

alberta college of  
**pharmacists**



# acpnews

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## ACP's first public member appointed to Order of Canada



*Bunny Ferguson*

Bunny Ferguson was named a member of the Order of Canada on June 29. She was honoured for her extensive volunteer work at several organizations, including the Edmonton Oilers Community Foundation, the Canadian Cancer Society, and the Royal Alexandra Hospital Foundation.

ACP has also been fortunate to benefit from Bunny's dedication and wise counsel. Bunny served as the Alberta Pharmaceutical Association's first public member on Council from 1995 to 1997. She was also a member of the Alberta Pharmaceutical Association's Steering Committee on Strategic Planning, which resulted in ACP and RxA becoming two separate and complementary organizations.

Bunny was presented with an honorary membership to the ACP in

2000 and has continued to remain an advocate for pharmacist practice. She has been a part of the ACP/CPSA working group that addressed pharmacist prescribing in a collaborative environment, and has been on the ACP Expert Advisory Panel, established to develop an evaluation process for pharmacists seeking additional prescribing privileges. In 2006, Bunny was featured in the ACP Annual Report and remains an exemplary model for all current and future public council members.

Bunny's dedication to the profession continues in the new year as the guest speaker at the White Coat Ceremony in January 2008.

Congratulations Bunny on your well-deserved appointment! ■

## Online registration winner announced

"What a surprise! This never happens to me! It's like winning the lottery!" That was the response of Rick Anderson from Johnson's Taber Drug upon receiving the news that he had won the value of his 2007-08 registration fee by renewing online.

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Councillors and our public members can be reached by email via our website at [pharmacists.ab.ca](http://pharmacists.ab.ca) under *About, Council*, or by using the search feature to locate them by name.

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

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**Online registration winner**

*continued from page 1*

While Rick's odds weren't quite as high as most lotteries, they were substantial. Over one-third of registrants (39%) renewed online. Of the 1564 online renewals, 1195 renewed and paid online while 369 renewed online and then either they or their employer paid by cheque.

We spoke to Rick to find out a little more about our lucky winner.

**How long have you been a pharmacist?**

*"I graduated from the UofA in '74. I practiced in Bow Island for my first two years, and have been in Taber ever since. I was born and raised in Taber and have been privileged to come back here for my career.*

*"I can hardly believe I've been a pharmacist for 33 years. There are some jobs in life that are drudgery; the days go slowly. That is never true in pharmacy—the time has just flown by!"*

**What's the best part about being a pharmacist?**

*"I've really enjoyed the chance to associate with staff and the public. Our customers are great. I work in a community practice and over the years have gotten to develop solid relationships with many people."*

**What changes have you seen in pharmacy practice over the years?**

*"Well, we've tried to adapt our business to cover the areas that the other pharmacies in town don't. For example, we do a lot more blister packaging and Dosettes. We've set our hours to be convenient for our customers and try to excel at customer service.*

*"With the new legislation and standards of practice coming in, we've made sure all our staff have taken the orientation. We enjoy an excellent working relationship with the physicians in our area, so we don't feel the push to take on prescribing. We do think we play an*



*Notes from the field...*

During recent pharmacy visits, ACP staff have encountered two areas where there seems to be some confusion among pharmacists. Let's clear them up!

**1. Keep your practice permit handy**

You must either display your practice permit where you provide professional service, or have it available for inspection upon request. You may laminate it to help guard against wear and tear.

**2. "Advancing" IS prescribing**

Advancing medications, even for a few doses or a few days, is now considered adapting a

prescription. If you adapt a prescription, you have made a prescribing decision. You are the prescriber of a new prescription. You must reduce your prescription to writing, include a reference to the original prescription and retain a copy of both prescriptions. The prescription must be filled under your name and you must notify the original prescriber.

**Remember...**

You are not legally authorized to perform any prescribing activities including adapting prescriptions until you have attended a live orientation session OR successfully passed the online exam for the home study.

important part in the protocol team though. We keep up to date on new products and treatments so that we can help doctors when they consult us. It's also good for our customers."

### **Why did you choose to register online?**

"Actually, our manager thought it would be fun. We gave him all the information and he went ahead and filled everything out. It was easy. And for sure, we'll be registering online from now on!"

Congratulations Rick! ■

## **New resources on ACP website**

We have added two new resources to our website for you.

