

alberta college of  
**pharmacists**



# acpnews

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## April 1 a defining day for pharmacy



April 1, 2007 signaled the beginning of a new scope of practice for Alberta pharmacists. We are being watched by pharmacists and health professionals in Alberta and across Canada, indeed, by the world-wide health care community as we break new ground for the profession.

Interest in the new scope of practice was evident through the media attention during the last week of March. Greg Eberhart, our registrar, and community pharmacists were interviewed by media representatives, resulting in mostly, but not totally, accurate and helpful stories.

We trust you are able to help your patients understand the changes to your practice and have a clear understanding of how you can grow in your profession through the new regulations.

Not only did the media express an interest in our profession, but members of the Alberta Legislature did too. On April 2, ACP's President Jeff Whissell and Registrar Greg Eberhart were recognized in the Legislature by Minister of Health and Wellness Dave Hancock. Cam Johnston, RxA's acting CEO, and Jeremy Slobodan, RxA's president were also recognized.

Mr. Hancock invited them to the Legislature to commemorate the enactment of the *Pharmacists Profession Regulation* on April 1. He noted that the *Health Professions Act* (to which the regulation applies) widens the scope of practice for health care professionals

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### NOTICE

Remember that you must submit your completed pharmacist registration renewal to the college office by **June 1, 2007!** See page 4 for details.

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**Staff Directory**

All staff are available at (780) 990-0321 or 1-877-227-3838 or by fax at (780) 990-0328.

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**A defining day for pharmacy**

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and is a key component of the government's workforce strategy.

Mary Anne Jablonski, MLA for Red Deer North, also rose in the Legislature to recognize the new regulations and standards of practice. She noted that by leveraging the expertise of pharmacists, the government has enabled you to work more effectively as part of the health care team, along with doctors and other health professionals, to provide a better level of service in the community. She noted that the government is looking to pharmacists and other health care professionals to assume a larger role when providing primary health care in Alberta's communities and neighbourhoods. The recognition in the Legislature is significant, marking the implementation of our new legislation as an important part of Alberta's history.

Both of the MLA's statements are recorded in the April 2, 2007 *Hansard* ([www.assembly.ab.ca](http://www.assembly.ab.ca)). You will find Mr. Hancock's complete introduction on page 321, and Ms. Jablonski's member statement on page 323.

ACP's March 30 news release and accompanying documents are on our website at [pharmacists.ab.ca](http://pharmacists.ab.ca), under *New Legislation/Pharmacist prescribing*. ■

**Election results**

At the nomination deadline, one nomination was received for each of districts 3, 4 and 5. They were:

- District 3: Cathy McCann (incumbent)
- District 4: Dianne Donnan (incumbent)
- District 5: Donna Galvin

Since there was only one nomination for each district, the candidates have been elected by acclamation.

Congratulations to Cathy and Dianne as they begin their second term on Council, and congratulations to Donna on her election!

We look forward to working with you!

**Council approves report from Expert Panel on additional prescribing privileges**

Council approved the report from the Expert Panel appointed to develop a framework to evaluate pharmacists seeking the additional prescribing authorization subject to Section 16(3) of the *Pharmacists Profession Regulation*.

The framework is based on the *Standards for Pharmacist Practice* and the prescribing competencies identified in the competency profile ACP developed in partnership with Alberta Health and Wellness (mailed to you in late 2005). It accommodates the preliminary recommendations from our Competence Committee and correlates them with the education, experience and collaborative practice experiences that are important to demonstrating the competencies.

**Looking for pilot participants**

ACP now seeks 10 to 20 pharmacists from diverse practice backgrounds to participate in a pilot project using the panel's evaluation framework. Subject to completion of the pilot and any modifications that may be necessary, our goal is to be able to open the evaluation process to clinical pharmacists later this fall.

Candidates will be required to complete an application that includes at least three care plans. Some areas where

**Executive Committee 2007/08**

Executive committee members elected by Council for the 2007/08 term are:

- Dianne Donnan – President
- Jim Krempien – President Elect
- Rick Siemens – Vice President
- Jeff Whissell – Past President

This Executive Committee will commence its responsibilities on May 30, 2007.

evidence is required are the candidate's ability to:

- form and maintain a professional relationship with the patient;
- assess the patient;
- develop and implement a care plan;
- follow up with the patient to monitor progress;
- develop collaborative relationships with other health care professionals;
- document patient information, assessment, interventions and communications with other regulated health professionals; and
- make professional judgements to maximize patient safety and desired health outcomes.

If you are interested in participating in the pilot, please forward your resume, describing your practice background and experience, to Dale Cooney, deputy registrar, at Dale.Cooney@pharmacists.ab.ca. ■

## Council approves new by-laws

Council has approved the new by-laws under the *Pharmacists Profession Regulation* and *Pharmacy and Drug Regulation*. As soon as the final version is ready, you will be able to view it on our website (pharmacists.ab.ca) under *Council at Work*.

Council thanks pharmacists and other stakeholders for contributing to the consultation process. Your comments and suggestions were all presented to Council for consideration.

The most significant change in the by-laws is realignment of the council districts. When the realignment is fully implemented, Council will include nine elected members and three members appointed by the minister of Health and Wellness. Ex-officio appointees will include the dean of the Faculty of Pharmacy and Pharmaceutical Sciences and an appointee approved by Council from the Alberta Pharmacy Students Association. ■

## Call for committee members (Complaints Resolution)

The college seeks applications or nominations of pharmacists interested in supporting the new complaints resolution process prescribed under the *Health Professions Act*.

Positions are available for participation on complaints review committees and hearings tribunals.

Please send your resume outlining your work and volunteer experience to Greg Eberhart, registrar, at Greg.Eberhart@pharmacists.ab.ca. ■



## Annual report on the web

ACP's 2006/07 annual report is now on our website at pharmacists.ab.ca. Go to *About ACP*, then choose *Annual Report*.

The report highlights our journey to our new scope of practice and includes interviews with pharmacists, a nurse practitioner, a physician and a member of the public, who offer their views on what the changes will mean to patient care.

You'll also find stories about our three award winners, highlights of college activities, and the college's audited financial statements.

If you would like a hard copy of the report, please call Karen Mills at the college office at (780) 990-0321 or 877-227-3838 or contact her by email at Karen.Mills@pharmacists.ab.ca.

## Are you one of the remaining...



# 19%

At the end of March 2007, 81 per cent of registered pharmacists were using the college's email system. That's a six point jump from the percentage using the system at the end of February.

If you aren't signed onto the system, you are missing out!

ACP will continue to use email as a primary means of communicating with you. Sign on now to be sure you're up to date about issues related to your profession.

Need help? Contact Misti Denton at the college office at (780) 990-0321 or 1-877-227-3838 or acpinfo@pharmacists.ab.ca.

