harmed or tended to harm the honour and dignity of the profession and thereby breached Section 32(7)(i) of the regulation.

c. Advertisement Type 3

This advertisement quoted the APhA in regard to pharmacists seeking and expecting to receive fair remuneration for their professional services. This was a statement extracted by the respondents from the *Code of Ethics* of the pharmacy profession but it was portrayed as a direct quote of the association without a reference to the *Code of Ethics*.

In the view of the Investigating Committee, portraying the statement as

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2. The detailed review of the Blue Cross evidence on which this conclusion was based can be found in the full decision on the website

Investigations *continued from page 13*

a direct quote of the association without a reference to the *Code of Ethics* was not entirely accurate, and the advertisement failed to provide enough context within which the *Code of Ethics* addresses the matter of fees.

The Investigating Committee found that there was a strong implication in the advertisement through the use of the word "therefore" that the $9.70 dispensing fee was a policy of the APhA, and there was no attempt in the advertisement to acknowledge the $9.70 was a fair and appropriate fee and that $9.70 dispensing fee was negotiated by a committee of the association and the Alberta government. Without clarification of this fact, the Investigating Committee found these statements inaccurate, misleading to the public and detrimental to the public interest and therefore in breach of Section 32(7)(b) of the regulation.

The Investigating Committee rejected the allegation that the advertisement deprecated another pharmacy or pharmacist as to fees although it felt that Mr. Taylor had used poor judgement in crafting and publishing the advertisements.

In respect to the allegation that the advertisement harmed the honour and dignity of the profession, the Investigating Committee considered the advertisement to be borderline and felt that the use of the association in any advertisement was undoubtedly inappropriate. However the Investigating Committee felt that the advertisement in this sense, while it represented extremely poor judgement, may not have crossed the line with regard to harming the honour and dignity of the profession and, because of this ambiguity, ruled in favour of the respondents on this allegation.

In its final decision the Investigating Committee accepted a joint submission on penalty and orders and determined that:

1. Cliff Taylor and Westfair Foods Limited would be jointly reprimanded for proprietary misconduct under Section 57 of the *Pharmaceutical Profession Act*;
2. the respondents were jointly responsible in addition to their own cumulative costs, for costs of the investigation and hearing incurred by the college in the amount of $35,000.00;
3. there would be full disclosure of the results of the hearings through publication of a summary of findings in **acp news**; and
4. to assist ACP membership to fully understand the allegations and findings, publication of a summary of the investigating committee's findings was to include a referral and a link to the ACP website where a copy of the decision and each type of advertisement would be posted.

In accepting the recommended penalties, the Investigating Committee noted that there had not been a repeat occurrence of the same or similar advertising campaign by Westfair Foods and accepted that there was no intent by Westfair Foods to use these specific advertisements again, so an order to specifically restrict future use of this advertising was unnecessary.

The committee also recognized that, in 1999, there was limited precedent regarding advertising matters and noted that two subsequent investigating committee hearings on advertising issues resulted in decisions of reprimands plus costs.

The Investigating Committee noted that Westfair Foods expressed regret to the Investigating Committee that the wording of their advertisements was not more carefully crafted and for incorrectly attributing a quote paraphrased from an Alberta Blue Cross statement to the college. They also noted that Westfair Foods representatives stated that their intent was not to discredit competitors nor was it to challenge or dishonour the college or the profession.

The Investigating Committee noted that the order of payment of costs was not payment of the college's full costs given that the Investigating Committee did not agree that Cliff Taylor and Westfair Foods breached all of the regulations alleged in the Notice of Hearing and that a fourth allegation related to prescription fees and mark-ups was withdrawn by the college early in the hearings in October 2002.

The Investigating Committee made clear that the lack of a fine in this case was not intended to preclude use of fine in future cases now that the precedents and principles determined by this case were available to all pharmacists. The Investigating Committee encouraged the Alberta College of Pharmacists to provide the membership with a concise interpretation of the legislation governing pharmacy practice and professional advertising to clarify the base guidelines for comparative advertising in accordance with the guidance given in this case.

In conclusion, the Investigating Committee offered the following principles and guidelines which it suggested should be included in the published summary of the case.

- Pharmacies using comparative advertising and making statements regarding the practice of other pharmacists, pharmacies or organizations, must ensure complete accuracy of wording, facts and sources of quotations used in the advertisement.
- The onus is directly on the advertiser to ensure completeness, accuracy, and lack of misleading statements.
- Advertisements must be crafted with extreme care and caution to ensure that all statements are complete, accurate and not subject to any unstated qualifications which might render the content misleading. If qualifications exist which might modify a reader's interpretation of any portion of the content of the advertisement, these qualifications must be expressly stated within the advertisement.
- It is not appropriate to quote, represent the opinion of, or in any way reference the position of the Alberta College of Pharmacists or other professional organizations, in any advertisement by a pharmacy provider for commercial purposes.

Recall notices

Octreotide Acetate Omega

In January 2006, Health Canada warned consumers not to use Octreotide Acetate Omega 500 micrograms/ml from lot number 5J970. Some vials from this lot may mistakenly contain the antipsychotic drug fluphenazine.

Consumers who have used the product from this lot and experienced low blood pressure, drowsiness, muscle stiffness, tremors and involuntary movements should seek immediate medical attention.

Health Canada is advising consumers to return the product to the place of purchase. Pharmacies can return the product to their wholesale.

