

alberta college of
pharmacists



acpnews

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Message from the president



Jeff Whissell
President

With the start of a new year, I cannot help but reflect on 2006 and on what lies ahead in 2007. So far, my term as president has been very exciting, for the college, the profession and

the public. We have taken so many important steps towards enhancing pharmacists' ability to affect patient care, including:

- access to laboratory values,
 - approval of the *Health Professions Act* and *Pharmacy and Drug Act* regulations,
 - a set implementation date for our new regulations, and
 - consultation on our standards of practice.
- Everything we have achieved resulted from the tireless efforts of many people. A few of our key partners have been:
- then Minister of Health Iris Evans and her staff,
 - Deputy Minister of Health Paddy Mead and Alberta Health and Wellness staff,
 - Alberta Justice staff,
 - government members as a whole who have supported us all along our journey,
 - the Alberta Pharmacists' Association,

- past council members and past college presidents,
- the UofA's Faculty of Pharmacy and Pharmaceutical Sciences,
- the college's public members, and
- the many pharmacists who have assisted us in creating a vision for pharmacist practice.

I sincerely thank each of our partners and stakeholders who have contributed to our successes.

I must also thank and acknowledge Albertans for their continued support for the role of the pharmacist as their drug therapy expert. They are the reason we have a pharmacy profession and they will be the primary beneficiaries of our new authority in years to come.

I would be remiss if I didn't recognize Greg Eberhart, the college's registrar, who was a key driver of our initiatives. He and the college staff have been consistent in their belief in the added benefit pharmacists can offer Albertans.

As we look to our future, we can see it is a very bright one with many new opportunities for each Alberta pharmacist. In the next year, we will see

- our new regulations come into effect
- adoption of our standards and by-laws, and
- the implementation of a practice framework that will allow us to provide a level of care to our patients that is unsurpassed anywhere in North America.

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alberta college of
pharmacists

**Message from the president**

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I hope you're ready for this exciting time!
Our continued success will be based on
the professional relationships each of us
has formed with other health care
practitioners, with decision makers, with
members of our profession and, most
importantly, with the public.

I look forward to working with each of
you and continuing this journey together
over the next year.

On behalf of my fellow councillors and
the college staff, I wish you a healthy
and successful new year. ■

Jeff Whissell
President

Pharmacist records impact patient care

Data originating from pharmacist records can have a direct impact on patient care.

No longer is personal information collected by pharmacists used solely to fulfil our professional responsibilities. It is now used to populate the Seniors Drug Profile and other projects within Netcare, the provincial electronic health record, then used as a source of information upon which other health professionals make decisions about patient care. You can see that it is more important than ever to be diligent in maintaining patient records accurately.

ACP has been alerted to several incidents where patient data originating

from pharmacies was inaccurate. Each case is being researched to find the causes of these inaccuracies.

We are aware that there may be issues external to pharmacy that contribute to the inaccuracies. Regardless, it is important to remember to enter patient information accurately and to enter it on the correct patient's record. Incorrect patient information can lead to further error (with grave consequences) if another health professional uses that information when assessing and making treatment decisions for the patient. ■

Council highlights: December 2006

■ Council conducted a preliminary review of feedback received through our consultation about the proposed standards of practice and the standards for operation of pharmacies.

Throughout the consultation, pharmacists and stakeholders brought forward many good ideas that will help clarify the intent of the standards. The consultation period ended on Dec. 18, 2006.

Council will reconvene in January 2007 to approve a revised draft of the standards that incorporates pharmacist and stakeholder feedback as appropriate. We will post the revised drafts on the website and invite you to submit within 15 days any final comments for Council's consideration prior to approval. Council plans to approve the standards by Feb. 15, 2007.

■ Council received a preliminary report from the Expert Panel mandated to

— Thank you —

Thank you to all pharmacists who contributed comments and ideas on the proposed standards of practice and standards of pharmacy operations.

We appreciate your participation.

Your contributions have helped to make the standards clear and consistent, providing you with the direction you need to practise under the new legislation.

recommend council requirements for s16(3) of the *Pharmacists Profession Regulation*.

The requirements will be the basis for authorization to prescribe in circumstances defined in s16(4) of the regulation. This includes prescribing for the purpose of initiating new drug therapies for conditions that pharmacists are trained to assess, and the initiation, management, and continuation of drug therapies when working in collaboration with other health professionals, i.e., chronic disease management.

The panel has not recommended that pharmacists complete a single, prescribed program to meet the requirements. Rather, similar to models used in other professions, the panel is developing a methodology that will allow pharmacists to demonstrate the competencies important to prescribing, thus optimizing flexibility and opportunity within a well-defined accountability framework (see article in the January/February 2007 **heads up!**).

- Council approved requirements for administering drugs by injection per s16(5) of the *Pharmacists Profession Regulation*.

The requirements identify competencies and activities to be included in any educational program that provides training for pharmacists wishing to qualify under this regulation. ACP will accredit programs based on the requirements.

Pharmacists who successfully complete an approved program will be eligible to apply to the registrar to administer drugs by injection subcutaneously and intramuscularly.

- Council approved amendments to our current by-laws for the purpose of consultation.

The major change within the by-laws is realignment of the council boundaries. The number of elected council members has been decreased from 10 to 9.

The new council districts, proposed

to be effective in 2009, include:

- 1 elected member for northern Alberta (Highway 16 and north),
- 1 elected member for central Alberta (Highways 9 and 27 and north to Highway 16)
- 1 elected member for southern Alberta (south of Highways 27 and 9)
- 3 elected members in Calgary
- 3 elected members in Edmonton

The *Health Professions Act* requires the minister to appoint 25 per cent of Council's voting members; in our case that will be two public members.

ACP will distribute the amended by-laws (draft) to members for a 60-day consultation period, likely beginning in early January.

- Council received a report on initiatives being undertaken by the faculty and the college to redefine their relationship in delivering continuing professional development.

Our goal is to be less involved as a clearinghouse and distributor of learning materials, and to be more involved in the development and delivery of comprehensive learning and research initiatives that will facilitate practice and behavioral change.

ACP is privileged to have such a strong partner as the faculty. This partnership will be important in facilitating change through improved professional development experiences and enhancements to the undergraduate curriculum. ■

Pharmacy technician regulation developments

Regulating pharmacy technicians has become a higher priority for the college since we were not able to accommodate tech-check-tech processes under the *Pharmacists Profession Regulation*.