### **Technicians**

[http://pharmacists.ab.ca/registration\\_licensure/registration\\_licensure\\_technicians.aspx](http://pharmacists.ab.ca/registration_licensure/registration_licensure_technicians.aspx)

We added this section to the *Registration & Licensure* menu in preparation for voluntary technician registration with the college which will begin in January. Criteria for technician program providers, technician application information, and frequently asked questions are now available in this section.

### **Administration of drugs by injection**

[http://pharmacists.ab.ca/registration\\_licensure/Pharmacists.aspx?id=5960](http://pharmacists.ab.ca/registration_licensure/Pharmacists.aspx?id=5960)

This page outlines the process pharmacists must follow to receive authorization to administer drugs by injection. There is also information on what you can expect to learn through an approved injection and immunization program.

CE program providers who wish to develop an injection and immunization continuing education program will find the criteria and guidelines for approved programs in this section. ■

## **Pharmacist prescribing feedback**

Over 3200 of 3700 clinical pharmacists (86%) have completed our orientation to the new standards and thus can prescribe for the purpose of adapting an existing prescription. Patients, third party carriers, and physician organizations have provided ACP feedback about pharmacist prescribing experiences.

Overall, ACP is pleased with the feedback received. The best experiences have occurred where a good professional relationship exists between the pharmacist, the patient, and the original prescriber. Most concerns have arisen as a result of a lack of understanding by patients or by other health professionals. ACP has responded with one-page briefing documents for the public and for other health professionals about pharmacist prescribing. ACP provided the *Health Professionals Guide to Pharmacist Prescribing* one-pager to all other colleges. The College of Physicians & Surgeons of Alberta kindly circulated this to all physicians with the last edition of "The Messenger". The one-pagers for the public, pharmacists, and other health professionals are all available on ACP's website under *Pharmacist Resources/Posters and info sheets*.

### **Compliance reminders**

The following are some reminders, important to comply with the *Standards for Pharmacist Practice* (SPP) and the *Pharmacists Profession Regulation* (PPR).

### **Name of prescriber (Standard 12.8, SPP)**

When you adapt an existing prescription, it becomes a new prescription. You must take responsibility for the adapted prescription, and it is your name that must appear on the prescription, the prescription label, and on the prescription receipt.

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*Pat Matusko*

## **Pat Matusko – newest public appointee to council**

Pat was appointed to council by the Honourable Dave Hancock, Minister of Health and Wellness, effective June 26, 2007. Pat brings extensive experience gleaned from developing provincial, national, and international health policies and programs. She has traveled the world as an international consultant on HIV/AIDS and sexually transmitted infections.

In addition to her health background, Pat's skills in capacity and consensus building and project management are welcome assets to council. Welcome Pat! We look forward to working with you as we support safe, effective, responsible pharmacist practice.



**Pharmacist prescribing feedback**  
continued from page 3

**Restricted titles (s15(5), PPR)**

Only pharmacists who qualify under s15(5) of the *Pharmacists Profession Regulation* may use the title Dr. Therefore, adapt prescription labels and receipts accordingly. Do not identify yourself as Dr. unless you qualify as such.

**Duration of therapy (Standards 5 and 12.1, SPP)**

Ensure that you consider all of the parameters identified in s5 and s12.1 of the *Standards for Pharmacist Practice* when continuing therapy. Be particularly vigilant in assessing the intent of the original prescriber with respect to the continuity of therapy. Diligently assess whether:

- the patient recently visited the original prescriber about the condition being treated;
- the therapy was intended for acute treatment or ongoing care;
- short-term therapy was provided to accommodate follow-up laboratory testing, and therefore the patient needs to revisit the original prescriber in the short term; and
- the patient is receiving treatment for

a condition from more than one prescriber (e.g., GP and specialist).

These, amongst many others, are considerations important to determining the quantity of drug that may be reasonable to prescribe. Where possible, you may confirm these considerations with the original prescriber before prescribing. This will accommodate a more informed decision, and will benefit the relationship between you and the original prescriber.

Should you contact the original prescriber in advance of continuing therapy, be clear at the end of your discussion as to whether you have collected information to make a prescribing decision, or whether you were directed to dispense a prescription. If the original prescriber has provided a direction to dispense, that health professional remains the prescriber and you are the dispenser.

