

alberta college of
pharmacists



acpnews

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Attention pharmacists—talk about prescribing ...but get informed first!

Patients and health care professionals have questions about what pharmacist prescribing means. You can answer those questions by, first of all, learning what pharmacist prescribing is and is not, then being willing to engage your patients and other health professionals in discussions about what it will mean to your practice.

The July/August 2006 **heads up!** sent to you with the last **acp news** and on our website is a good source of information, as is the "More info on new regulation" news item on our website at http://pharmacists.ab.ca/news_events/default.aspx?id=5689

We have sent an information sheet to all MLAs to help them respond to questions

from their constituents. You can find a copy of the sheet on our website at <http://pharmacists.ab.ca/college/resource.aspx?id=5700>.

Be informed. Help your patients, colleagues, acquaintances and your MLA understand how the new authority will benefit health care for Albertans. ■

New councillor in District 1

Wilson Gemmill has been elected by acclamation to serve as councillor for District 1. His term began immediately upon his acclamation to the position and continues to the 2009 annual general meeting.

Wilson is the licensee for Shamrock Drugs in Grande Prairie.

Congratulations on your election Wilson! We look forward to your contributions to Council's goals. ■

Regulation to PDA coming

As this newsletter went to print, the regulation to the *Pharmacy and Drug Act* was close to being presented to Cabinet for approval.

When the regulation is approved, it, along with the regulation to the *Health Professions Act*, can be proclaimed then implemented for the pharmacy profession. We continue to anticipate proclamation this fall. ■

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Councillors and our public members can be
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Staff Directory

All staff are available at (780) 990-0321
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Strengthening the Bond Collaborating for Optimal Patient Care

Planning for historic conference under way

Planning is well under way for the
groundbreaking joint conference of
pharmacists, nurses and physicians
scheduled for May 3 to 5, 2007 in
Banff, with an additional half day for
pharmacists.

This event promises to be the first time in
North America, if not the world, that the
three professions will meet specifically to
learn how to work together better!

The conference theme *Strengthening
the Bond: Collaborating for Optimal
Patient Care* illustrates the conference
objectives. When delegates leave the
event, they will have increased their
skills and abilities to work
collaboratively to improve patient care.

Some of the topics that will be explored
include: working together
collaboratively (factors that make a
successful inter-professional team);
how each profession can contribute to
making, managing and evaluating
change; evidence of effectiveness
(what are the outcomes of inter-
professional teams); integrated
education; and case studies.

Throughout the conference, delegates
will interact with members of their own
and the other professions and gain
valuable insights they can take back to
their practices.

The college will offer an additional half-
day of activities on Sun., May 6. We'll
hold the Awards Breakfast and the
annual general meeting on that day,
and hear a powerful and motivational
pharmacy speaker.

Plan to be part of this exciting event,
either as a delegate or as a presenter

of an abstract. Most importantly, mark
the dates May 3 to 6 on your calendar!

Watch for details on our website
(pharmacists.ab.ca) and in future
issues of **acp news**. **I**

Conference 2007— show off your inter-professional program!

The 2007 Conference Planning
Committee has issued a **call for
abstracts (posters and oral
presentations)** that address the
event theme *Strengthening the Bond:
Collaborating for Optimal Patient Care*.

If you are or have been involved in an
inter-professional initiative, project or
research that provides insight into the
benefits and experiences of inter-
professional collaboration within health
care teams, consider sending in an
abstract. Your poster could be chosen,
or you could be asked to give an oral
presentation at the groundbreaking
tri-professional conference involving
pharmacists, nurses and physicians,
May 3 to 5, 2007.

When you apply, please identify
whether your abstract most closely
addresses examples of collaborative
teams, evidence of effectiveness, or
inter-professional education.

All submitted abstracts will undergo a
peer-review process, with registered
nurses, pharmacists and physicians
serving on the review committee.

The abstract submission form is on the
Buksa Associates website at
www.buksa.com. The deadline for
submission is **Fri., Dec. 1, 2006**. **I**

Notification of employment changes: attention licensees and employees

The college office is not being notified when pharmacists are changing employment, even though both the licensee and the employee pharmacist are required by law to do so.