# It's registration renewal time again

## 2007/08 annual registration fees\*

*The annual fees for the 2007/08 year will be:*

- **Pharmacist**  
\$715.50  
(\$675 + \$40.50 GST)
- **Associate**  
\$206.70  
(\$195 + \$11.70 GST)
- **Courtesy Registrant – Locum**  
\$378.95  
(\$357.50 + \$21.45 GST)
- **Courtesy Registrant – CE Provider**  
\$53  
(\$50 + \$3 GST)

*The pharmacy renewal fees for the 2007/08 year will be:*

- **Community Pharmacy**  
\$1,017.60  
(\$960.00 + \$57.60 GST)
- **Community and Mail Order**  
\$1,123.60  
(1,060.00 + 63.60 GST)
- **Community and Compounding**  
\$1,547.60  
(\$1,460.00 + \$87.60 GST)
- **Community, Compounding and Mail Order**  
\$1,653.60  
(\$1,560.00 + \$93.60 GST)
- **Compounding**  
\$1,017.60  
(\$960.00 + 57.60 GST)

\* The fee increase over the 2005/06 fee reflects a three per cent cost of living adjustment.

Registration renewal packages were mailed mid-April. **Be sure to call our office if you have not received your package by early May.**

Remember that pharmacist renewals must reach ACP **by June 1** and pharmacy renewals need to arrive **by June 15**.

When you examine the renewal package, you will find a few changes to the renewal form.

- To comply with the wording of the new legislation, the registration status of **non-practising** has changed to **Associate**. Pharmacists who have **voluntarily resigned** will now have a **Cancelled** status.
- ACP is collecting information for a national database for health workforce planning. As a result, the renewal form is longer again this year. Look for the **Registration Renewal Guide** in your renewal package to help you complete the Statistical Information section of your renewal form. Completion of this section of your renewal form is mandatory this year for pharmacists on the clinical register. ACP will share only anonymized data according to our privacy policy regarding your personal information.
- Because of the change in renewal deadline date, **pharmacists may claim learning activities completed in June for the upcoming registration year**. Most practising pharmacists must have earned 15 CEUs between

July 1, 2006 and May 31, 2007. Check your renewal form for details.

- You will be asked to sign a professional declaration stating the particulars of your **professional liability insurance** policy. Do not send us the original insurance documents. Instead, keep them for two years in case your insurance coverage is audited.

You can save time and postage by submitting your registration renewal on-line. You can also update your registration profile and maintain your Continuing Professional Development Log online.

When **renewing by mail**, remember to send:

- your **membership renewal form**, with all the pages of your form filled in and signed, and
- a copy of your **Continuing Professional Development Log**, along with your
- fee payment

We must have all of these documents to renew your registration.

If your employer is **paying your fee**, you must either renew on-line or be sure to give your employer your completed renewal form and a copy of your Continuing Professional Development Log for submission to the college along with their payment. If you renew on-line, print the **on-line renewal screen** at the Step 4 payment page and give it to your employer to enclose with payment. Choose the "cheque option" if your employer is paying.

## Renew online and win!

Use the on-line option when renewing your registration this year and you could win the value of your registration renewal. Simply click *My Registration Profile* on the college's website and follow the directions. To be eligible, you need only renew on-line; your payment may arrive separately by cheque.

**Your renewal must arrive before June 1 to be eligible.**

**Please do not send the original** of your Continuing Professional Development Log or your support materials, such as continuing education certificates. Keep these documents in your records for two years in case your learning portfolio is audited. ■

## Pharmacy renewals are different too!

Your pharmacy licence renewal will have new pharmacy status choices.

- **Pharmacies** are now called **Community Pharmacies**.
- **Certified Pharmacies** are now called **Compounding Pharmacies**.
- You can add a **Mail Order** licence to your Community Pharmacy licence.
- You can hold a Community Pharmacy licence and a Compounding Pharmacy licence at the same location.

Pharmacy licence renewals also have these new requirements:

- a licensee's and a proprietor's undertaking to act in accordance with the *Pharmacy and Drug Act*, and
- statutory declarations for proprietors. ■

## More change: if you are late you will be suspended or closed!

**Pharmacists** whose renewals arrive after June 30 will not have a valid practice permit, therefore will be **suspended immediately**.

Reinstatement of a pharmacist's practice permit will incur a reinstatement fee of \$238.50 (\$225.00 + \$13.50 GST). You may not practise until you pay your renewal and late fees.

**Pharmacies** that fail to renew their licence by June 30 will be **closed**. A reinstatement fee of \$238.50 (\$225.00 + \$13.50 GST) will apply to pharmacies in addition to the licence fee.

## Meet the ACP award winners!

Three ACP award winners are leaders in the field. Their stories reflect solid professional values and a commitment to patient care and their communities. They are role models for each one of us and help to set the bar high for the profession.

Here are short descriptions of why each of the recipients was selected. For more complete information about these leading pharmacists and others who have been highlighted in the annual report, please go to the report on our website at [pharmacists.ab.ca](http://pharmacists.ab.ca). Click on *About ACP*, then on *Annual Reports*.

Watch for the videos about these award recipients which will be premiered at the May 6 Awards Breakfast, then placed on our website for your enjoyment.

### **M.J. Huston Pharmacist of the Year\***

#### **Val Fong**

*Operations Manager, Pharmacy Services, Chinook Health Region, Lethbridge*

There are many ways to describe Val Fong—the consummate professional, compassionate health care provider, reliable team member, inspiring role model, effective decision maker, and creative problem solver.

Val's passion for being a pharmacist and providing patient care is evident, but she is quick to deflect attention and credit for this award to the many teams she works with. She likens patient care to a rowing team. Val says, "Each individual has their separate role, but when everyone rows in unison, the strides are greater and the direction is clear."

In rowing you have to work together to get the boat to move in the right direction. The better you work together, the more efficiently the team performs. In her current role as operations manager for Chinook Health (Lethbridge and area), Val develops creative ways for the Chinook Health's pharmacy team to "move the boat in the right direction" to achieve patients' needs.

Assuming this position was a difficult choice for Val. She has a passion for



*Val Fong, M.J. Huston Pharmacist of the Year*

working with patients and helping them optimize their drug therapy. When she was the pharmacist on the nursing units, she diligently educated patients so they understood their medications and why they were important. "I got an adrenaline rush from helping patients, especially when you can see the light turn on when they understand," she says.

Val's selection as the M.J. Huston Pharmacist of the Year recognizes her consistent efforts to provide quality patient care. "It's all about the patient," she declares.

Val is excited about the potential the new scope of practice has for patient care. She envisions the flow of patient care decisions changing as pharmacists assume more responsibility. "Once the pharmacists have ensured the physician's trust and respect, drug therapy decisions can be expedited by the physician and pharmacist working collaboratively towards a common goal." Val sees a future where her commitment to patient care is shared by interdisciplinary health care teams across the province.

Val's commitment shines through all areas of her work. Early in her career she began volunteering for the profession by contributing to the Canadian Society of Hospital Pharmacists (CSHP). She began at the

*continued on page 6*

**Award winners** *continued from page 1*

local level and went on to represent the Lethbridge chapter on provincial and national committees. In recognition of her sustained and significant contributions, Val was honoured as the first recipient of the Meritorious Service Award for CSHP Alberta Branch in 2005.

Her commitment to team work is also evident in everything she does. When reflecting on winning the Pharmacist of the Year award, Val remarked, "Although an individual is being acknowledged, it's the whole team that's being recognized. This award is a tribute to everyone I work with." She was also recognized for her commitment to teamwork when she received the Teamwork Recognition Award from the CSHP Alberta Branch in 2003.