To fully benefit from the value that technicians can provide pharmacists,



the technicians must become *regulated* health professionals. Regulation will enable them to accept some autonomy, authority and accountability for the work they do. To that end, the college will work with the Pharmacy Technician Regulation Committee of Alberta, comprised of volunteers from the Canadian Association of Pharmacy Technicians, Alberta Chapter, and with the Pharmacy Technician Electives Board (formerly the Pharmacy Technician Certification Board) to address technician regulation. The ultimate goal is self-regulation for pharmacy technicians under the *Health Professions Act*.

The *Pharmacists Profession Regulation* accommodates the *registration* of pharmacy technicians, pursuant to our by-laws. Their registration would be simply a preliminary step to identify individuals who have met requirements established by Council, and who can perform the functions of pharmacy technicians described in the standards.

ACP supports a national framework for *regulating* pharmacy technicians. We are working with, and support the complementary efforts of other provincial and national pharmacy and pharmacy technician organizations who are pursuing this goal.

The National Association of Pharmacy Regulatory Authorities (NAPRA) is currently developing a "competencies at entry to practice" evaluation tool for

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Advertising drugs not approved for use in Canada

"It is a violation of the *Food and Drugs Act* and *Food and Drugs Regulations* to advertise or sell, at retail or via the Internet, drugs that are not approved for sale in Canada. This applies to all Canadian pharmacies selling over the Internet, even in cases where the unapproved drugs do not enter Canada but are dispensed by foreign pharmacies and delivered to patients outside of Canada. Pharmacies licensed in Canada that engage in such activity are considered to be advertising and selling unapproved drugs in Canada.

"Offering products for sale that have not been approved for use in Canada opens the door for the entry into the Canadian market of products of substandard quality and, possibly, of counterfeit origin. Patients ordering pharmaceutical products from Canadian... pharmacies expect to receive products of the same quality as those ordinarily made available to Canadian citizens.

"The introduction of products that have not been approved for use in Canada undermines the federal regulatory framework which seeks to ensure that all drug products sold in Canada meet strict standards with respect to their quality and efficacy."

Excerpts from letter dated Oct. 6, 2006 from Diana Dowthwaite, Director General, Health Products and Food Branch Inspectorate



Technician *continued from page 3*

pharmacy technicians. Pharmacy technician educators have developed draft educational outcomes, the Pharmacy Examining Board of Canada has agreed to develop a technician entry-to-practice examination, and the Canadian Council on the Accreditation of Pharmacy Programs is planning an accreditation process for educational programs.

As stated earlier, ACP supports the regulation of pharmacy technicians and wants to facilitate that process as quickly and as effectively as possible. Council supports this step on the condition that the strategy includes a sunset provision to move the pharmacy technicians to self-regulating status and that this strategy is cost-neutral to Alberta pharmacists. ■

ACP communication survey highlights

The college hired Kizmet Communications to undertake a communications audit to help us know if we're meeting your communication needs. The communications survey we asked you to respond to was part of that process.

Here's what you said.

- Over 77% of you look through each issue of **acp news**, with 45% reading most issues thoroughly.
- While a paper copy is still the preferred newsletter format (43% of respondents), the electronic medium wasn't far behind. A searchable electronic newsletter had appeal for 36%. Electronic communication was also preferred by 89% for urgent messages and by 62% for non-urgent messages.
- What changes could we make to encourage you to read it more often or thoroughly? (respondents could choose more than one answer)
 - "Key point" summaries with web links to more information – 59%
 - More detailed information re: legislation or drug-related issues – 24%
 - None (like it just the way it is) – 23%

- More stories and pictures about fellow pharmacists and other people connected to the profession – 19%
- More pictures and graphics, less text – 8%
- Less detailed information re: legislation or drug-related issues – 6%
- Other – 6%
- None (no time or not interested) – 3%
- Prescriber lists are the most often-used tool on the ACP website, closely followed by the registrant email.
- To paraphrase Sally Field's Oscar® acceptance speech, "You like us, you really like us!" 69% of respondents described the tone of communications with college representatives as friendly and service oriented and 27% chose "People who care about our profession and its practitioners" as their response.

Thanks to all of you who completed the survey. And congratulations to Chris Chiew in Calgary who won the \$100 gift certificate for Amazon.ca! ■





Call for nominations— council elections districts 3, 4 and 5

Elections will be held for councillors in District 3 (former RHA 10), District 4 (former RHAs 7, 11 and 12), and District 5 (former RHA 4). One council position is open in each district.

Nomination packages will be mailed to members in these districts on Jan. 19, 2007.

Ideal candidates will be individuals who are motivated to advance public safety and quality care as they apply to pharmacist practice and who have demonstrated leadership skills within their communities and the profession. Council's primary focus is on the well-being of the public through the profession's practice.

Successful candidates will be required to commit approximately 12 to 15 days per year over a three-year term. Candidates are eligible for re-election to serve a second term on Council.

When you are considering someone who would meet the criteria of a good leader, please review the responsibilities and code of conduct for council members found on our website at pharmacists.ab.ca under *About ACP*, then choose *Council*.

Nominations must arrive at the college office by 4:30 p.m. on **Mon., Feb. 26, 2007.** ■



Call for resolutions

If you want to propose a resolution for consideration at the annual general meeting in May 2007, you must submit your resolution to the college office by 4:30 p.m. on **Wed., March 7, 2007.**

You must submit your resolution to the registrar in writing, accompanied by the signatures of 10 voting members in good standing. ■

Health Information Act amended

The *Health Information Amendment Act* came into force on Oct. 31, 2006. Alberta Health and Wellness (AH&W) distributed to pharmacists brochures outlining highlights of the act. If you have not received this summary, you can access it on the AH&W website at www.health.gov.ab.ca or by contacting Kathleen Gorman, HIA policy manager, at (780) 415-8949.