**Continuing therapy (Standards 12(a) and 12.2, SPP)**

When adapting a prescription, for any reason, you must have a copy of the original prescription. (Section 12.2 of the standards outlines one exception to accommodate circumstances where an individual seeks a prescription from you for the purpose of continuing care, but has had the original prescription

provided from another pharmacy.) Section 12.3(b) requires that you only prescribe the minimum amount of drug necessary to give the patient sufficient time to attend the pharmacy that dispensed the original prescription or to see the prescriber of the original prescription. This means that it would not normally be reasonable to provide several weeks supply of the drug in these circumstances. This is important to ensure patient safety and to ensure the integrity of the drug distribution system.

Remember, continuing care is meant for incidental purposes only. You have a responsibility to emphasize to the client that they must visit the original prescriber before receiving additional therapy.

**Duty to inform the original prescriber (Standards 12.9 and 12.10, SPP)**

These standards outline the **minimum** information that you must communicate to the original prescriber when adapting a prescription. It is not acceptable to simply notify the prescriber that you have prescribed a drug. Rather, you must provide sufficient information so that the original prescriber can safely and effectively continue the care at the patient's next visit. ■



your practice  
framework

**Two more live orientation sessions scheduled**

In early October, additional sessions of "Orientation to Your New Practice Framework" will be held in Edmonton and Calgary. Content will be identical to the spring orientation workshops.

■ **Edmonton session:**

Tuesday, October 2nd,  
7 – 10 p.m., Greenwood Inn

■ **Calgary session:**

Wednesday, October 3rd,  
7 – 10 p.m., Executive Royal Inn

The sessions are free, but you must pre-register by email. To pre-register, email the following information to [education@pharmacists.ab.ca](mailto:education@pharmacists.ab.ca):

- your name
- your daytime phone number (work and/or home)
- your registration certificate number

- the city you will attend in

Upon receiving your registration, we will email you a confirmation and session location details.

**A NOTE OF CAUTION:**

Advancing medications is now considered adapting a prescription. You are not legally authorized to perform any prescribing activities including adapting prescriptions until you have attended a live orientation session OR successfully passed the online exam for the home study. To complete the orientation by home study follow the *Legislation & Standards: Orientation and Self-test* link on the ACP home page at [http://pharmacists.ab.ca/news\\_events/default.aspx?id=5899](http://pharmacists.ab.ca/news_events/default.aspx?id=5899).



## Proposed legislation that could affect you

The Alberta government introduced the *Health Professions Statutes Amendment Act, 2007* (Bill 41) and the *Smoke-Free Places (Tobacco Reduction) Amendment Act, 2007* (Bill 45) during its spring session. Bill 41 received first reading and has been referred to the Standing Committee on Community Services. The committee invited written submissions from the public and interested stakeholders by August 24, 2007, and will be inviting selected verbal presentations in the early fall. Bill 45 passed second reading during the spring session. It is anticipated that each bill will be debated again during the fall sitting of the legislature.

### **Health Professions Statutes Amendment Act, 2007 (Bill 41)**

This bill proposes amendments purported to enhance accountability amongst self-governing health professions. Some features include:

- Requirements to report to the medical officer of health of the appropriate regional health authority any knowledge about or reason to suspect the existence of a nuisance or a threat that is or may be injurious or dangerous to the public health. All regulated health professionals, members of a council, officers and employees of a college or other regulatory organization that governs the practice of a health practitioner would be bound by this requirement to report.

- Authority for the minister, if it is the minister's opinion that it is in the public interest or for matters related to health, safety or quality assurance, by order, to direct a council to do any one or more of the following:

- To adopt a code of ethics or standards of practice or adopt amendments to its code of ethics or its standards of practice under section 133, as set out in the order;
- To make by-laws under section 132, as set out in the order;
- To make regulations under section 131, or under a schedule, as set out in the order; and
- To carry out any power or duty of a council under this Act or a by-law, in a manner set out in the order.

- The Lieutenant Governor in Council may, on the minister's recommendation, by regulation, vary any provision of this Act as the provision applies to a college and its council, its officers or its committees.
- The Lieutenant Governor in Council may make regulations respecting any other matter under this Act.

These amendments have consequences for the public, health professions, and individual health professionals. They provide unilateral authority based on the minister's opinion, in the absence of any requirement for transparency or due process.