Val's known for her sense of humour and the joy she breathes into her work and life. When Val's around, there's often laughter, despite the serious nature of the work. "It's humbling to be singled out by the profession," she says, "especially when it's something you have fun doing!"

*\* The M.J. Huston Pharmacist of the Year award is presented to a college registrant who has demonstrated outstanding professional excellence in pharmacist practice.*

## **W.L. Boddy Pharmacy of the Year\***

### **The Dispensary Ltd.**

*Joe Tabler, Owner/Manager, Red Deer*

What do you get when you combine a traditional pharmacy dispensary, a comprehensive compounding laboratory, complementary medicine and a passion for personalized care? In Red Deer, you get The Dispensary Ltd., named the W.L. Boddy Pharmacy of the Year.

When Joe Tabler, owner and manager, opened the pharmacy in 1999, he wanted it to be a "real" one. To Joe, a "real" pharmacy is one that is patient-focused and based on the apothecary model, i.e., one where compounding medications plays a major role.

The staff at The Dispensary are also very knowledgeable about complementary medicine and make it a major part of



*The Dispensary Ltd., W.L. Boddy Pharmacy of the Year*

their patient care services. "All of the complementary medicines we recommend are evidence-based," notes Joe. "You won't find any fad products here."

The pharmacy staff are also focused on prevention. "We want to see clients early on, before they get sick. We want to help them stay healthy," says Joe.

Over time the pharmacy has developed a solid reputation for its unique services, receiving referrals from physicians in the Red Deer area who feel their patients could benefit from The Dispensary's compounding service and knowledge about integrative medicine. Joe says that they are ahead of the new standards in their collaborative relationships and documentation.

"They're both an important part of what we do," he says. "In fact, we're document freaks. We document everything!"

Word of mouth is another important source of referrals. A satisfied client will readily refer friends to Joe and his staff, and their reputation builds. Yet Joe is always aware that, although it can take time to build a good reputation, "you can lose it in five minutes." As a result, the staff are extremely careful about checking each others' work and

documenting activities so that another staff member can step in if needed to continue the quality of care the pharmacy strives to achieve.

The pharmacy's layout has evolved over the seven plus years it has been open. A separate counselling room has been a mainstay; it will soon be complemented by a second counselling room. The compounding lab is now off-site and designed to meet the rigorous U.S. Pharmacopeia guidelines that will soon be required by the new ACP standards.

Another intriguing feature at the pharmacy is the coffee bar. "People will tell you things over coffee that they wouldn't say otherwise," notes Joe. "We're able to hear the whole story, then are better able to help them."

The staff don't stop their services at the pharmacy doors either. They are often found offering presentations in the community, supporting health-related causes, and generally serving as good corporate citizens.

Joe and his staff look forward to the new regulations coming into effect and the opportunities they offer. "The new regulations and standards are needed," says Joe. "They free us up to practise how we should. They also help us to branch out into areas of specific

interest." The increased accountability for pharmacists is a good thing he notes. "We're all professionals and should be recognized as such."

*\* The W.L. Boddy Pharmacy of the Year award is presented to an Alberta pharmacy whose health professionals, by virtue of their practice, have had a positive impact on the health of their community.*

### Wyeth Consumer Healthcare Bowl of Hygeia\*

#### Joe Gustafson

Owner/Licensee  
Olds Value Drug Mart, Olds

Joe Gustafson, the newest recipient of the Wyeth Consumer Healthcare Bowl of Hygeia, has always been and continues to be an active member of the Olds community. He spends countless hours volunteering, administering and helping local non-profits, community members and other businesses.

Joe's community involvement comes from a desire to make things better in the community for everyone. He also sees it as a responsibility of being part of a community. In his words, "That's what makes a community a community."

After purchasing the Olds Value Drug Mart in 1973, Joe's first major community involvement was on the Board of Trade. He also joined the local Kiwanis Club and wholeheartedly assumed the Kiwanis focus on children and youth. Between being a Kiwanian and the father of five children, it was a natural progression to be involved with the schools, sports teams and other child-related activities. "If the activity is youth oriented, our answer is always yes," he says.

"I believe you get out of life what you put into it," he remarks. Joe's business philosophy is that he should support



Joe Gustafson, Wyeth Consumer Healthcare Bowl of Hygeia

activities within the community. "I get a great deal of satisfaction in my professional career and as a community member by being involved." He also believes professional people have a responsibility to share their skills.

According to his nominators, it's often joked that when Joe is not counselling patients in the pharmacy, he's busy working for someone else in his office. And despite compiling a lengthy submission of community activities, those same nominators readily admit that no one is entirely certain of all of the activities, groups and services Joe has been involved with since that list is so extensive! A partial picture of Joe's activities includes:

- Venturer leader with Scouts Canada, including hiking the West Coast Trail and Mount Assiniboine Pass, and paddling the Bowron Lakes circuit;
- chairman of the Olds Institute for Economic Development;

- board member for the Horizon School for disabled children;
- chairman of the Olds Municipal Planning Committee;
- chairman of the Value Drug Mart Associates Board; and
- leader for the Boys and Girls Club.

Joe and his wife were recognized for parent support from Bert Church in Airdrie and for parent volunteerism from Olds Junior/Senior High School. He was named the Western Canadian Kiwanian of the Year in 1986 and was awarded a Centennial Medal from the Province of Alberta in 2005.

In addition, Joe is known as an outstanding pharmacist and was named the M.J. Huston Pharmacist of the Year in 1999. He observes that participating in a major UofA study from 1997 to 1999 made him think like a clinical pharmacist instead of a dispensing pharmacist.

"It changed how we practised—we have given more responsibility to the technicians and concentrated more on talking with and helping our patients." He's enthusiastic about the new regulations and standards and what they can mean to the profession. He notes that they will require much more from pharmacists and should result in more patient-focused care. Despite the fact that he has begun to pass his business on to family and has reduced his working hours, he's not ready to bow out of the profession yet. "It's a fascinating time! I want to see how it turns out." ■

*\* The Wyeth Consumer Healthcare Bowl of Hygeia is awarded to a pharmacist who has compiled an outstanding record of community service which, apart from the recipient's specific identification as a pharmacist, reflects well on the profession.*



your practice  
framework

## Live orientation sessions a hit!

Over 2400 pharmacists attended one of 31 live orientation sessions between March 18 and April 5, 2007. That figure translates into 65 per cent of all registered pharmacists in Alberta.

As of April 20, almost 79 per cent of registered pharmacists had completed the orientation, either by attending a live session or undertaking the home study and online test.

If you have not completed the orientation, remember that you must do so by July 1, 2008.

However, you must be practising under the new legislation and standards now!

## What to expect when you're expecting a student

So you're a little happy, excited and nervous about the pharmacy student who is coming. Perhaps you are worried that you won't be a good preceptor, that the role won't come naturally to you.

What will we call him? What will he be able to do? Will I have enough clean white lab coats to get through the first few days?

These are all natural questions for preceptors, and the answers can be found in the new regulations and standards of practice.