Highlights important to pharmacists

Highlight	HIA section reference
Custodians ceasing to provide health services within a geographic region may transfer health records without patient consent to the custodian who is taking over responsibility for the services in that region.	s35(1)(q)
Health professional bodies using an individual's diagnostic, treatment and care information as part of an investigation must handle such information in accordance with the <i>Health Professions Act</i> and the <i>Personal Information Protection Act</i> .	s35(4)(b)(ii)
In addition to previously outlined guidelines for disclosure, custodians may disclose diagnostic, treatment and care information without consent in the following circumstances:	s35(1)(a.1)
■ to another government when an individual receives health services in Alberta which are paid for by that government	s35(1)(r)
■ to third-party insurers to obtain or process payment and to adjudicate health product and service claims more effectively	s35(1)(s)
■ to the College of Physicians and Surgeons of Alberta for the purpose of administering the Triplicate Prescription Program	
Custodians may disclose <i>limited</i> health information to the police or to the minister of justice and the attorney general where the custodian reasonably believes:	s37.1(1) and 37.2(1)
■ the information relates to the possible commission of an offence under a statute or regulation of Alberta or Canada, and	
■ the disclosure will detect or prevent fraud or limit abuse in the use of health services.	
Custodians may disclose health services provider information (without consent) about a health services provider from whom the individual sought or received health services if that information is related to the information disclosed above.	s37.1(3)and(4)
The minister or department may compel health information from another custodian if that information relates to a health service provided by that custodian and is prescribed in the regulations as information the minister or department may request.	s46(1)(b) and 108(f.1)

From "Highlights from Alberta's Health Information Amendment Act" published by Alberta Health and Wellness

Alberta Health and Wellness is in the consultation phase of amending the HIA regulation to accommodate the collection of dispensing events from pharmacies. When the regulation is approved, pharmacists can anticipate that the minister will require a record of all dispensing events from pharmacies, to be effective sometime in 2007.




So much to learn, so little time!

CONTINUING PROFESSIONAL DEVELOPMENT (CPD) PLAN

Seeking CPD activities

Many pharmacists call the college office searching for information on continuing professional development (CPD) activities. We encourage you to actively search out continuing professional development activities that are relevant to your practice; we are pleased to help when we can.

However, ACP is not aware of all available CPD activities. Of course we know about programs that we accredit; these events are posted on our website in the *Events* section if the program provider requests that service.

The information we receive from the Canadian Council on Continuing Education in Canada (CCCEP) usually includes only the program title, file number and number of CEUs, which means we often don't have information about program dates and location.

The college usually does not receive any information on events accredited by the Accreditation Council on Pharmaceutical

Education (ACPE), such as the Biomed seminars.

And, as you may be discovering yourself, it is almost impossible to keep up with the plethora of continuing education activities available on the Internet. Here are some suggestions of sites where you might look for courses.

- Continuing Pharmacy Education, UofA www.pharmacy.ualberta.ca/conted
- Alberta Pharmacists' Association www.albertapharmacy.ca
- Alberta Branch, Canadian Society of Hospital Pharmacists www.cshp-ab.ca
- Canadian Pharmacists Association www.pharmacists.ca
- Canadian Society of Hospital Pharmacists www.cshp.ca
- Pharmacy Gateway www.pharmacygateway.ca
- rxBriefCase www.rxbriefcase.com
- Medscape www.medscape.com
- American Society of Health-System Pharmacists www.ashp.org

- American Society of Consultant Pharmacists www.ascp.com
- American Pharmacists Association www.aphanet.org

Please note that we offer these suggestions for information only; inclusion in this list does not imply ACP's endorsement. ACP does not endorse specific organizations, products or therapies.

Remember that ACP accepts as accredited learning those learning activities **accredited** by CCCEP, ACPE, or ACP. If you want to claim a learning activity as accredited learning be sure to check the course information for accreditation status. ■

Breach of health information protection—voluntary reporting

Did you know that, if the privacy or confidentiality of the personal or health information in your custody has been compromised, you may voluntarily report the incident to the Office of the Information and Privacy Commissioner (OIPC)?

OIPC can offer you guidance in responding to the incident. Your report of the breach will also help OIPC to respond to public inquiries and manage any related complaints their office subsequently receives.

If a breach of privacy has occurred in your pharmacy, you should try to gather as much information as possible about the incident and document it. The information gathering will help you assess the potential impact and determine how to minimize any risks to affected individuals. It will also be valuable in determining how to avoid a recurrence of the incident.

For more information contact the HIA Office of the OIPC at 1.888.878.4044 or 780.422.6860 or by email generalinfo@oipc.ab.ca ■

Learning portfolio tip...

When you are documenting accredited learning activities on your continuing professional development log, be sure you have the program certificate to verify your claim.

During our learning portfolio audits, we often hear from pharmacists who are unable to produce the required certificates because they have not yet received them from the program provider. You should not claim CE activities as accredited learning unless you have a certificate that proves you have successfully completed the program.

Do not assume that, just because you have read the material and submitted the post-test, you have successfully

completed the program. You will not receive a certificate if you did not pass the test.

If you receive confirmation by e-mail that you have passed the test, print the message and file it in your learning portfolio. You will need that confirmation if you are selected for an audit of your learning portfolio. Since we're auditing 20 per cent of pharmacists each year, your chances of being selected are far greater than your chances of winning the lottery. And, like the lottery, your number can be picked more than once!



Natural Health Product Compounding Policy

In October 2006 the Natural Health Products Directorate of Health Canada's Health Products and Food Branch released its *Natural Health Product (NHP) Compounding Policy*.

The policy distinguishes between manufacturing natural health products, an activity regulated by the *Natural Health Products Regulations* (NHP Regulations), and compounding natural health products, an activity **unregulated** by NHP Regulations. It clarifies the distinction between the two, including whether or not a site licence is required for a particular activity.

Here are some excerpts that may be applicable to your practice.

Compounding is an activity performed by a health care practitioner in the context of a practitioner-patient relationship. It is an activity that generally falls under provincial or territorial jurisdiction. A site licence is therefore not required to compound, and the compounded product does not require a product licence to be sold. Responsibility for the safety, efficacy and quality of the compounded product is assumed by the health care practitioner.

The practice of compounding is excluded from the scope of NHP Regulations through the manufacturer definition:

"Manufacturer" means a person who fabricates or processes a natural health product for the purpose of sale, but does not include a pharmacist or other health care practitioner who, at the request of a patient, compounds a

natural health product for the purpose of sale to that patient.