Like our fellow regulated health professions, ACP is concerned about these amendments. ACP has sought insight from the minister about the rationale for these aggressive provisions, which are viewed as a threat to the privilege of self-governance. Understanding this rationale will be formative to the development of our submission to the Standing Policy Committee.

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## Throw a party – with ACP's help!

Who are the health professionals in your neighbourhood? Host a mixer and find out! ACP is introducing a program to help you build collaborative relationships that will benefit your practice and your patients.

Sign up to host a mixer in your area. It could be a backyard bar-b-que, an after work gathering on a patio, or whatever you think would work best in your location. Put faces to names, find out what you have in common with others in the health field, and perhaps do a little educating too.

ACP has funding and support materials available to help make your event a success. You send the invitations and act as host. ACP can provide you with:

- funding
- a PowerPoint presentation outlining pharmacist prescribing
- copies of *The health professional's guide to pharmacist prescribing* one-pager
- room, food, and AV materials booking if requested
- presenter coaching by telephone
- a sample invitation
- discussion and activity suggestions

Interested? See the ACP website for more details or contact Karen Mills, Communications Leader, at the college ([karen.mills@pharmacists.ab.ca](mailto:karen.mills@pharmacists.ab.ca), 780-990-0321 or toll-free 877-227-3838).



**Proposed legislation***continued from page 5*

ACP strongly supports the need to establish clear responsibility and means for accountability within our regulatory framework. We have expressed our interest in working with the minister to ensure that these expectations are met.

### **Smoke-Free Places (Tobacco Reduction) Amendment Act, 2007 (Bill 45)**

This bill proposes additional restrictions to affect the promotion, sale, and use of tobacco in Alberta. Significant to pharmacists and pharmacies are restrictions on:

- The advertising and promotion of tobacco products in any place where tobacco products are sold or offered for sale;
- The sale or offering for sale of tobacco products in any of the following places:
  - A health facility in which one or more health professionals regulated under the *Health Professions Act* or another enactment provides services;
  - A pharmacy;
  - A retail store if
    - A pharmacy is located in the retail store, or
    - Customers of the pharmacy can enter the retail store directly or by use of a corridor or area used exclusively to connect the pharmacy with the retail store.

Unfortunately, the amendments also propose regulation-making authority that would permit the Lieutenant Governor in Council to exempt a person or a class of persons from all or any of the requirements of this Act.

With the exception of the authority to exempt a person or class of persons, ACP strongly supports the amendments to the Act as approved at second reading. The provisions are in keeping with the direction consistently provided by pharmacists

through polls extending back to the early 1990's. The amendment, with the one exception, is consistent with the wishes of Albertans responding to a survey conducted by Bannister Consulting on behalf of ACP in January 2007. Further, the legislation is consistent with that adopted by other provinces that have previously banned the promotion and sale of tobacco products from businesses within which a pharmacy is located. ■



## **Learning Portfolio Audits**

Audits of the 2006-2007 learning portfolio commenced in September. The Competence Committee has directed that we audit 20% of registrants' learning portfolios—so your odds of being audited are greater

than your chances of winning the lottery!

If you are selected for an audit of your learning portfolio, you will receive a copy of the audit guidelines with your letter of notification. If you are curious about how the audit works, you can find a copy of the **Guidelines for Audit of RxCEL Learning Portfolios** on ACP's website in the *Continuing Competence* section. ■



## **Competence Program Rules**

Council has approved the rules for the competence program. As required by the *Health Professions Act*, these rules are available for your information on our website. You can find the Competence Program Rules in the *Continuing Competence* section of the website. ■

## **Learning portfolio tip...**

Have you tried the online Continuing Professional Development Log yet? This year over 1500 pharmacists tracked their learning activities on the online CPD log. Why not start recording your learning activities on your online CPD log right now and avoid the big scramble in May?

Here are some tips to help you get started:

- Click on *My Registration Profile* on the college website, [pharmacists.ab.ca](http://pharmacists.ab.ca)
- Enter your user ID (your registration number) and your password (same as your email password) to sign in to the secure Registrant Services.
- Once you're signed in to *My Registration Profile* you will see Continuing Professional Development Log on the left side of your screen.
- When you are in the online Continuing Professional

Development Log there are Help screens to help you add, edit, and delete learning activities on your CPD Log. You can access these Help screens by clicking the question mark button.