According to the *Health Professions Act* and the *Pharmacists Profession Regulation*, student pharmacists are now also regulated members of the college and must be registered to perform the restricted activities referred to in Section 16 of the regulation within the rules of a structured practical training (SPT) program.

Any UofA student that comes to your practice location to perform a clinical rotation has registered with ACP as a student. Registration is verified by the university before students are assigned to rotations.

Students who come to Alberta from another province to complete SPT are now required to register with ACP. This process can be completed by mail, so your student does not need to come to Edmonton to register.

Please ensure that your student is registered if he or she is going to perform restricted activities under supervision.

### What will we call him?

If you have a registered undergraduate student working for you who is participating in a SPT program, you may call him a "pharmacist student" or "pharmacy student" according to Section 15(4) of the regulation.

If the student working in your pharmacy is not part of a structured program, they are considered an "individual" employed in your pharmacy (see Standard 20, *Standards for Pharmacist Practice*, and page 38 of the orientation handbook). You may not call her by either of the restricted titles, i.e., you cannot use pharmacist student or

pharmacy student, but rather by an unrestricted title such as "pharmacy assistant."

### Some students enrolled in pharmacy faculties want to work in a pharmacy to get more experience. How can I facilitate this outside of an SPT program?

You can employ a student and allow him to perform supervised restricted activities if you agree to precept the student and you both complete and sign the *Notification of Preceptor Form* and send it to ACP. This form is available on our website at *Registration & Licensure/Pharmacists*.

### What if my student matures into an intern under my preceptorship?

Undergraduates of faculties of pharmacy are registered on the Student Register. When a student completes an undergraduate degree in pharmacy, she is eligible to move to the Provisional Register and may refer to herself as an intern.

Interns must complete at least 100 hours of post-graduate SPT. The total SPT required in Alberta is 1,000 hours, at least 100 of which must be completed after graduation. The required hours are a minimum requirement. Please remember that the intern must be able to demonstrate the competencies required for pharmacists who enter practice. Most interns will be able to demonstrate these competencies in the minimum hours, but others may require more time to do so.

Pharmacy graduates from other Canadian universities who are not licensed to practise in their home province and who come to Alberta to license as pharmacists must also complete 100 hours of post-graduate SPT. The post-graduate SPT may be more than 100 hours if the student has completed less than 900 hours of SPT during the undergraduate period. In these cases, the intern completes at least the difference between the undergraduate SPT hours and 1000 hours. Again, the intern must demonstrate the competencies required

to enter practice; some individuals may require more than the 1000 hour total.

### How do I supervise my student or intern?

Pharmacy students may work only under the direct supervision of the preceptor pharmacist. The preceptor must be a registered clinical pharmacist. Further, for a preceptor to be able to supervise and evaluate a student's or intern's restricted activities, that preceptor must be authorized to perform that activity and must not have any condition on their practice permit that restricts supervision.

Direct supervision means that you must be present when supervising the restricted activity and be able to observe and promptly intervene and stop or change the actions of the individual you are supervising.

Once an **intern** is registered on the Provisional Register, a preceptor may provide either **direct or indirect supervision** of that intern. The preceptor may allow the intern to work under indirect supervision if the following conditions are met:

- the pharmacy has procedures in place that:
  - comply with the *Standards for Pharmacist Practice*,
  - ensure the safety and integrity of the drugs dispensed or compounded by the individual you are supervising;
- you can ensure that the individual you are indirectly supervising complies with the procedures; and
- you are readily available for consultation by the individual you are supervising and, if necessary, available to provide hands-on assistance to that individual.

### How do I identify my student as registered with the college?

Practice permits will be issued to students and interns shortly, and your student or intern will be able to produce this card to show you.

You can also verify that a student or intern is registered by making a quick call to the college office. ■






## So much to learn, so little time!

### CONTINUING PROFESSIONAL DEVELOPMENT (CPD) PLAN

## Changes to Continuing Pharmacy Education

We have had some questions about the communiqué from Registrar Eberhart and Dean Pasutto regarding the changes to the Continuing Pharmacy Education (CPE) program at the UofA. Some pharmacists have expressed concern about CPE's decision to discontinue providing traditional distance education courses. They have asked how they will meet the CE requirements about these courses.

We'll address that question later in this article, but first, a few reminders.

Both the *Health Professions Act* and ACP's RxCEL Competence Program require that all pharmacists maintain and enhance their competence throughout their careers. In order to maintain and enhance your competence it is important that you identify what your learning needs are, undertake learning to address these needs, and then implement this learning in your practice.

You can identify your learning needs and plan your learning to address those needs by working through the RxCEL

Continuing Professional Development Plan that was mailed to all pharmacists in September 2005.

Once you have identified your learning needs, you can search out opportunities that meet these needs, rather than just taking courses that are free or convenient.

For pharmacists who prefer distance-based continuing professional development, there are many, many options for traditional, home-study continuing education courses. Here are a few places to start:

#### Canadian resources:

- Canadian Pharmacists Association  
[cpa.learning.mediresource.com/  
select\\_catalog.asp](http://cpa.learning.mediresource.com/select_catalog.asp)
- Continuing Pharmacy Professional Development, University of British Columbia  
[pharmacy.ubc.ca/cppd/  
index.html](http://pharmacy.ubc.ca/cppd/index.html)
- Division of Continuing Pharmacy Education, College of Pharmacy, Dalhousie University  
[pharmacy.dal.ca/Continuing%20  
Pharmacy%20Education/](http://pharmacy.dal.ca/Continuing%20Pharmacy%20Education/)
- rxBriefCase [www.rxbriefcase.com/](http://www.rxbriefcase.com/)
- Pharmacy Gateway  
[www.pharmacygateway.ca/](http://www.pharmacygateway.ca/)

#### American resources:

- Medscape  
[www.medscape.com/pharmacists/ce](http://www.medscape.com/pharmacists/ce)
- American Pharmacists Association  
[www.pharmacist.com/education.cfm](http://www.pharmacist.com/education.cfm)
- American Society of Health Systems Pharmacists  
[www.ashp.org/s\\_ashp/  
sec\\_ce1.asp?CID=4&DID=4](http://www.ashp.org/s_ashp/sec_ce1.asp?CID=4&DID=4)
- American Society of Consultant Pharmacists  
[www.ascp.com/education/](http://www.ascp.com/education/)
- American College of Clinical Pharmacy  
[www.accp.com/online.php](http://www.accp.com/online.php) ■

### Learning portfolio tip...

You will see on the latest version of the Continuing Professional Development Log the following statement:

**I am aware that, if my learning portfolio is audited, I must provide documentation to support all activities claimed on this log.**

Please make sure you are only claiming those learning activities that you are willing and able to support with the required documentation, that is, certificates of course completion or participation for all accredited courses and non-accredited learning records for all non-accredited learning activities.

Keep in mind these points about your CE requirements.

- Accredited courses are those programs accredited by the Alberta College of Pharmacists (ACP), the Canadian Council on Continuing Education in Pharmacy (CCCEP), the Accreditation Council on Pharmacy Education (ACPE), or another provincial pharmacy accrediting body, e.g., Ontario College of Pharmacists.
- Continuing medical education

programs are not accredited programs unless they have also been accredited by a pharmacy accrediting body, i.e., ACP, CCCEP or ACPE.