Pharmacy licensees: remember that Section 26(3) of the *Pharmaceutical Profession Act* requires you to, "within 14 days after employing a pharmacist to engage in the practice of pharmacy in the premises designated on the pharmacy licence, advise the registrar of the name of that employee." This requirement applies to any pharmacist you employ, including casual and part-time staff. If you fail to comply with this section of the act, the employee is deemed ineligible to continue practising in your pharmacy until that notification occurs.

Employee pharmacists: remember that the *Pharmaceutical Profession Regulation* requires you to notify the registrar immediately in writing of any change in your business address.

As you can see, the college should get two notifications.

When you accept employment with a licensee, remind the licensee to send the necessary notification to the college, even as you notify the college yourself.

When the employment arrangement is terminated, both parties should notify the college immediately.

Besides complying with the legislation, remember that the college informs drug wholesalers about narcotic signing authorities at each pharmacy. You will want to be sure to notify the college that

you've left a pharmacy as a means of preventing your registration number from being used to order narcotics after your departure.

The requirement to notify the college about employment changes will remain the same under the new legislation.

Notices about changes in employment can be sent to Cheryl Shea in the registration department via fax at (780) 990-0328 or by e-mail at Cheryl.Shea@pharmacists.ab.ca or by mail at 1200 – 10303 Jasper Avenue, Edmonton AB T5J 3N6. ■

Compounding and repackaging

Pharmacies licensed under the *Pharmaceutical Profession Act* are not authorized to compound and/or repackage drugs for sale or redistribution through another licensed pharmacy.

Pharmacists have identified the need for such provisions; as a result, they have been accommodated in the new *Pharmacy and Drug Act*.

When the *Health Professions Act* and the *Pharmacy and Drug Act* are proclaimed, any licensed pharmacy that wishes to compound or repackage a drug for another licensed pharmacy must hold a compounding and repackaging licence.

Watch for more information (in advance of proclamation) so that you can register your pharmacy as required. The principles behind the draft standards to the new legislation will require:

- a written agreement or corporate policy outlining the responsibilities of each party,
- separate records for the products in question, and
- a clear audit trail that identifies the drug and all staff members involved in packaging and dispensing the drug.

In anticipation of the new legislation, you should begin to identify the scope of services you plan to provide and prepare to meet the standards. You should also watch for the draft standards when they are distributed early this fall for consultation, review them and send the college your comments. ■



Repackaging stock quantities into consumer-sized packaging

The college's field officers have observed that some pharmacies have repackaged drugs from stock quantities into smaller package sizes, availing them for sale in the patient services area of the pharmacy. This practice is not acceptable.

If you repackage drugs into smaller quantities for resale to patients, please refer to the current standards of practice, Section 5.1, which states that the packages must be appropriately labelled, including the name and strength of the drug (trade name and generic name), the name of the manufacturer, the dosage form, the quantity of drug in the container, the instructions for use, the lot number and the expiry date. We do not anticipate this standard will change under the new legislation.

Repackaged drugs must be stored in and only sold from the dispensary.

The following auxiliary information should be provided to all patients with each sale: warnings and/or precautions appearing on the manufacturer's label, notification of potential drug and/or food interactions, and potential adverse effects. ■

Watch for two headsup! inserts

You'll find two **headsup!** inserts in this newsletter, one focusing primarily on professional liability insurance, the other primarily on pharmacy technicians. Both are important reads.



Recognize excellence!

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

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

Consider nominating a colleague for one of the following awards.

M.J. Huston Pharmacist of the Year Award—presented to a member who has demonstrated outstanding professional excellence in pharmacy practice

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

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

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

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

Honourary Life Membership—presented to a pharmacist who has rendered distinguished service to the pharmacy profession

Nominations must be received at the college office by **Oct. 31, 2006**.

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



So much to learn, so little time!

CONTINUING PROFESSIONAL DEVELOPMENT (CPD) PLAN

More options for continuing professional development!

As we told you in the last newsletter, Council has approved a policy that allows you to accrue all of your continuing education requirements from non-accredited learning if you wish. The requirement for at least eight accredited CEUs per year has been rescinded.

What types of learning activities qualify as non-accredited learning? The overriding philosophy is:

- the activity must be **enhanced** learning;
- the learning must be relevant to **your** pharmacy practice; and
- you must document your non-accredited learning on the Non-accredited Learning Record as you participate in the activity and/or immediately after completing it.

Below are some examples of non-accredited learning activities from the original RxCEL Learning Portfolio manual (available on our website at http://pharmacists.ab.ca/document_library/RxCEL_Manual.pdf).