Health care practitioners, for example, pharmacists, traditional chinese medicine (TCM) practitioners, herbalists and naturopathic doctors, who compound products at the request of a patient are not included within the manufacturer definition.

There are certain activities which, because they are commercial in nature (for example, due to the volume of product made or the absence of a practitioner-patient relationship), do not fall within the scope of this policy. In such a case the Health Products and Food Branch Inspectorate could enforce the NHP Regulations with respect to this activity.

You can find the complete policy at www.hc-sc.gc.ca/dhp-mps/prodnatur/legislation/pol/policy_compound-politique_compose_e.html ■

Scenario/Requirement for Site Licence	Site Licence Needed?	Note
1 Practitioner imports an NHP with a natural product number (NPN) or DIN-HM or DIN into Canada and uses that NHP to compound product (DIN permitted on product to which the transitional provisions still apply).	YES	Site licence needed for importing only.
2 Practitioner uses an NHP with NPN or DIN-HM or DIN to compound product (DIN permitted on product to which the transitional provisions still apply).	NO	
3 Practitioner uses an NHP with neither an NPN nor DIN-HM nor a DIN to compound product.	NO	
4 Practitioner uses raw material to compound product	NO	
6 Practitioner uses an NHP withdrawn from the market for safety reasons to compound product.	Not applicable.	Not permissible.
7 Practitioner uses any substance listed on Schedule 2 to the <i>Natural Health Products Regulations</i> to compound product.	Not applicable.	Not an NHP. This is compounding of a product that does not fit the NHP definition.
8 Practitioner uses any substance that does not meet the NHP definition to compound product, e.g., prescription drugs (Schedule F ingredients), biologics, etc. Note that homeopathic medicines may contain Schedule F and Schedule D substances.	Not applicable.	Not an NHP. This is compounding of a product that does not fit the NHP definition.
9 Practitioner compounds product for another practitioner to provide to his/her patients.	NO	This is compounding.
10 Practitioner provides a stock bottle, e.g., a tincture, to another practitioner to be used by that practitioner to compound product.	NO	This is compounding.
11 Practitioner uses a stock bottle, e.g., a tincture, provided by another practitioner to compound product.	NO	This is compounding.
12 Practitioner compounds product intended for distribution or sale outside the established practitioner-patient relationship.	YES	This is manufacturing.
13 Practitioner compounds a product in advance of a practitioner/patient relationship, i.e., bulk compounding, AND product is given to patient in the context of a practitioner-patient relationship.	NO	



acp xPresses and emails

ACP xPress

There were no faxes distributed since the last newsletter.

acp emails

(issued between October 14 and Dec. 13, 2006)

External:

- Oct. 24** ■ Diabetes survey invitation
- Oct. 25** ■ DUE Quarterly available on website
- Nov. 3** ■ DUE Quarterly survey invitation
- Nov. 15** ■ Continuing care services survey invitation
- Nov. 23** ■ DUE Quarterly survey reminder

Operations:

- Oct. 20** ■ ACP awards nominations reminder
- Nov. 10** ■ Communication survey invitation
- Nov. 15** ■ Communication survey reminder
- Bowl of Hygeia nomination extension
- Nov. 30** ■ Council meeting notification
- Dec. 1** ■ Council meeting agenda relocation notice

Practice Issues:

- Oct. 19** ■ Draft standards consultation workshops invitation
- Oct. 24** ■ Draft standards consultation workshops reminder
- Oct. 26** ■ Draft standards consultation workshops reminder
- Oct. 30** ■ Draft standards – Calgary workshop reminder
- Nov. 6** ■ Alberta drug schedule updated

- Nov. 9** ■ New regs to be implemented April 1, 2007
- Nov. 17** ■ Request for perphenazine 2 mg
- Nov. 29** ■ Request for Humulin-U

Drug Information:

See also Health Canada advisories on page 11.

- Oct. 16** ■ Counterfeit blood glucose test strips
- Nov. 10** ■ Acetaminophen recalled in US
- Nov. 28** ■ Tamiflu
- Methadone warning
- Dec. 13** ■ Unapproved quinine products

When do you need a new prescription number for additional refills from a prescriber?

Pharmacists have asked us if they require a new prescription number for additional refills authorized by a prescriber after all refills authorized in the initial prescription have been filled. The governing statutes, regulations and standards indicate that the additional refills authorized by the prescriber are a new prescription, so a new prescription number is definitely required.

A prescription, as defined in the *Pharmaceutical Profession Act*¹ and in the *Food and Drug Regulations*², must specify an amount of the drug for a stated person. The amount may be an initial fill and a series of refills, but it must be a specified quantity. In addition, the prescription cannot be an indefinite or continually renewing order. Thus, when the quantities specified in the prescription, including the specified refills, are dispensed, the prescription is finished.

Each prescription must be assigned a unique number.³

A pharmacist must dispense the prescription according to the directions of the prescriber and only for the quantities specified.⁴ The original prescription must be filled within one year and no refills can be filled more than 18 months after the initial fill.⁵

When a prescription is finished and the prescriber is contacted and directs further refills, this is a new order for a further specified amount of the drug. It constitutes a new verbal prescription that must be reduced to writing and given a unique identification number.

A consideration of the overall purpose of the definition of a prescription and the requirements for recording prescriptions and all transactions related to a prescription supports this conclusion. The clear intent of the legislation and the regulations is that every drug dispensed can be traced to a unique prescription that specified a stated quantity of the



Would you (could you) dispense oral vitamin K or LMWH at a moment's notice?

Health professionals managing warfarin therapy often have difficulty finding oral vitamin K₁ and low molecular weight heparin (LMWH) in the community. If you are willing to be part of the solution, three anticoagulation management services would like to hear from you.

When patients use oral vitamin K₁ for critical international normalized ratio (INR) management in an ambulatory situation, they normally require small doses ranging from 1 to 5 mg. The few community pharmacies and hospital pharmacies currently supplying the product use the intravenous preparation (typically the 10 mg ampoules) and draw up the desired quantity using a filter-tip syringe. The patient can then swallow this quantity from a tuberculin syringe or the pharmacist can reconstitute the vitamin into a solution or syrup. The anticoagulation services would be happy to share their recipe with you!

Often anticoagulation services require LMWH on short notice. If you **routinely** stock this product, they would like to

know the name and strength of pre-filled syringes and multidose vials you carry.