- It is your responsibility to ensure that courses you are claiming as accredited learning have been accredited by a recognized body.
- You must ensure that the date on your course certificate is the same as the date claimed on your Continuing Professional Development Log. You should only claim participation in accredited programs **after** you have received the certificate of course completion or course participation to ensure that you have met all the requirements of the program.
- Please check the course expiry date. You may not claim accredited CEUs for participation in programs after the accreditation expiry date.
- Remember that non-accredited courses can be claimed by completing the Non-accredited Learning Record available on the ACP website at [pharmacists.ab.ca](http://pharmacists.ab.ca) under Continuing Competence.



## Changes to the CE cycle

To address the change in registration renewal deadline to June 1, Council has approved a change to the continuing education (CE) cycle.

Effective June 1, 2007, pharmacists may claim learning activities completed in June for the upcoming registration year. In effect, the CE cycle is now June 1 to the following May 31. ■



## Continuing education rebates available for clinical pharmacists

The Alberta government is sponsoring a continuing education (CE) reimbursement program for clinical pharmacists (formerly called practising pharmacists) in Alberta. You may be eligible to receive \$300 toward the registration costs for an accredited CE program.

To qualify, you must attend an accredited CE program that improves your knowledge, practice and/or communication skills. Claims are paid once per year.

The reimbursement program is currently administered by RxA and is open to all clinical pharmacists in Alberta. For program details and an application form, go to the RxA website ([www.albertapharmacy.ca/funding/CEReimbursement.aspx](http://www.albertapharmacy.ca/funding/CEReimbursement.aspx)).

## Collecting personal health numbers

### The issue

Some Albertans have expressed concern about pharmacists collecting their personal health numbers. The personal health number (PHN) is a number assigned to an individual by Alberta Health to uniquely identify an individual. The concern is typically about the privacy of their personal health information, in particular, whether it should be required to be downloaded/disclosed to the electronic health record (EHR).

### Personal health numbers

Pharmacists and pharmacies are recognized **as custodians** under the *Health Information Act*. The act authorizes custodians to collect, use and disclose personal health information when providing health services.

The PHN as a unique identifier is important to help ensure that an individual's health information is recorded on the correct patient record. Errors in recording can have long-term patient safety consequences.

ACP's new standards of practice require pharmacists to collect the PHN of individuals as part of the demographic information important to each patient record (see Standard 18.4 and Appendix A of the *Standards for Pharmacist Practice*). Again, this is for the purpose of uniquely identifying the individual at the pharmacy and, potentially, for integrating elements of pharmacy records with the EHR.

### Patient reluctance to provide personal health number

If an individual is apprehensive about providing their PHN, explain to them the importance of this number in uniquely identifying their record within the pharmacy and the health system. Explain how important it is for you, as a significant member of their health team,

to have this number to ensure that their drug therapy information is entered only on their record.

If the individual refuses to provide their PHN, despite your explanation, **do not refuse professional services**. Proceed to provide the services as you normally would, and do your best to ensure that their drug therapy information is entered on the correct record.

### Disclosure of dispensing events to the minister

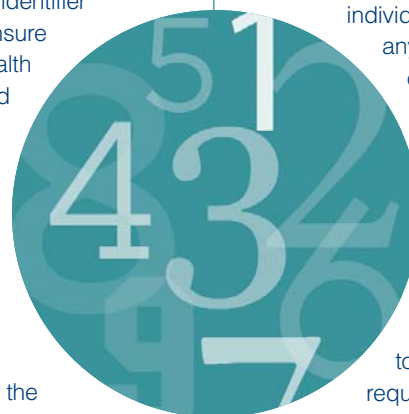
The PHN is required information when integrating pharmacy records with the EHR. Individuals who have concerns about the further disclosure of their health information in the EHR can request that their health information be masked. As the custodian and

pharmacist, you must consider the individual's request along with any other factors you consider relevant in determining if the "global person level masking" will be applied. You will have access to this feature some time prior to Sept. 1, 2007 and will be able to apply it when requested by a patient.

Alberta Netcare will provide instructions for its use. **In the interim**, if you are voluntarily downloading dispensing events to Netcare, and an individual does not wish their dispensing information to be disclosed, do not include their PHN on the record. This step will prevent their personal information from entering the EHR.

### Further information and support

Individuals who wish to obtain more information about the electronic health record, collection of personal health numbers, masking, etc. can call the Alberta Health and Wellness help desk at toll free 310-0000 or (780) 427-8089. ■



## Alberta drug schedule lists updated on ACP website

The Alberta drug schedule lists on our website have been updated to reflect a wording correction requested by Health Canada.

The *Food and Drug Regulations*, Schedule F, Part II exempts ONLY hydrocortisone and hydrocortisone acetate in a topical concentration of 0.5% from the schedule. All other concentrations of hydrocortisone and hydrocortisone acetate, including concentrations less than 0.5%, are still captured in Schedule F, Part II, and require a prescription for human use.

Also added to the document was Gardasil® (human papillomavirus vaccine) which is classified in Schedule I. There has been no change to the schedule of this product. ■

## Drug schedule changes—ranitidine and famotidine

On March 7, 2007, amendments were published in the *Canada Gazette Part II* removing specific package sizes of ranitidine 150 mg and famotidine 20 mg from Schedule F to the *Food and Drug Regulations*. Following the recommendations of the National Drug Scheduling Advisory Committee (NDSAC), these products are now scheduled as follows:

### RANITIDINE and its salts

When sold in concentrations of 150 mg or less per oral dosage unit and indicated for the treatment of heartburn:

- in package sizes containing no more than 4,500 mg of ranitidine—  
Unscheduled
- in package sizes containing more than 4,500 mg of ranitidine—  
Schedule II

When sold in concentrations greater than 150 mg per oral dosage form or

*continued on page 12*

## Health Canada advisories

Since 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 877-227-3838, or contacting her by email at [acpinfo@pharmacists.ab.ca](mailto:acpinfo@pharmacists.ab.ca)

The links will take you to the Health Canada website.

- **Possible link between Baraclude and treatment-resistant HIV**  
[www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007\\_15\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007_15_e.html)
- **Rosiglitazone-containing products**  
[www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/avandia\\_hpc-cps\\_3\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/avandia_hpc-cps_3_e.html)
- **Sleepees contains estazolam**  
[www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007\\_16\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007_16_e.html)
- **Recall of certain lots of ReNu MultiPlus contact lens solution**  
[www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007\\_23\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007_23_e.html)
- **MIAOZI Slimming Capsules contain sibutramine**  
[www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007\\_25\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007_25_e.html)
- **Acute renal failure and reports of cytopenias associated with EXJADE**  
[www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/exjade\\_hpc-cps\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/exjade_hpc-cps_e.html)
- **XOX for Men contains tadalafil**  
[www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007\\_27\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007_27_e.html)
- **Vigorect Oral Gel Shooter contains tadalafil**  
[www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007\\_32\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007_32_e.html)
- **Trasylo (aprotinin)—allergic reactions and kidney problems**  
[www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/public/2007/trasylo\\_pc-cp\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/public/2007/trasylo_pc-cp_e.html)
- **Permax (pergolide)**  
[www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007\\_36\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007_36_e.html)
- **Salivart Oral Moisturizer**  
[www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007\\_38\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007_38_e.html)
- **Defibtech DDU-100 Series automatic external defibrillators**  
[www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/defibtech\\_defibrillat\\_hpc-cps\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/defibtech_defibrillat_hpc-cps_e.html)

## Receive safety advisories directly from Health Canada

You can subscribe to MedEffect e-Notice to receive new safety advisories on health products, along with the Canadian Adverse Reaction Newsletter. This free service will keep you up to date with the latest news

about the safety of marketed health products.