You may claim the approximate total time, in increments of 0.5 hours to a maximum of 4 CEUs spent on **meaningful** learning for each activity. It can be difficult to estimate the amount of meaningful learning time involved in a project.

Consider only the time in which you are actually acquiring new information or relating it to your practice.

Activities that are **not** usually considered part of learning time include such things as:

- parts of a literature search that do not involve reading or thinking about the retrieved material, e.g., travel time to the library, selecting journals or texts, photocopying, Internet search time not involving reading relevant material on-line;
- writing time, e.g., articles for publication, consults, education materials;
- preparing materials for a presentation, e.g., overheads, handouts;
- delivering a presentation or teaching;
- participation in committee meetings;
- time spent with experts where you discuss issues not related to the learning project; or,

table 1.4 EXAMPLES OF NON-ACCREDITED PROFESSIONAL DEVELOPMENT ACTIVITIES

ACTIVITY TYPE	EXPLANATION/EXAMPLES
Organized group programs (workshops, conferences, or Internet courses) developed and offered by a variety of providers	<ul style="list-style-type: none"> • non-accredited programs developed by pharmacy organizations • programs developed by non-pharmacy health care organizations • courses that will help develop ancillary competencies, e.g., university or college courses, courses organized by a specialized provider, courses offered by your organization
Structured self-study programs (print, audiocassette, video, computer, Internet) developed and offered by any of the groups mentioned above	<ul style="list-style-type: none"> • correspondence courses offered by Australian College of Pharmacy Practice • on-line courses offered by MediCam
Structured self-assessment programs designed to help you assess your competency in an area, and upgrade areas of weakness identified through the program	<ul style="list-style-type: none"> • ACP self-assessment program • structured programs that provide tools, such as, checklists, rating scales, questionnaires, case studies, and content to help you meet learning needs identified by the self-assessment part of the program
Informal, mainly independent, learning activities	<ul style="list-style-type: none"> • a planned literature search to gather information on a topic • reading on a topic to solve a patient- or practice-related problem, prepare a presentation, or write an article • discussion with colleagues or experts to extend knowledge of a topic
Formalized preceptorship or mentorship where you are working with an expert in the field to develop specific competencies	<ul style="list-style-type: none"> • hospital residency program

- interviewing patients or patient case review that is done to identify a problem.

Activities that are not considered non-accredited learning are those in which you do not accrue any new knowledge. Examples of these are:

- networking or general discussion with colleagues;
- precepting students; or,
- presentations to a lay audience such as a seniors' group.

Completing the non-accredited learning record can help you evaluate if a learning activity is worthy of CEUs.

The UofA's Office of Continuing Pharmacy Education (CPE), Faculty of Pharmacy and Pharmaceutical Sciences, offers educational programs to help you learn how to develop your personal continuing professional development plan. There will be live workshops in October. There is also a print course available from the CPE office. You can contact them at (780) 492-2393. ■

RxCEL Learning portfolio audits

Audits of the 2004/05 registration year learning portfolios are almost

complete. A few files have been referred to the Competence Committee for their review and possible further action.

Audits of the 2005/06 learning portfolios will commence in September 2006. At least 700 members will be randomly selected for an audit of their learning portfolio in the next few months. The process is relatively quick and easy if you have all of the required documents close at hand. Required documentation includes:

- copies of certificates of course participation or course completion for all accredited courses claimed on your continuing professional development (CPD) log; and
- copies of non-accredited learning records for all non-accredited learning activities claimed on your CPD log.

Remember that at the time of registration renewal you signed a professional declaration declaring that your CPD log is a true and accurate summary of your continuing professional development activities. If you are selected for an audit of your learning portfolio you must submit documentation to support all learning activities claimed on your CPD log, not just documentation to support the minimum 15 CEUs. ■



On-line renewal popular with pharmacists

Over 825 pharmacists renewed their registration on-line for the 2006/07 renewal period, with the majority of them also paying their registration fees on-line.

Remember that you can:

- complete your registration information on-line and pay by credit card on-line;
- complete your registration information on-line and pay by cheque; or
- complete your registration information on-line and have your employer pay your registration fee.

Remember that you can update your contact information on-line any time by clicking on the *My Registration Profile* button on our website (pharmacists.ab.ca). ■

E-mail usage increasing

The college's e-mail system continues to see increased usage, with 72 per cent of pharmacists using their e-mail account as of June 30, 2006.