If your pharmacy offers or would be willing to provide these products, **please fax or email** the anticoagulation management service nearest you, providing your pharmacy location, phone and fax number, hours of operation, and a pharmacist contact. Please also include details about the vitamin K and LMWH products you offer.

The services are often contacted by their colleagues inquiring about the availability of vitamin K and LMWH; they would be happy to identify your pharmacy as a resource.

Dr. Tammy Bungard

University of Alberta Hospital
Anticoagulation Management Service
Phone: (780) 407-8597
Fax: (780) 407-8907
Email: tammy.bungard@ualberta.ca

Cheryl Gelinas

Red Deer Anticoagulation Clinic
Phone: (780) 358-4324
Fax: (780) 358-4331

Dr. Cyndy Brocklebank

Calgary Health Region Anticoagulation Management Service
Phone: (403) 944-1726
Fax: (403) 219 – 0459 (Attention Cyndy)
Email: Cynthia.brocklebank@calgaryhealthregion.ca ■

drug and that it can be shown that there was a sufficient quantity of the drug remaining in the prescription at the time the drug was dispensed.

A system where new refills are simply added to an initial prescription does not fit within these provisions for a number of reasons.

- The original prescription does not authorize more than the quantity stated in the prescription.
- The additional refills were not authorized as part of the original prescription; they come from a new authorization that must be recorded including all the requirements set out in the regulation and the standards of practice.
- The practice of adding refills to the original prescription may well take that prescription beyond the time limits imposed in 5.1(i) of the standards of practice.
- The additional orders under which the refills are authorized are not properly and fully recorded which is a key purpose of the record-keeping requirements.
- Unless the additional authorization is reduced to writing and provides for a specified quantity of drugs, it is not a prescription and gives no authority to dispense. ■

1 Section 1(1)(w).
2 Section C.01.001(1).
3 Section 15(6)(g) of the *Pharmaceutical Profession Regulation*.
4 Section 15(2) of the *Pharmaceutical Profession Regulation*, Standard 4.3(d) of the standards of practice, Section C.01.042 of the *Food and Drug Regulations* and Section G.03.006 of the *Controlled Drugs Regulations*.
5 Section 5.1(i) of the standards of practice.



Q Am I allowed to sell prescription drugs to ambulance operators?

A You are permitted to sell drugs to the ambulance authority if you are presented with a prescription. These prescriptions are issued from the medical director of the authority: the physician in charge.

Unless your pharmacy has an establishment licence from Health Canada and may legally operate as a wholesale, you may not sell drugs to the ambulance authority without prescriptions for each drug order. In areas where the authority purchases sufficient volume, it may be prudent to suggest the authority set up a contract directly with a drug wholesale.

Forgery/stolen pad alert listing available on ACP website

In response to pharmacists' requests, we have compiled and posted a list of forgery and stolen or missing prescription pad alerts. The list includes all alerts published by ACP since Jan. 1, 2006 and is arranged alphabetically by physician surname.

You can find this new resource labeled *Forgery alerts* under the *Prescriber Lists* section of our website (pharmacists.a.b.ca).

The list does not include all forgeries or stolen pads in the province; it is comprised only of forgeries or stolen/missing pads reported to the college. For stolen/missing triplicate prescription pads, see the regularly updated list provided by the College of Physicians and Surgeons of Alberta under the *TPP Schedule of Drugs* section on the ACP site.

Thanks for letting us know what would make the website work better for you. If you have other suggestions, please pass them on to Karen Mills, ACP's communications coordinator. ■

Pharmacy relocation/closures—signage removal

We have discovered that exterior and interior pharmacy signage is not always removed appropriately after a pharmacy closure or relocation.

Section 3(2) of the *Pharmaceutical Profession Act* states: "No person except a pharmacist or proprietor shall use the designation 'pharmacy,' 'pharmaceutical dispensary,' 'drug store,' 'drug' or any similar designation, to describe a retail or wholesale business."

If you are relocating or permanently closing your pharmacy, you must ensure that all signage is removed from the exterior and within the interior of the premise where your pharmacy was located. Only a licensed pharmacy, that

is, a pharmacy that sells drugs to the public and has an annual pharmacy licence, is allowed to display signage indicating the presence of a pharmacy within its premise. ■

FDA warning re: death and life-threatening side effects of methadone

The US Food and Drug Administration (FDA) has received reports of death and life-threatening side effects occurring in patients newly starting methadone for pain control and in patients who have switched to methadone after being treated for pain with other strong narcotic pain relievers. Methadone can cause slow or shallow breathing and dangerous changes in heart beat that may not be felt by the patient.

Pain relief from a dose of methadone lasts about four to eight hours. However methadone stays in the body much longer—from eight to 59 hours after it is taken. As a result, patients may feel the need for more pain relief before methadone is gone from the body. Methadone may build up in the body to a toxic level if it is taken too often, if the amount taken is too high, or if it is taken with certain other medicines or supplements.

The FDA issued a public health advisory in November 2006 to alert patients and their caregivers and health care professionals to the following important safety information.

- **Patients should take methadone exactly as prescribed.** Taking more methadone than prescribed can cause breathing to slow or stop and can cause death. Patients who do not experience good pain relief with the prescribed dose of methadone should talk to their doctor.
- **Patients taking methadone should not start or stop taking other medicines or dietary supplements without talking to their health care provider.** Taking other medicines or dietary

supplements may cause less pain relief. They may also cause a toxic buildup of methadone in the body leading to dangerous changes in breathing or heart beat that may cause death.

- **Health care professionals and patients should be aware of the signs of methadone overdose.** Signs of methadone overdose include trouble breathing or shallow breathing; extreme tiredness or sleepiness; blurred vision; inability to think, talk or walk normally; and feeling faint, dizzy or confused. If these signs occur, patients should get medical attention right away.

You can view the full advisory on the FDA website at www.fda.gov/cder/drug/advisory/methadone.htm ■

FDA orders unapproved quinine drugs off the market

On Dec. 12, 2006, the US Food and Drug Administration (FDA) ordered firms to stop marketing unapproved drug products containing quinine, citing serious safety concerns associated with quinine products.