Subscribe by going to [www.hc-sc.gc.ca/dhp-mps/medeff/subscribe-abonnement/index\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/subscribe-abonnement/index_e.html).

You can also report suspected adverse reactions on the MedEffect Canada website at [www.healthcanada.gc.ca/medeffect](http://www.healthcanada.gc.ca/medeffect). You can also call 1-366-234-2345 or fax 1-866-678-6789 to report suspected adverse reactions.

**Drug schedule changes***continued from page 11*

for indications other than the treatment of heartburn—Schedule F (Schedule I)

**FAMOTIDINE and its salts**

When sold in preparations for oral use containing 20 mg or less of famotidine per dosage unit and indicated for the treatment of heartburn:

- in package sizes containing no more than 600 mg of famotidine—Unscheduled
- in package sizes containing more than 600 mg of famotidine—Schedule II

When sold in preparations for oral use containing more than 20 mg of famotidine per dosage unit or for indications other than the treatment of heartburn—Schedule F (Schedule I). ■

**Ask questions before choosing a bowel evacuant**

An Alberta Children's Hospital pharmacist has alerted the college to a concern about community pharmacists dispensing Golytely, Colytely or other bowel evacuant instead of PEG 3350, a daily laxative.

The issue has arisen since Miralax, a laxative like Lactulose, was removed from the Special Access Program.

The Children's Hospital normally gives patients three alternatives for treatment:

- order Pegflakes (Miralax equivalent) through Pegflakes.com;
- order Miralax directly from Schering by calling 1-800-Miralax; or
- acquire a prescription for PEG 3350 and obtain the product from a community pharmacy.

Community pharmacists may see more prescriptions for PEG 3350. Although PEG 3350 and Golytely or Colytely are all polyethylene glycol products, they function very differently! Ask questions to ensure your patients get the right product for the right reason. ■

**Pharmacists and the ketogenic diet**

The ketogenic diet is a valuable and effective option for treating epilepsy refractory to antiseizure medications.<sup>1</sup>

The most vital aspects of the diet are the high fat and low protein and carbohydrate intake. It is important for pharmacists to dispense medications with limited to no carbohydrates to patients on the diet.

**Generally speaking, chew tablet and elixir/suspension/liquid preparations are incompatible with the diet.**

The Ketogenic Diet Clinic at the Alberta Children's Hospital has compiled a list of the carbohydrate content of medications. Consulting the list will help you ensure that only medications with little or no carbohydrates are dispensed to patients on the diet. You can obtain a copy of the list from Curtis Claassen, pharmacist in the department of Neurosciences, at [curtis.claassen@calgaryhealthregion.ca](mailto:curtis.claassen@calgaryhealthregion.ca).

If you have any questions about the diet, please contact Curtis.

For further information about the pharmacist's role in caring for patients on the ketogenic diet, see K.B. Tallian et al, *Role of the Ketogenic Diet in Children with Intractable Seizures*, Ann Pharmacother 1998;32:349-61. ■

<sup>1</sup> Rho, J.M., Bough, K.J. Anticonvulsant Mechanisms of the Ketogenic Diet. *Epilepsia*, 48(1):43-58, 2007.

**The best professional development opportunity of your career**

You could become an accreditation surveyor.

The Canadian Council on Health Services Accreditation (CCHSA) is recruiting clinical pharmacists to become surveyors.

You will have an opportunity to learn about good practices in other facilities and see them at work, to speak with the individuals who created and implemented those practices, and to expand your network to a national level.

Your organization can also benefit as you bring back the innovations and best practices you witness as a surveyor.

You must practise in a CCHSA-accredited institution to qualify.

The new accreditation standards use teams of clinical and administrative experts to review client care. Pharmacists are needed during the review of organizational practices to share their clinical knowledge of medication administration and reconciliation processes, as well as their health care expertise.

If you are interested in this opportunity, contact Donna Hutton, senior advisor, CCHSA Western/Northern Office

by mail at  
Suite 1414, 10235 – 101 Street  
Edmonton AB T5J 3G1

or by telephone at 866-452-3800

or by email at

[Donna.Hutton@cchsa-ccass.ca](mailto:Donna.Hutton@cchsa-ccass.ca). ■

Alberta  
**Netcare**   
ELECTRONIC HEALTH RECORD

**Important Netcare info**

*Adaped from Alberta Netcare's News and Events, January 2007*

**What are PIAs and ORAs and why should I care?**

PIA and ORA are two "terms" that appear frequently in Alberta electronic health record information. Each focuses on a different element of protecting information within an electronic system.

A PIA is a privacy impact assessment. It is primarily concerned with how you collect, store, and access protected information, including firewall, passwords and computer procedures.

An ORA is an organizational readiness assessment. It involves reviewing the security controls to help protect patient information within your computing environment.

Together the PIA and ORA form a comprehensive analysis of your data

*continued on page 13*

**Netcare** *continued from page 12*

management systems and form the backbone of the security of Alberta Netcare electronic health records. They are designed to ensure you have the proper security in place to protect your patients' personal information.

When these two security steps are complete, you can start using Alberta Netcare Portal 2006.

Given the recent notice from the minister of Health and Wellness that all community-based pharmacies are required to submit drug dispensing information, many Alberta pharmacies, perhaps including yours, will be joining Alberta Netcare.

For guidance in the process of completing your PIA and ORA, contact the Alberta Netcare deployment team enrolment line at 800-756-2647.

**Computer security, the HIA and you**

Computer security is important for two reasons:

- protecting your patients' privacy is a priority. Putting files on computers can make them vulnerable to internal or external unauthorized access; and
- the *Health Information Act* (HIA) requirements are very specific and the penalties are significant—up to a \$50,000 fine!

In other words, the confidentiality of patient records must be taken very seriously. Recent charges under the HIA can be obtained from the Information and Privacy Commission at [www.oipc.ab.ca/ims/client/upload/NR\\_HIA\\_Charges\\_Nov\\_2006\\_1.pdf](http://www.oipc.ab.ca/ims/client/upload/NR_HIA_Charges_Nov_2006_1.pdf).

Only authorized health care professionals are able to access

electronic medical records and the Alberta Netcare Electronic Health Record. To protect against unauthorized internal access, you must take some simple steps:

- protect your computers with passwords,
- set expiry dates for your passwords to ensure change,
- never share your password with anyone, and
- use case sensitive text and numbers of symbols to make passwords difficult to guess.