The complete advisory can be found on the Health Canada website at

http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2006/2006_03_e.html

Estalis™ transdermal therapeutic system

In January 2006, Novartis Pharmaceuticals issued an urgent drug recall for the Estalis transdermal therapeutic system:

Item 2834, Estalis 250/50 micrograms lot #16130111, expiry date 06-2007

Item 2836, Estalis 140/50 micrograms lot #15948131, expiry date 05-2007

This recall does not include any other lots of Estalis, nor does it include any lots of Estalis Sequl.

This recall is being conducted because stability samples for the two lots have exceeded the specifications for crystal presence. Crystal formation may lead to approximately 30 per cent decreased availability of norethindrone acetate.

Questions regarding this recall should be directed to Novartis Customer Relations at 1-800-465-2244. If you have product specific questions, please call Novartis medical information at 1-800-363-8883.

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 1-877-277-3838, or by contacting her by e-mail at Misti.Denton@pharmacists.ab.ca.

- **Zevalin® (ibritumomab tiuxetan)**
  for health care professionals
  www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/zevalin_nth-aah_e.html
  for consumers
  www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/public/zevalin_pc-cp_e.html
- **Bextra (valdecoxib)**
  www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2005/2005_134_e.html
- **Safety information: Tequin™ (gatifloxacin)**
  www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/index_e.html
- **Avandia® (rosiglitazone maleate) and Avandamet® (rosiglitazone maleate/metformin hydrochloride)**
  www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/index_e.html
- **Safety information: Chaparral**
  www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2005/2005_135_e.html
- **Paxil (paroxetine)**
  www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/index_e.html
- **Health Canada warns consumers not to use Kaizen Ephedrine HCL tablets for weight loss**
  www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2005/2005_138_e.html
- **Hepatitis B reactivation associated with the anti-TNFa products Enbrel (etanercept), Humira (adalimumab) and Remicade (infliximab)**
  www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/public/index_e.html
- **African herbal products M2 Formula and Energy 2000**
  www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2006/2006_01_e.html
- **Macugen™ (pegaptanib sodium injection)**
  www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/index_e.html
- **Libidfit**
  www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2006/2006_02_e.html
- **White Peony scar-repairing pills**
  www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2006/2006_05_e.html
- **Accu-Chek Aviva blood glucose meter**
  www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/index_e.html
- **Methyl-1-testosterone**
  www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2006/2006_06_e.html

Health Canada

New pharmacists coming up!

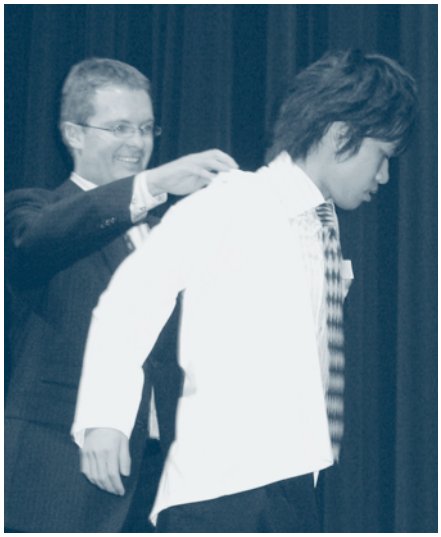
On Thurs., Jan. 12, 2006, the college joined the UofA, RxA and the Pharmacists Alumni Association in welcoming the first-year pharmacy students to the profession.

The second annual white coat ceremony marked the culmination of the students' studies in professionalism and ethics, a fitting opportunity to introduce them to their future responsibilities as practising pharmacists.

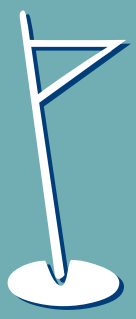
Rosemarie Biggs, past president of the former Alberta Pharmaceutical Association, addressed over 300 students and guests, reminding the students that the health of their clients is of primary importance. As pharmacists, they will have a significant role to play in their patients' lives and in the health system. They will be able to offer services that will result in patients requiring fewer physician visits.

She added that the students are the profession's future leaders; they should make involvement in their college's and association's activities a priority. They should also assume the role of preceptor as a means of contributing to pharmacy's future.

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



ACP's President Elect Jeff Whissell helps a first-year pharmacy student with his white coat.



Mark your calendars!

The 7th Annual Dean's Tournament of Golf

Blackhawk Golf Club, Edmonton

June 1, 2006 / Tee off at1 p.m.

Registration and sponsorship information with be coming soon.

For more information, please contact Terry Legaarden, Faculty of Pharmacy and Pharmaceutical Sciences, UofA, (780) 492-8084 or tlegaarden@pharmacy.ualberta.ca

In memory*

Bryan Keith Becker died on Dec. 7, 2005 at the age of 67 years.

Keith graduated in 1962 with his BSc Pharm from the UofA and registered with the Alberta Pharmaceutical Association in 1963. He practised in both hospital and community pharmacies and he owned and operated pharmacies in Boyle and Stettler.

Keith is mourned by his wife Nancy and family.

Kendal Roulson died on Dec. 6, 2005 at the age of 80 years.

He graduated in 1951 with his pharmacy degree from the UofA and registered with the Alberta Pharmaceutical Association in the same year. During his 40 years as a pharmacist, he owned Down Town Drugs and Crossbridge Drugs in Calgary.

He is survived by his wife Jean and his sons and 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.

acpnews

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