As part of its action, the FDA cautioned consumers about off-label use of quinine to treat leg cramps. Quinine is approved to treat malaria, but should not be used to prevent or treat leg cramps. Health Canada announced two years ago that quinine is not considered a safe treatment for nocturnal leg cramps or other self-care purposes. There is also the potential for serious interactions between quinine drugs and other drugs.

Since 1969, the FDA has received 665 reports of adverse events with serious outcomes associated with quinine use, including 93 deaths. Quinine drugs are associated with serious side effects, such as cardiac arrhythmias, thrombocytopenia, and severe hypersensitivity reactions.

You can view the complete FDA notice on their website at www.fda.gov/OHRMS/DOCKETS/98fr/06n-0476-n000001.pdf ■

New information about Tamiflu

Health Canada is informing Canadians of international reports of hallucinations and abnormal behaviour, including self harm, in patients taking Tamiflu. These reports include children and teenagers, primarily from Japan. Health Canada has not received any such reports in Canada.

As of Nov. 11, 2006, there were 84 reports of adverse events occurring in Canadian patients using Tamiflu, including 10 deaths. A causal relationship has not been confirmed in these cases. There have been seven Canadian reports of psychiatric adverse events, suspected by those reporting the events, due to Tamiflu, most involving elderly patients.

Patients taking Tamiflu should consult with their pharmacist or another health professional if they have any questions or concerns. ■

Counterfeit pharmaceuticals in Canada

The World Health Organization (WHO) estimates that 10 per cent of medication globally is counterfeit. The situation is endemic in southeast Asia and Africa, where the amount of counterfeit pharmaceuticals in circulation is over 50 per cent in some countries. While the prevalence of counterfeit pharmaceuticals varies widely between developing and industrialized countries, there are increasing numbers of incidents of counterfeit medication globally.

New, expensive medicines such as hormones, corticosteroids, cancer drugs or anti-retrovirals are the most frequently counterfeited medications in industrialized countries. Other commonly counterfeited types of drugs in industrialized countries are:

- lifestyle drugs which treat such conditions as sexual impotence, baldness or obesity, and

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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

The links will take you to the Health Canada website.

- **Unauthorized intravenous health products**
www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2006/2006_99_e.html
- **CellCept (mycophenolate mofetil)**
www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2006/cellcept_hpc-cps_e.html
- **Neutragel**
www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2006/2006_104_e.html
- **Avastin (bevacizumab)**
www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2006/avastin_hpc-cps_e.html
- **Zimaxx, Actra-Rx, 4Everon, Vigor-25 and Nasutra**
www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2006/2006_107_e.html
- **Unauthorized natural health products**
www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2006/2006_108_e.html
- **Rituxan (rituximab)**
www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2006/rituxan_3_hpc-cps_e.html
- **EVRA (norelgestromin and ethinyl estradiol)**
www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2006/evra_hpc-cps_e.html
- **Benzocaine sprays**
www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2006/benzocaine_sprays-vaporisateurs_nth-aah_e.html
- **Xylocaine (lidocaine HCl) jelly 2% single use plastic syringe (10mL)**
www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2006/index_e.html
- **Robaxacet caplets**
www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2006/2006_124_e.html
- **IRESSA (gefitinib)**
www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2006/iressa_4_hpc-cps_e.html
- **Eden Herbal Formulations Sleep Ease Dietary Supplement**
www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2006/2006_127_e.html
- **Foreign product alert: Detox Peptide and Slim weight loss products**
www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2006/index_e.html

Counterfeit pharmaceuticals

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- psychotropic drugs which include opiate-based pain-killers, tranquilizers, stimulants and depressants.

The scope and magnitude of counterfeit pharmaceuticals in Canada remains relatively small in comparison to other industrialized countries.

Counterfeit pharmaceuticals in Canadian pharmacies

Counterfeit drugs within Canadian licensed pharmacies are a rare occurrence. Despite stringent safeguards, pharmacy systems are still vulnerable.

In 2005, counterfeit pharmaceuticals were found in two Ontario pharmacies – the first such cases within the country's licensed pharmaceutical system. The cases were unconnected and, in each case, members of the pharmacy staff were charged with knowingly selling counterfeit medication. The seized drugs contained the wrong medicinal ingredients, no active medicinal ingredients or were grey-market drugs.

Illegal Internet pharmacies

Law enforcement authorities have found illegal Internet pharmacies often

sell a variety of medications that can pose health and safety risks, including:

- unapproved drugs,
- legal prescription drugs dispensed without a valid prescription,
- products that are marketed with fraudulent health claims, or
- counterfeit or grey-market pharmaceuticals.

Illegal Internet pharmacies remain a concern to law enforcement and health agencies. These businesses operate without any authorized doctor/patient relationship. In addition, consumers receive medication of uncertain provenance and authenticity without information on correct use, dosages, drug interactions or side effects.

As with other websites that operate illicitly, it is difficult to track and examine the activity and merchandise of illegal Internet pharmacies. These sites open and close easily, frequently change their names, and may operate from servers based in other countries. As law enforcement in both the US and Canada have observed, some illegal Internet pharmacies mimic the appearance of licensed sites or disguise themselves as originating from Canada to take advantage of US consumers seeking Canadian pharmaceuticals. Therefore,

consumers may have difficulty discerning between legitimate and illegal sites.

Looking to the future

Canada has a standardized, highly regulated pharmaceutical and public health care system that is largely affordable to most Canadians. This significantly lessens any potential market for illegitimate supplies of pharmaceuticals in Canada.

The two incidents of counterfeit pharmaceuticals seized within Canadian pharmacies indicate that licensed pharmacies remain vulnerable to the infiltration of counterfeit medication, particularly when facilitated by pharmacy staff. However, the probability of counterfeit drugs within licensed pharmacies is limited.

Counterfeit medication in Canada will remain a key concern to law enforcement and health agencies. The Criminal Intelligence Service Canada (CISC) network of law enforcement agencies will continue to assess the threat of counterfeit pharmaceuticals in Canada and target criminal groups involved in this activity. ■

From Counterfeit Pharmaceuticals in Canada. You can find the complete article on the CISC website at http://www.cisc.gc.ca/pharmaceuticals/pharmaceuticals_e.htm.

Health Care in Canada Survey 2006: highlights

The ninth edition of the Health Care in Canada Survey was released at the end of November 2006. This is the most comprehensive survey of the Canadian public and health care professionals on health care issues.