Your network must be protected through:

- a good firewall,
- password protection, and
- intrusion detection systems to alert the appropriate personnel of any unusual activity. ■



**acp xPress**

Notice of live Orientation to Your New Practice Framework sessions were faxed to all regions

**April 11** ■ Medication Safety conference notice

**acp news**

Issued between Feb. 13 and April 13, 2007.

**External**

- Feb. 23** ■ Continuing education rebates available for clinical pharmacists
- Feb. 26** ■ Notice of suspension of physicians
- Feb. 28** ■ Request for Diodoquin tablets
- March 22** ■ Request for Diodoquin tablets
- March 29** ■ Request for Halog ointment

**Operations**

- Feb. 20** ■ Award congratulations
- Feb. 26** ■ Conference registration deadline reminder

- Feb. 27** ■ New standards and home study manual now available on ACP website
- Feb. 28** ■ March/April **acp news** and **heads up!** now online
- March 5** ■ Patients want to hear from you! Here's a conversation starter...
- March 6** ■ Don't miss the celebration in Banff!
- March 9** ■ What licensees need to know about the new practice framework
- March 12** ■ By-law feedback deadline this Thursday
  - Early bird conference registration deadline March 15
  - Election results
- March 13** ■ Orientation to Your New Practice Framework – home study test now online
  - Please bring home study orientation manual to live sessions
- March 16** ■ Council meeting on March 22
- March 30** ■ ACP issues new legislation news release
- April 3** ■ Pharmacy recognized in Legislature
- April 5** ■ ACP annual report now online

**April 10** ■ AGM reminder

**Practice issues**

- March 22** ■ Professional liability insurance deadline is April 1, 2007
- March 23** ■ Professional liability insurance form now on ACP website
- March 27** ■ Posters on collecting patient information and Standard 19 now available
- March 30** ■ April 1 – important notice
- April 5** ■ Collection of PHNs by pharmacists
- April 12** ■ Infection control in your pharmacy

**Drug information**

- March 5** ■ Alberta drug schedule lists updated on ACP website
- March 20** ■ Drug schedule changes – ranitidine and famotidine
- April 2** ■ Cessation of sales: Zelnorm (tegaserod hydrogen maleate)

See also Health Canada advisories on page 11.



## 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](http://pharmacists.ab.ca) under *Complaint Resolution*. You can also obtain a copy by contacting the college office at (780) 990-0321 or 877-227-3838.

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

### ■ Summary of an investigating committee decision regarding the conduct of A.W.

In January 2007 an investigating committee of the Alberta College of Pharmacists issued a decision about A.W. and his pharmacy. The matter had proceeded on the basis of an agreed statement of facts and a joint submission on penalty.

The issues considered by the Investigating Committee arose from the operation of an Internet pharmacy as part the business of a pharmacy of which A.W. was the proprietor and licensee between June 2004 and May 2005. The nature of the Internet operation as set out in the agreed facts was as follows.

- American prescriptions from American customers were sent to the pharmacy through a US-based company, Canadian Budget Rx, by fax.
- The American orders were converted to a prescription that was entered into a computer system.
- A daily summary of these prescriptions was created and forwarded by fax to a Canadian licensed physician, Dr. R. Heinrichs, who "co-signed" the transaction record and returned it by fax to the

pharmacy, often within 24 hours. The returned fax was accepted by the pharmacy as a legitimate authorization to dispense the medications.

- A.W. had no direct involvement with the co-signing physician. The physician, Dr. Heinrichs, was directed to A.W. and his pharmacy through Canadian Budget Rx and all remuneration for the services of the physician was solely the responsibility of Canadian Budget Rx.
- Dr. Heinrichs was the only physician who provided co-signing services to the pharmacy and he co-signed approximately 8000 prescriptions between June 2004 and May 2005.
- The patient history was collected by Canadian Budget Rx and forwarded to the pharmacy. Almost no contact was made with patients by the staff of the pharmacy regarding the drug orders and only on an infrequent basis was the prescribing physician contacted. Only written counselling information was provided to clients.
- Under the arrangements with Canadian Budget Rx, the full electronic records and patient profiles were maintained by a non-pharmacy, Canadian Budget Rx. A.W.'s access to such records terminated when he terminated his arrangement with Canadian Budget Rx.
- A.W. had no involvement in the decision of the cost of the drugs to the customer. Canadian Budget Rx billed all customers, had sole discretion regarding the price to be charged to customers, and received payment from the customers.
- After Canadian Budget Rx confirmed payment from the customer the medicine was mailed to the patient by the pharmacy and then payment from Canadian Budget Rx was made to the pharmacy to include the wholesale cost of the drug, shipping costs and a \$10.00 dispensing fee upon proof of delivery. Any further amounts were retained by Canadian Budget Rx.

Based on the agreed statement of facts and the admissions made by A.W., the Investigating Committee found that the allegations against A.W. were well founded and constituted professional and proprietary misconduct in the following respects.

1. A.W. entered into arrangements with Canadian Budget Rx that allowed a non-pharmacy, Canadian Budget Rx to enter into agreements with US customers to sell them Canadian drugs and facilitate the delivery of those drugs to US Customers contrary to:
  - Section 15 of the *Food and Drug Act*;
  - Section C.01.041 of the *Food and Drug Regulations*;
  - Section 2(1) and Schedule 1, sections 1(a) and 2(3) of the *Pharmaceutical Profession Act*.
2. The arrangements with Canadian Budget Rx meant that Canadian Budget Rx handled all contacts with American customers and obtained and maintained all their medical information. As a result the pharmacy had almost no contact with the patient to whom the drugs were dispensed. Few if any professional relationships were developed with patients. While the pharmacy did supply written counselling information with the prescriptions, the lack of contact with the patient and the lack of opportunity for personal counselling result in a failure to comply with the requirements of Section 15(5) of the *Pharmaceutical Profession Regulation* and sections 4.4(d) and 4.5 of the *Standards of Practice—The Pharmacist* because this failed to address any patient-specific problems. This practice also failed to comply with Guideline 2 of the ACP's Internet Pharmacy Guidelines.
3. The arrangements with Canadian Budget Rx meant that the full electronic records and patient profiles were maintained by a non-pharmacy, Canadian Budget Rx. A.W. did not have complete control of the records and his access to

them became restricted when he terminated his arrangements with Canadian Budget Rx. This did not comply with the requirements regarding patient profiles and prescription records contained in sections 15(3), 15(8), 16, and 17 of the *Pharmaceutical Profession Regulation* and sections 4.4 and 5.1(c) of the standards of practice.