If you're not signed onto the e-mail system, you could be losing out on receiving up-to-date information. Please call Misti Denton at the college office if you've lost your user ID and password. She can be reached at (780) 990-0321 or 1-877-227-3838, or you can contact her by e-mail at Misti.Denton@pharmacists.ab.ca.

Learning portfolio tip...

Have you tried the on-line Continuing Professional Development (CPD) log yet?

Over 800 pharmacists completed their CPD log on-line last year. Many told us that they find it's quick and easy.

The on-line log has a database of over 1500 accredited courses. Yes, all of the Pharmacists' Letter CE-in-the-Letter courses are in the database (titled *Emerging Developments in Drug Therapy and Implementation into Patient Care*)!

All ACP-accredited courses are in the database and CCCEP courses are added as soon as we receive notification from CCCEP.

The quickest way to find an accredited course in the database is to use the file number; do not include the name of the accrediting body. For example, search for AB06-002, not ACP AB06-002; search for 422-000-06-007-H01, **not** ACPE 422-000-06-007-H01 or ACPE #422-000-06-007-H01.

If you have problems entering a course or finding an accredited course, please contact a member of the competence department at (780) 990-0321, 1-877-227-3838 or by e-mail at competenceinfo@pharmacists.ab.ca.



Methamphetamine and single-entity pseudoephedrine

Remember that commercial products containing pseudoephedrine as a single entity are Schedule 2 drugs. These products must be stored and sold from within the dispensary **by a pharmacist**.

Your responsibilities when selling Schedule 2 drugs are: assessment of the patient, maintenance of the patient record, appropriate counselling and on-going monitoring. Council has

recommended that transactions for any product containing pseudoephedrine should be limited to quantities of 3600 mg of pseudoephedrine or less.

ACP further reminds you to monitor indicators of meth abuse in your community. Watch for individuals seeking to purchase abnormal quantities of pseudoephedrine or ephedrine, iodine or red phosphorus, acids, drain cleaners or other solvents, or lithium batteries. Consult www.methaction.org/meth_products11.htm to learn more about how you can help keep your community safe from meth! ■

Safeguarding against errors



Every medication error is potentially tragic and costly in both human and economic terms, for the patient and the professional. Errors usually occur because of a breakdown in systems such as handling and processing drugs, prescribing and ordering drugs, or drug distribution and administration.

Successful prevention strategies include:

- reviewing your practice and introducing systems or procedures to reduce or eliminate the possibility of an error. Medication errors are not typically made or prevented by one person in isolation. When an error does occur, explore what caused it, and then institute a system to prevent the error from recurring; and,
- improving the visibility of an error before it reaches the patient.
- The probability that two individuals will make the same error in association with the same medication for the same patient is quite small. Institute systems in which one person checks the work of another. A pharmacy technician's work must be checked by a pharmacist; a pharmacist's work should be checked by a second pharmacist. Teamwork is fundamental to effective medication error prevention systems.
- Engage the patient and his or her family to become part of the solution. In addition to checking the medication prior to releasing it to the patient, review each medication with the patient at the time of release. Health professionals who educate their patients play an important role in ensuring safe medication use. It is essential for patients to be counselled and educated about their medications at all points of care. Patients should be encouraged to ask questions, and they should expect to receive satisfactory answers. Patients who

You asked us...

Q My most recent bottle of potassium permanganate arrived at the pharmacy from the wholesale with a controlled drug symbol on the label. Can I legally sell it to my customers without a prescription?

A Potassium permanganate (KMnO₄) is considered a Class A precursor and is found in Schedule VI of the *Controlled Drug and Substances Act*. Because it is a strong oxidizing agent, it can be used to accelerate chemical reactions, disinfect swimming pools and drinking water and to produce flame in camping survival kits. It can also be used to produce illicit drugs, particularly methcathinone, a recreational drug.

You can sell potassium permanganate legally, in compliance with the *Precursor Control Regulations* (PCR) and without a prescription, in quantities under 50 kg per package and only to end users, not to distributors.