The survey found widespread support for more home and community care programs, higher medical school enrolment levels, equitable access to pharmaceuticals, ensuring the security of the Canadian vaccine supply, increased funding for research, and a ban on the sale of junk food in schools.

Canadians are divided on the quality of health care services currently available and the impact of allowing the purchase of private health insurance for services already covered under Medicare.

Canadians continue to be concerned about the potential for errors while being treated in hospital.

What's of specific interest to pharmacists?

Who said better access to timely immunization was an important part of a national immunization strategy?

- 76% of respondents

Who thinks we should increase access to health professionals by requiring health professionals to work in teams with other types of health care providers?

- Public – 76%
- Doctors – 46%
- Pharmacists – 83%

- Nurses – 88%
- Health system managers – 94%

Who agreed that pharmacists and nurses should be allowed to prescribe drugs in some circumstances?

- Public – 72%
- Doctors – 56%
- Pharmacists – 89%
- Nurses – 75%
- Health system managers – 79%

Similar to last year's results, there seems to be a significant margin between patient and physician opinion.

You can access the full survey results on the Health Care in Canada website at <http://www.hcic-sssc.ca/> ■

Resources for you—newsletter inserts

Health report

If you asked Albertans if they thought they were safety conscious when it came to their medications, what would the answer be? Probably a resounding yes. But are they?

There are many things Albertans could and should be doing when it comes to medication safety. To help them take a more active role, the Health Quality Council of Alberta (HQCA) has produced its third *Health Report to Albertans*. This issue's focus is on giving Albertans information and tools to use their medications safely. We have included a copy of the report as an insert with this newsletter.

The tabloid publication will be available on-line at www.hqca.ca in late January. If you would like additional copies for distribution, please contact the HQCA at (403) 297-8162 or e-mail at info@hqca.ca.

Abuse and diversion of drugs

Also included with this issue of **acp news** is *Abuse and Diversion of Controlled Substances: A Guide for Health Professionals*. Produced by Health Canada, this resource offers suggestions about how to identify drug abusers and diverters, and provides strategies for minimizing drug abuse and diversion.

A more detailed document on this important topic is available from Health Canada. If you want a copy, you must contact Health Canada directly by telephone at (613) 954-1541, by fax at (613) 957-0110, or by e-mail at OCS-BSC@hc-sc.gc.ca.



PADIS

A Poison and Drug Information Service (PADIS) brochure has been included with this newsletter as a reminder of how you can use this important resource. ■

IPG preceptor manual

The Bredin Institute recently developed a preceptor manual targeted to international pharmacy graduate (IPG) preceptors. The document is on-line at www.bredin.ab.ca/TrainingPrograms/International%20Pharmacy%20Bridging%20Program/IPG%20Preceptor%20Manual.pdf and is available at no cost to any preceptor or workplace.

The manual is designed to:

1. increase awareness of multicultural factors to consider in planning and supporting an IPG intern/studentship (first 40 pages)
2. provide 'hands-on' tools, checklists, strategies to help busy preceptors provide specific and effective support to IPG interns/students (remaining 70 pages)

The resource was developed to support preceptors working with Bredin Institute IPG students, and does not specifically correlate to the ACP internship program. Nonetheless, the manual provides information and tools that are worth considering for broader use, e.g., with Canadian interns or for staff coaching.

Check out this new resource. Bredin would appreciate your feedback. Please send your comments to Julia Stanbridge, immigrant services coordinator. Her e-mail address is julia.stanbridge@bredin.ab.ca. ■

January 2007 **Health Report to Albertans**

Would you drive a car without fastening your seatbelt? Or hop on a bike without putting on a helmet? For most of us, the obvious answer is no. We like to think we're doing our best to protect ourselves and those we love. And often we are. But sometimes we don't realize what we could or should be doing. This is especially true when it comes to medication safety.

Playing It Safe:

You and Your Medication

What's Inside

- Are you an advocate for your medication safety?..... 2
- What you can do about medication safety..... 3
- How to read the label..... 4
- Using non-prescription medications correctly..... 5
- Mixing it up: The dangers of medication interactions..... 5
- Medication safety at home..... 6
- Safe storage and disposal..... 7

If we asked Albertans if they thought they were safety conscious when it came to their medications, what would the answer be? Probably a resounding yes. After all, it should be relatively simple to be safe when you only take something once in a while for the odd headache or sore throat. But is it?

Today we are surrounded by an overwhelming number of medications, some prescribed by health professionals, others known as non-prescription medications and still others in the form of herbal and nutritional supplements. Not surprisingly, it's sometimes hard to keep it all straight. And it's even more complicated for someone taking multiple medications or for someone with special needs like a child, senior citizen or pregnant woman. Overall, most of us probably handle our medications more by good luck than good management.

We can all take a more active role in our own medication safety, as well as the medication safety of those we love. *Health Report to Albertans* has some of the information and tools that can help you play it safe with the medicines you use.

Preceptor Manual 2006
International Pharmacy Bridging Program
Bredin Institute - Credit for Learning

International Pharmacy Bridging Program

Preceptor Manual

Investigation into professional conduct

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

■ A summary of an investigating committee decision regarding the conduct of Brent Warren, registration #4146

On June 23, 2006, an investigating committee held a hearing regarding the conduct of Brent Warren.

At the hearing, Mr. Warren admitted that in July 2005 he attempted to cross into the US at Sweetgrass, Montana. Initially he denied having any prescription drugs but when he was directed to a secondary search area, a search of his vehicle found a package addressed to an individual in South Carolina. The package contained the following drugs labeled for that individual:

Diovan HCT, 3 boxes – 28 doses per box

Combivent inhalers – 2 boxes

Salbutamol solution – 2 boxes – 20 doses per box

Apo-Zopiclone – 1 bottle – 45 pills

Apo-Lorazepam – 1 bottle – 60 pills

Mr. Warren acknowledged the following in a sworn statement to a US Immigration and Naturalization officer:

- he had originally lied to the border officer when he stated he had no prescription medication;
- he was taking the medication into the US to mail it to the individual in South Carolina;
- he knew that it was illegal to send the medications by mail into the US and that taking them across the border was also illegal but by

mailing the package in the US he hoped to avoid detection;

- he had fictitiously created prescription labels with a false doctor and false prescription number although he had paid for the medication.