4. The arrangements with Canadian Budget Rx provided a financial benefit to Canadian Budget Rx that was facilitated by A.W.'s pharmacy in return for patients being directed to the pharmacy by Canadian Budget Rx. This contravened Section 32(8) of the *Pharmaceutical Profession Regulation*. Canadian Budget Rx was able to sell the drugs to its customers at prices that it determined and that exceeded the dispensing fee, shipping costs and wholesale drug costs. Canadian Budget Rx thereby obtained a significant financial benefit as a result of referring the patient and consequently their prescription business to A.W.'s pharmacy.
5. The arrangement with Dr. Heinrichs, arranged and paid for by Canadian Budget Rx and where Dr. Heinrichs would sign an authorization at the bottom of each page of an Rx Summary Report faxed to him by the pharmacy, did not constitute a valid prescription under the definitions in Section 1(1)(w) of the *Pharmaceutical Profession Act* and Section C.01.001 of the *Food and Drug Regulations*. By accepting these "prescriptions," A.W. breached the following provisions:
  - Schedule 1, sections 1(a) and 2(3) of the *Pharmaceutical Profession Act*;
  - Section C.01.041 of the *Food and Drug Regulations*;
  - Section 15(2) of the *Pharmaceutical Profession Regulation*;
  - Section 4.3 of the *Standards of Practice—The Pharmacist*.
6. Dr. Heinrich's practice of signing the Pharmacy Rx Summary Report

without personally seeing or speaking with the patients is considered unacceptable practice by the medical regulatory authorities that provide licensure to Dr. Heinrichs in Canada. A.W.'s participation in this arrangement was a breach of Principle VII, Guideline 1 of ACP's *Code of Ethics Bylaw*.

7. A.W. understood that Dr. Heinrichs was being compensated through the arrangement with Canadian Budget Rx. A.W. acknowledged that the time line in which the prescriptions were being co-signed and returned, sometimes within 24 hours, meant that no significant review of the proposed prescriptions was being conducted. By participating in this arrangement, A.W.'s actions were in conflict with Statement 3 of ACP's Internet Pharmacy Guidelines and breached Principle VI, guidelines 2 and 7 of the *Code of Ethics Bylaw*.

In determining the appropriate orders to be made, the Investigating Committee considered a number of factors including:

- a) A.W. indicated that he terminated his Internet pharmacy operations when it became clear that the medical regulatory authorities disapproved of the type of practice used for Internet pharmacy by Dr. Heinrichs;
- b) A.W. and his counsel had cooperated with the hearing; and
- c) A.W. had been before an investigating committee in May 2005 regarding a complaint about his attempts to solicit Alberta physicians to co-sign prescriptions, and had been disciplined and paid costs for the previous matter which the Investigating Committee felt arose from the same time period as the issues in the present hearing.

The Investigating Committee made the following orders.

1. A.W. was to receive a letter of reprimand for his actions that would stay permanently on his file with the ACP.

2. A.W. was to pay 75 per cent of the costs of the investigation and hearing within 60 days of notification of these costs.
3. The matter was to be published in **acp news** with A.W.'s initials and without naming his pharmacy.

The Investigating Committee indicated that the purpose of publication was education. It felt that there were inherent problems in establishing and maintaining an Internet pharmacy with a company such as Canadian Budget Rx. The Investigating Committee believed that A.W. was not the only pharmacist involved in matters like this. The committee hoped that this would alert pharmacists to the concerns about operating an Internet pharmacy and having to comply with the current legislation, regulations and standards of practice. ■



## Notice of suspension of physicians

The College of Physicians and Surgeons of Alberta has notified us that two physicians have been suspended.

**Dr. William A. Cottier** of Linden, AB was suspended on November 30, 2006 and will remain suspended until the registrar is satisfied that Dr. Cottier is fit to return to practice after he completes a multi-stage assessment and upgrading process. This notice replaces the notice of interim suspension that began May 23, 2006.

**Dr. John Faul** of Calgary, AB was suspended on Dec. 11, 2006 and his registration will remain suspended until July 4, 2007.

Pharmacists should use their professional judgement about filling outstanding prescription refills. Generally, refills should be processed only once (over a short period) to accommodate patients until they can see another physician. However, refills for controlled substances should not be filled.

## ...from the faculty

The faculty and students are appreciative of the following two new awards:

- the **Save-On-Foods Gold Scholarship in Pharmacy** will be awarded to a student entering fourth year with the highest academic standing; and
- the **Nahid Ramji Memorial Scholarship in Pharmacy** which has been endowed by classmates,

colleagues and family. This scholarship will be awarded annually to a student with superior academic standing who has demonstrated professionalism, passion, pride and enthusiasm for pharmacy through volunteering and participation in university, faculty and community activities.

On March 12, 2007, the faculty, led by Dr. Nese Yuksel, organized a **career evening** for students. Practising pharmacists from institutions, community practice, research, government and the pharmaceutical industry outlined their job descriptions, career path and opportunities. Over 80 undergrads participated in the breakout sessions to learn more about the varied roles pharmacists can play. ■

## Giving credit where credit is due...

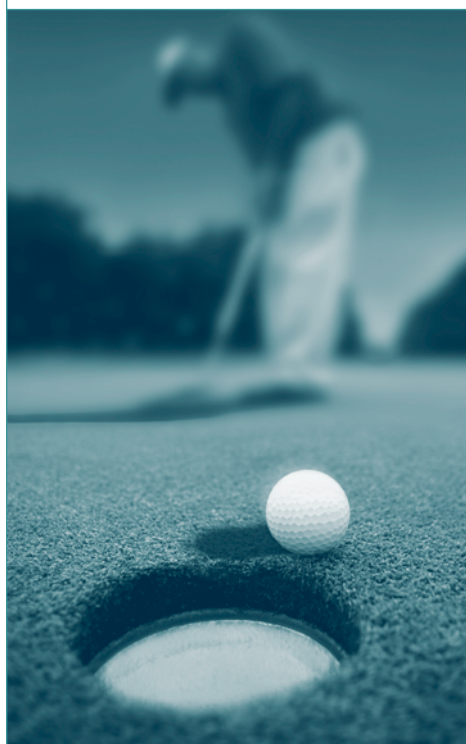
In the last issue of **acp news**, we reported on the very successful third annual White Coat Ceremony for the UofA Pharmacy class of 2010. While we mentioned that they received their white coats, we failed to mention the other very special gift they received: a commemorative cup. The pottery cups were commissioned by Wyeth Consumer Healthcare and created by Vic Harrison (BSc Pharm '58). Mr. Harrison waived his fee and Wyeth deposited \$1800 into the Vic Harrison Bursary for Pharmacy Students. Congratulations again to the students and thanks to Vic and Wyeth for contributing such time and care to this project. ■

## In memory



**Nellie Margaret (Mac) Estabrook** (nee McComb) of Calgary, passed away on Feb. 20, 2007 at the age of 98 years. Nellie was born on March 10, 1908 in Cayley, AB, and was a life-long resident of Alberta. She graduated from the UofA's School of Pharmacy in 1932. She apprenticed with her uncle, W. Marshall at High River, then with Clotworthy and Halliday Drugs in Calgary. Nellie married Roy Bertrand Estabrook (Estie) and they opened Estabrook Pharmacy in Thorhild in 1940. In the 1950s, she and her husband owned a pharmacy by the same name in Bridgeland. She remained active as a pharmacist until her retirement. In semi-retirement, Nellie worked for several pharmacies in Calgary. She also served as the secretary of the Alberta Pharmaceutical Association.

Nellie will be missed by her family and many friends.



## Dean's Golf Tournament

Thurs., June 7, 2007 at Blackhawk