Section 91.96 of the PCR states that a when a pharmacist, practitioner or hospital sells or provides on a retail basis a Class A precursor, or possesses for the

purpose of sale or provision, preparations or mixtures containing Class A precursors, the pharmacist or hospital must:

- keep the product stored securely in the pharmacy,
- notify the police within 24 hours after discovering loss or theft of the product,
- notify the Office of Controlled Drugs and Substances (OCDS) within 72 hours of discovering a loss or theft of the product, and
- keep a record of notices sent to OCDS for future inspection.

You may also provide potassium permanganate in compounded preparations made pursuant to verbal or written prescriptions. In these situations, potassium permanganate prescriptions may contain refills and may be transferred from one pharmacist to another.

Additional questions about chemical precursors can be directed to: Mark Kozlowski, Head Chemical Precursors Section Office of Controlled Substances Health Canada Telephone (613) 948-7352 Facsimile (613) 948-3585

know what each of their medications is for, how it should be taken, what it looks like, and how it works can help minimize the possibility of medication errors.

Medication errors are avoidable. Yet, we as humans are fallible; we are going to make mistakes. If you discover an error, report it. To facilitate this, do whatever you can to create an environment that focuses on systems rather than blaming individuals. If you do not disclose the error, it's difficult to take the necessary steps to prevent a similar occurrence. Others can and will learn from the mistake and systems can be changed to avoid the same or similar errors. Only by disclosing and accepting responsibility for an error can you take the necessary steps to prevent a similar occurrence. ■



From Medication Errors: Causes, Prevention and Risk Management, by Michael R. Cohen, 1999

Nicotine lozenge

On July 12, 2006, nicotine lozenges in strengths of 4 mg or less were removed from Schedule F of the *Food and Drug Regulations* and became unscheduled products.

This smoking cessation dosage form is not currently on the Canadian market. However, it has been granted a Notice of Compliance from Health Canada, thus can be legally sold when products become available. ■

COX-2-selective drugs: Health Canada evaluation

Health Canada has released two documents as part of its ongoing evaluation of COX-2-selective drugs.

One is a report on the cardiovascular risks associated with COX-2-selective non-steroidal anti-inflammatory drugs; the other includes the department's official comments on the advice from the COX-2 Expert Advisory Panel.

You can find these documents on the Health Canada website at www.hc-sc.gc.ca/dhp-mps/prodpharma/activit/sci-consult/cox2/index_e.html ■

Health Canada advisories

After the last edition of the newsletter went to print, Health Canada placed the following advisories on its website. You can obtain a copy by using the links below or by calling Misti Denton at the college office at (780) 990-0321 or 1-877-227-3838, or contacting her by e-mail at Misti.Denton@pharmacists.ab.ca

Some of the links below 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

- **Ayurvedic products and heavy metals**
www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2006/2006_46_e.html
- **ACE inhibitors and pregnancy**
www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2006/2006_52_e.html
- **Aptivus® (tipranavir) and intracranial hemorrhage**
www.napra.ca/pdfs/advisories/aptivus.pdf
- **Anzemet® (dolasetron mesylate) and arrhythmias**
www.napra.ca/pdfs/advisories/anzemet.pdf
- **Fat Rapid Loss Capsules**
www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/fpa-ape/2006_55_e.html
- **Foreign product alert: Baike Wan, Safi, Fufang LuHui Jiaonang, Zhuifeng Tougu Wan**
www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2006/index_e.html
- **Remicade® (infliximab)**
www.napra.ca/pdfs/advisories/remicade_3_professional.pdf

Recalls

- **OneTouch® SureStep® meters**
www.napra.ca/pdfs/advisories/Surestep.pdf
- **Disetronic D-TRONplus Power Packs Reference # BAT04697014001 and BAT3000813**
www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/public/2006/index_e.html

Health Canada

acp xPresses and News

Here is a list of faxes and e-mails distributed to registrants and pharmacies since the last issue of the newsletter.

acp xPress

There were no faxes distributed since the last newsletter.

acp news

(issued between June 14 and July 28, 2006)

External:

- June 30** ■ CPE office closure
- July 6** ■ CARN available
- July 12** ■ DUE Quarterly available
- July 25** ■ Diabetes management survey reminder

Operations:

- June 23** ■ Registration renewal
- June 29** ■ Electronic newsletter available
- July 19** ■ Renewal receipts coming
- July 24** ■ New District 1 councillor

Practice Issues:

- June 21** ■ More info on new regulation
- June 22** ■ Recall: OneTouch® SureStep® meters
- June 30** ■ Pharmacists – talk about prescribing
- July 10** ■ Forgery alert
- July 20** ■ Insurance update
- July 24** ■ Physician's registration expired
- July 28** ■ Recall: Disetronic D-TRONplus Power Packs

Drug Information:

- June 14** ■ Ayurvedic products
- June 15** ■ COX-2-selective drugs
- June 29** ■ ACE inhibitors
- July 6** ■ Aptivus®
- July 6** ■ Anzemet®
- July 6** ■ Fat Rapid Loss Capsules
- July 19** ■ Foreign product alert
- July 19** ■ Black cohosh
- July 27** ■ Remicade®

Ibuprofen flagged as a concern

A recent report to Health Canada by the expert advisory panel on the safety of Cox-2 inhibitors flagged a concern about ibuprofen being available as an over-the-counter medication.


The panel recognized that the indication for the OTC ibuprofen is for the short-term relief of pain and fever only. However, panel members agreed that the drug was frequently being used chronically and at a high dose, despite the fact that the OTC product is available only as a relatively low-dose pill.

The panel recommended that ibuprofen only be sold after discussion with a

pharmacist and that the risks of cardiovascular events be prominently displayed in material that individuals receive at the time they purchase the drug as well as any package inserts.

The scheduling of the OTC ibuprofen has not changed as a result of the panel's report. However, remember that you have a responsibility under the standards of practice to educate "the patient on the appropriate use of the drug or non-prescription medication" (Section 4.6.1.b.v.).

The complete report can be found on the Health Canada website at www.hc-sc.gc.ca/dhp-mps/prod/pharma/activit/sci-consult/cox2/report_rapport_e.html ■



... lick, stick, count and pour—and don't forget to shake!

"It's hard to believe that it is necessary to remind pharmacists to shake suspensions prior to pouring out the required quantity for a prescription," wrote Loyd V. Allen, Jr., Editor-in-Chief of the *International Journal of Pharmaceutical Compounding*. He was responding to the article, "Check suspensions for uniform dispersion" (*Pharmacy Today*, July 2006). While it may be hard to believe, the reminder does seem to be necessary.

The *Pharmacy Today* article stemmed from a situation with an epileptic boy whose seizures were well controlled with carbamazepine oral suspension. This commercially manufactured medication was available in stock 16-ounce bottles,

but the medication was poured into smaller bottles for each prescription. The patient experienced a recurrence of seizures that lasted about a week, and his mother noticed that the suspension "looked different" than the previous prescriptions.

She sent some of the "suspicious-looking" suspensions to the manufacturer where they were tested. Three of the bottles contained less than the expected concentration and one bottle was three times more concentrated than expected! The source of the problem was attributed to the pharmacy staff not shaking the stock bottle adequately before preparing the smaller bottles for dispensing.

Allen observed that "a part of POURING is to make sure that the liquid pharmaceutical is uniformly mixed." He went on to offer an important reminder when he wrote, "As pharmacists, we still must pay attention to detail and be totally knowledgeable about the commercial drug products and compounded drug preparations we prepare and dispense to our patients. Also, if technicians were involved, it is our responsibility to confirm that they are properly trained in everything they are allowed by law to do, including when and how to shake, shake, shake!" ■

Update on the Health Human Resources databases

In the March 2006 **acp news**, we introduced you to the Canadian Institute for Health Information (CIHI). They are creating a national database about pharmacists. This information will help make up for 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.

In preparation for their first-ever reports on the pharmacist workforce, slated for late next year, CIHI will target the collection of pharmacist data this fall. These reports will give a nation-wide snapshot of who is working in pharmacy, including information such as gender, age, level of education and employment settings.

What does this mean for you? You will have noticed that the registration renewal form, both in paper and on-line, was altered to reflect the additional data for areas the college has never collected before. The college will send this data about Alberta pharmacists to CIHI annually. The data is totally anonymous as no names are given; only a number identifier is assigned to the data to keep it consistent from year to year as the data is collected.

For more information on CIHI's Health Human Resources databases, go to www.cihi.ca. ■



The new ACT of preceptorship

“...Within 15 minutes, the student was answering the phone and helping patients. It has been very helpful and makes it easier to take a student.”

“... I love helping students; I also learn so much from them.”

“...In two or three days, we felt the student was totally comfortable. Most students take one to one and a half weeks.”