### **Remember:**

*My Registration Profile* is best viewed with Internet Explorer 5.x or higher.

Be sure that you have allowed pop-ups.

Clear your cache to ensure that you are viewing the most recent version.

If you have problems accessing the online CPD log that are not resolved by taking the steps above please contact the ACP office for assistance.



## Drug schedule changes

Effective July 19, 2007, the initial recommendations of the National Drug Scheduling Advisory Committee (NDSAC) were finalized by NAPRA's executive committee.

- **Isopropyl myristate 50%**  
(Resultz®-Nycomed Canada Inc.)  
for use in the treatment of head lice  
was placed in Schedule III.

One other change that is pending final amendment to Part I of Schedule F to the federal *Food and Drugs Regulations* is the placement of **diclofenac diethylamine** (in concentrations of not more than 1% diclofenac) in preparations for topical use on the skin in Schedule III. This change will occur when Schedule F is amended. ACP will notify pharmacists when this change occurs.

An updated list of drugs and their schedules is available on the ACP website at [pharmacists.ab.ca](http://pharmacists.ab.ca) under *Pharmacists Resources/Guide to Drug Schedules*. ■

## A reminder about clozapine therapy

The following reminder is courtesy of a Calgary Health Region pharmacist.

Patients who are initiated on clozapine therapy, their treating physician, and their dispensing pharmacist all must be enrolled into a clozapine registry. Since 2003, there have been three manufacturers of clozapine, Novartis, Apotex and GenCan, and they each have their own registry.

Novartis (Clozaril Support and Assistance Network (CSAN))  
Tel: (514) 631-6775  
1-800-267-2726  
Fax: 1-800-465-1312  
General Info: [www.csan.ca](http://www.csan.ca)

Apotex (Apo-Clozapine Risk Management Program)  
Tel: 1-877-276-2569  
Fax: 1-866-836-6778

General Info: [www.apoclozapine.com](http://www.apoclozapine.com)

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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 contacting Janet Spence at the college office at (780) 990-0321 or 1-877-227-3838, or by email at [Janet.Spence@pharmacists.ab.ca](mailto:Janet.Spence@pharmacists.ab.ca).

The links will take you to the Health Canada website.

### Safety information

#### Optimum Health Care SleePlus TCM and BYL SleePlus

[www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/index\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/index_e.html)

#### Ventolin I.M. injection or Ventolin I.V. infusion solution

[www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/index\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/index_e.html)

#### Vitamin D

[www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007\\_72\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007_72_e.html)

#### Encore Tabs for Men

[www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007\\_77\\_e.htm](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007_77_e.htm)

#### Sensipar no longer indicated for chronic kidney disease patients (stages 3 and 4) not receiving dialysis

[www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/sensipar\\_hpc-cps\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/sensipar_hpc-cps_e.html)

#### Fluotic 20 mg tablets – voluntary recall and product discontinuation

[www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/fluotic\\_hpc-cps\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/fluotic_hpc-cps_e.html)

#### Toothpaste safety warnings

[www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007\\_79\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007_79_e.html)

#### Dietary supplement MdmT

[www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007\\_84\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007_84_e.html)

#### Foreign product safety alerts

[www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/fpa-ape/index\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/fpa-ape/index_e.html)

#### Optimum Health Care Sleep easy found to contain clonazepam

[www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007\\_89\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007_89_e.html)

#### Liviro3 dietary supplement contains tadalafil

[www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007\\_91\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007_91_e.html)

#### Recall notification: CADD Medication Cassette Reservoirs

[www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/cadd\\_hpc-cps\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/cadd_hpc-cps_e.html)

#### Unauthorized smoking cessation product Resolve may pose health risk

[www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007\\_92\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007_92_e.html)

#### Safety information on cardiac events with Losec or Nexium

[www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007\\_95\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007_95_e.html)

#### Side effects following RITUXAN use in Systemic Lupus Erythematosus and Vasculitis (off-label use)

[www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/rituxan\\_4\\_hpc-cps\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/rituxan_4_hpc-cps_e.html)

#### Reminder to Avoid Exposing Medtronic MiniMed Paradigm Insulin Pumps to Strong Magnetic Fields

[www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/public/2007/paradigm\\_pump\\_pompe\\_pc-cp\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/public/2007/paradigm_pump_pompe_pc-cp_e.html)



**Clozapine therapy** *continued from page 7*

Genpharm (Gen-Clozapine Access Network)

Tel: 1-866-501-3338

General Info: [www.gen-clozapine.com](http://www.gen-clozapine.com)

When patients enroll into one of these three registries, the registry assigns them a patient-specific number for tracking and monitoring purposes. If a patient switches to a different treating physician, pharmacy, or laboratory, then a modification form **must** be sent into the appropriate registry to notify them of the change so that monitoring is seamless.