At the hearing Mr. Warren also admitted that:

- he on his own initiative had dispensed without a prescription the drugs he intended to send to the individual in South Carolina, a person he had never met but had corresponded with over the Internet;
- he obtained the drugs from the pharmacy inventory of his employer and altered the pharmacy inventory to cover the missing drugs and he also created fictitious prescription numbers and a fictitious physician's name to make the labels appear authentic;
- he packaged the drugs, addressed them to the individual, and transported them into the US with the intention of mailing them from the US to avoid detection by Customs.

The Investigating Committee was advised that the US authorities did not proceed with a prosecution based on the limited amount of drugs and the fact that they were not narcotics or contraband. Mr. Warren was banned from entering the US for period of five years.

The Investigating Committee was also advised that the US authorities transferred Mr. Warren to the Canadian authorities. He was subsequently interviewed by a member of the RCMP and charged with uttering a forged document and fraudulently altering prescription drug inventories to illegally export drugs into the US contrary to the Criminal Code of Canada.

Mr. Warren was advised by the RCMP that if he reported the incident to the Alberta College of Pharmacists, the RCMP would not proceed with the charges that had been filed. Mr. Warren reported the incident to the Alberta College of Pharmacists on

Aug. 18, 2005.

Based on these admissions by Mr. Warren, the Investigating Committee determined that his conduct breached:

- Principle VI of the *Code of Ethics By-law* that requires a pharmacist to act with honesty and integrity and, in particular, guidelines 1, 2 and 4 by creating a forged document and fictitious prescriptions which he intended to provide to a member of the public and by breaching the trust at his place of employment and altering the inventory of drugs; Schedule I, sections 1 and 2 of the *Pharmaceutical Profession Act* by failing to dispense the drugs pursuant to a legal prescription; Section C.01.041 of the *Food and Drug Regulations* by preparing Schedule F drugs for distribution to a member of the public without a valid prescription;
- Section 57(a)(v) of the *Pharmaceutical Profession Act* by acting in a manner that tends to harm the standing of the pharmacy profession both in his dealings with his employer, in dispensing the drugs without a prescription, and in providing false information to the border officer in an attempt to illegally take the drugs into the US; and,
- Section 57(a)(i) of the *Pharmaceutical Profession Act* by providing prescription medications, some of which there was no patient history of use, without a valid prescription, which constituted conduct that is detrimental to the best interests of the public and the profession.

As a result, the Investigating Committee found that Mr. Warren's actions constituted professional misconduct.

The Investigating Committee heard submissions from counsel for ACP and from Mr. Warren. It was advised that this complaint arose from a single incident, that Mr. Warren cooperated fully with ACP's investigation, that he

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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

Stephen Lewis and Rex Murphy, along with an impressive line-up of other speakers, will help you understand how the other professions think and work, and learn how to work effectively together.

May 6, 2007
 ACP Awards Breakfast and
 Annual General Meeting

John Cowell from the Health Quality Council of Alberta will tell you what Albertans say about pharmacists and help you identify some implications for your practice.

**Be there! Watch for the
 advance program in your mail.**

**Strengthening
 the Bond**



**Collaborating for
 Optimal Patient Care**

www.buksa.com/strength

Investigation *continued from page 13*

had no prior discipline history, and that he was intending to retire from pharmacy practice.

After hearing the submissions made, the Investigating Committee made the following orders:

1. Brent Warren will be issued a letter of reprimand for his conduct relating to this incident to remain on his file with ACP;
2. Brent Warren will be issued a fine in the amount of \$5,000 payable not more than 30 days from receipt of these findings;
3. Brent Warren will pay all costs of the hearing and investigation not more than 60 days following the submission of costs from the ACP;
4. ACP will notify Mr. Warren's employer at the time of the incident of this decision;
5. the decision is to be published in **acp news** using Mr. Warren's name. ■

...from the faculty

The faculty held its **annual awards event** on Nov. 23, 2006. Over 125 award recipients and donors gathered to celebrate excellence.

Undergraduate and graduate student winners were introduced and then had the opportunity to meet and thank the award donors and supporters who were in attendance.

In November 2006, Dean Franco Pasutto announced that the faculty was the recipient of a

Commonwealth of Learning Excellence in Distance Education Award for distance education materials.

This award was developed to recognize excellence in materials produced by publicly funded or not-for-profit institutions in commonwealth countries. The faculty was selected for its PHARMA*Learn* – Anticoagulation materials and is one of three commonwealth institutions selected.

PHARMA*Learn* – Anticoagulation was developed by a team of pharmacy experts in practice, education and web technology to meet the needs of pharmacists in their current practice. The program was launched in September 2002 on the web, followed by a print-media version in 2003. The course features theoretical information, authentic patient cases and practice tools so that pharmacists can apply what they have learned in their patient care activities in the pharmacy. The program is designed to serve as both an introductory course as well as a practice resource with tools such as warfarin dosing charts and drug interaction charts.

Terri Schindel accepted the award on the faculty's behalf at the Fourth Pan-Commonwealth Forum on Open Learning held in Jamaica, Oct. 30 to Nov. 3, 2006. For information about the award and the Commonwealth of Learning, see www.col.org/colweb/site/pid/2951. ■

In memory**Jeanne Irene Burynuik**

of Calgary, passed away on Nov. 8, 2006 at the age of 86 years.

Jeanne was born in Moose Jaw, SK in 1920. She graduated from the UofS in 1948 with her pharmaceutical degree and became licensed in Alberta in 1976. She practised in Calgary at McGill, Penley, Eaton's, Co-op, and Woodbine pharmacies. She attended the Calgary A.S.A. club until illness prevented her from doing so.

Jeanne is missed by her family and many friends.

Andrew (Andy) Moiese Laurier Scollon, teacher, airman and pharmacist, died on Dec. 4, 2006, at the age of 94.

In 1948, Andy enrolled in the UofA's pharmacy program, from which he graduated in 1951, then owned and operated a Canmore pharmacy for several years. In 1959, Andy moved the family to Calgary and worked for the Holy Cross Hospital pharmacy until his retirement. Thereafter, he performed locums at pharmacies throughout Calgary.

He leaves to mourn his loving family.