“...exceeded expectations in areas of patient counselling and education, e.g., warfarin and inhaler counselling, clarifying meds prior to admission, checking if patient had his or her non-formulary medications.”

You've just read examples of feedback from community and hospital pharmacists who supervised students in the Accelerated Clinical Training (ACT) Project conducted in 2005. The project sought to accelerate the readiness of fourth-year pharmacy students to provide care to patients in community and hospital sites.

During 2005, three groups or ACTs of students participated in workshops, two groups immediately prior to their fourth-year rotation and one group prior to their summer internship in an institution. The

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ACT facts

- In ACTs I and III, nine and 22 students respectively prepared for six-week rotations – ACT I in community and ACT III in both community and hospital settings. In ACT II, 10 students were prepared for a 15-week summer internship at Capital Health sites.
- ACT I preceptors estimate that students completed twice the number of patient interviews as previous students in their six-week rotation and added more value to patient care.
- ACT II patient-care activity records showed that during 15 weeks, the 10 summer interns interacted with over 4900 patients through assessments, patient counselling, and therapeutic interventions.
- Capital Health reports that the positive internship experience resulted in eight of 10 students reporting an interest in hospital pharmacy careers with five of those ultimately recruited to Capital Health positions.
- The ACT project was organized and conducted by four partners: the Alberta College of Pharmacists, Capital Health, Shoppers Drug Mart and the UofA's Faculty of Pharmacy and Pharmaceutical Sciences. Alberta Health and Wellness sponsored the project through the Enhancing Clinical Capacity Grant Funding.
- The full ACT project report is available on the ACP website at http://pharmacists.ab.ca/document_library/ACT_Final_Report.doc



Are any of your patients suitable for islet transplantation?

As a pharmacist, you may have ongoing contact with diabetic patients with troublesome hypoglycaemia. The UofA's islet transplantation team encourages you to consider referring potential patients to the program.

Islet transplantation is most effective for people who have major difficulties with frequent and severe hypoglycaemia, particularly if they do not get warning symptoms. Other people with severe difficulties with unpredictable swings in their blood sugars which are not the result of changes in diet or insulin doses can benefit.

Not everyone with Type 1 diabetes is eligible. However, those who could benefit may not be aware they could be a suitable candidate. This is particularly true for patients for whom you are dispensing glucagons on a regular basis.

For more information about the program (for you and for your patients), contact:

Clinical Islet Transplant Program
2000 College Plaza
8215 – 112 Street
Edmonton AB T6G 2C8
(780) 407-1501
www.islet.ca

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workshops focused on patient-centred care and were based on input from preceptors, faculty members and institutional pharmacy representatives.

ACT participants concentrated on patients with diabetes in the community setting and a variety of clinical responsibilities in the summer internship. In the community setting, the added diabetes focus increased students' clinical confidence and their contributions to patient care while decreasing the orientation time for preceptors. From the institutional perspective, the ACT project demonstrated that targeted preparation increased student contributions to patient care, enriched the student and preceptor experience, and positively affected student interest in hospital pharmacy careers.

The project reinforced the need for earlier and increased involvement of students in patient-care activities in both community and hospital settings. The project also reinforced the benefit of targeted, clinical patient-care experiences during rotations.

Several changes in student preparation at the university and community level reflect these conclusions and will benefit all pharmacy stakeholders.

- The new university curriculum incorporates disease-based modules and prepares students to provide patient-centred care.
- Students will have increased practice experience with a four-week community placement after their first year of studies, a two-week hospital placement in second year and 16 weeks in fourth year.

The ACT participants were studying under the old university curriculum. Under the new curriculum, community and hospital sites increasingly will be preceptors to students who are more prepared to actively engage in patient care. Enhanced on-site experience will build the knowledge needed for practice. Most important, the enriched workplace practice and evolving university programming will result in graduates with more experience in providing high quality patient care to Albertans. ■



Protecting patient privacy while improving patient safety with Alberta Netcare

As every pharmacist knows, a patient's privacy is of utmost importance. Beyond pharmacists' professional duty to protect patient information, the *Health Information Act* provides further rules around the collection, use and disclosure of personal health information to further ensure Albertans' privacy is protected.

The *Health Information Act* requires pharmacies to submit a Privacy Impact Assessment (PIA) to the Office of the Information and Privacy Commissioner (OIPC) before they implement any information system in their pharmacy to support the collection, use or disclosure of personal health information. The PIA applies to all systems, including pharmacy software systems and the Alberta Netcare Electronic Health Record (EHR).

Connecting to Alberta Netcare EHR

If you aren't connected to Netcare already, now is a good time to get started. There are a few things you will need to have in place before you are actually able to connect to the information in Alberta Netcare. The process is not onerous, but will take a few weeks to complete. Members of the Alberta Netcare EHR deployment team are available to help you through each step.

Security steps

First, there are two security assessments which must be carried out before a pharmacy can connect to Alberta Netcare. The assessments are

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Banff 2007

Don't forget!

Mark your calendars for the ground-breaking three-professions conference
Strengthening the Bond: Collaborating for Optimal Patient Care
when pharmacists, nurses and physicians meet at the Banff Springs Hotel.

May 3 to 5, 2007
Inter-professional Conference

May 6, 2007
ACP Awards Breakfast and Annual General Meeting

Be there!

**Strengthening
the Bond**



**Collaborating for
Optimal Patient Care**

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straightforward and require the pharmacist to fill out existing templates.

The first is a Privacy Impact Assessment (PIA). This requires pharmacists to identify and mitigate any potential privacy risks that may occur during the course of work in their operations. Specifically, the assessment covers general organizational practices, procedures and guidelines for the collection, use and disclosure of individually-identifying health information.

A PIA is not something that is conducted only for the Alberta Netcare EHR — it has to be carried out whenever a new identifying information-exchange system is installed, e.g., a new pharmacy software system. The assessment will take about four to six weeks, so pharmacists should take this into account when they sign up for Alberta Netcare. Getting under way now will help to ensure pharmacists can get access to patient information when they need to.

The second security assessment is called the Organizational Readiness Assessment. With the assistance of the deployment team, the pharmacist can carry out this quick but thorough review of a practice to ensure the office and workflow is ready for Netcare. This assessment is followed by a three- to four-week transition period with the deployment team. Even after the training period, a 24/7 help desk is available.

Benefits

Pharmacists participating in the Alberta Netcare EHR are already seeing a benefit. In addition to improved patient safety, some are seeing improved pharmacy efficiency. Netcare is a province-wide network of health information systems, which allows community pharmacists, physicians, hospitals, clinics and other authorized health care professionals to securely view and update a patient's health information electronically anytime. While not a full medical record, the EHR includes demographic information, lab test results, active medication profiles, drug history, and allergies and intolerances.

For more information about Alberta Netcare, the Privacy Impact Assessment or the Organizational Readiness Assessment, please contact the Alberta Netcare EHR deployment team at 1-866-756-2647, by e-mail at health.ehrdeployment@gov.ab.ca, or visit the website at www.albertanetcare.ca. Information is also available from the Office of the Information and Privacy Commissioner (www.oipc.ab.ca). ■

From Alberta Health and Wellness

...from the faculty

The faculty sadly acknowledges the passing of **Dr. Antoine (Tony) Noujaim** on July 2, 2006.

Dr. Noujaim's contributions to the life sciences in Canada, Alberta and Edmonton influenced the flourishing

biotechnology sector in our community. He leaves an impressive academic and scientific legacy. He was born in Egypt and completed undergraduate studies at Cairo University, then attended Purdue University on the prestigious Fulbright Scholarship, and received his PhD. in Bionucleonics in 1965. He joined the UofA's Faculty of Pharmacy in 1966.

Dr. Noujaim played an integral role in establishing three biotechnology companies: Biomira, AltRex Inc. and ViRexx Medical Corp. His continued contribution to the community and industry was recognized in 2001 at the UofA with an Honourary Doctor of Science degree.

The faculty thanks **Rosemarie and Catherine Biggs** for their recent contributions to the Professional Practice Lab. Their ongoing support is an encouragement to students and staff.

Reunion 2006 is a four-day celebration being held from Sept. 28 to Oct. 1, 2006. The event provides a wonderful opportunity for you to bring friends and family back to campus to remember your varisty days.

For information and to register, go to www.ualberta.ca/alumni.

Your Pharmacy Alumni Association has been working on an expanded open house experience for Sat., Sept. 30 in the morning.

Call Terry Legaarden at the faculty for information and assistance with your reunion plans. You can reach him at (780) 492-8084. ■