Patients must undergo regular hematological tests (i.e., complete blood count or CBC) to monitor their white blood cell count (WBC) and absolute neutrophil count (ANC). The pharmacist must ensure that a CBC has been performed within the appropriate time frame before dispensing clozapine. Weekly CBC is required of all patients on clozapine for the first 26 weeks, and then the frequency may be reduced to every two weeks.

When dispensing clozapine for the first time, in addition to verifying the patient's hematological status, the pharmacist should verify the patient's non-rechallengable status. Health professionals can call the clozapine networks to assess previous clozapine exposure and assess the risk for agranulocytosis. If a patient is found to be non-rechallengable, then the patient must not be restarted on any brand of clozapine.

Please note that the three different brands of clozapine are **NOT** interchangeable. Health Canada specifically states that pharmacists must not switch a patient from one brand of clozapine to another unless they obtain a new, registry-specific patient registration form filled out by the prescribing physician. The physician needs to inform the patient about the potential sharing of information between clozapine registries and document if there is consent from the patient to allow it.

To view Health Canada's clozapine

advisory, go to their website at [http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2004/2004\\_36\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2004/2004_36_e.html) ■

## Compounding and repackaging pharmacies and the mandatory agreement

The *Pharmacy and Drug Act* has introduced a new form of pharmacy licence, the Compounding and Repackaging Licence. A Compounding and Repackaging License is not a licence to manufacture drugs; it is a licence that authorizes the pharmacy to compound or repackage a drug for another pharmacy that either holds a valid prescription for that drug or has a reasonable expectation of receiving a valid prescription for a patient for that drug in the immediate future.

### What does the agreement look like?

Section 19 of the *Pharmacy and Drug Regulation* requires compounding and repackaging pharmacies to complete a written agreement with another pharmacy before compounding or repackaging for them. The written agreement must contain the terms required by council and be in the form required by the registrar.

In late July, ACP sent a template for such an agreement to compounding and repackaging pharmacies. The agreement is also available on the ACP website under *Registration & Licensure/Pharmacies*. The agreement is in a form approved by the registrar so that it may, if necessary, be readily reviewed by the registrar to ensure compliance with council requirements. Although the main part of the agreement is focused on patient safety and professional issues and not the financial and commercial interests of the parties, there is provision for inclusion of financial matters, default remediation and length of term. In accordance with directions from council, the term of the agreement can be no less than six months. If the term

is greater than three years, there must be a review of the agreement on its third anniversary.

When developing the financial aspects of the agreement, you should seek advice from your own legal counsel to assure yourself that you include all additional terms that you may require to protect your financial interests and that the final form of the agreement satisfies both your needs and the requirements of council.

### Can I modify the agreement?

Pharmacies that hold establishment licences or narcotic dealers licences in addition to compounding and repackaging licences may be able to modify Article 2.4 or 2.5 to reflect authority granted to them under those licences. You must submit any such proposed modification to the registrar with a copy of the applicable licences, so the form of the change may be considered.

The college recognizes that compounding and repackaging pharmacies may provide compounding and repackaging services to institution pharmacies. Under the terms of the *Pharmacy and Drug Act*, institution pharmacies that provide services only to the patients of the associated hospital, nursing home, institution, facility or centre, and do not bill third parties are not required to be licensed. Some types of institution pharmacies, such as hospital pharmacies, may also be able to dispense drugs in response to standing orders. Hospital pharmacies may also be subject to different requirements in relation to controlling narcotics. Accordingly, recognizing the special nature of institution pharmacies, the college is willing to consider proposed amendments to the agreement to accommodate these issues.

### When do I have to submit changes to the registrar?

Before any modifications are made to the agreement to accommodate institution pharmacies, establishment licences or narcotic dealers licences,



the registrar must approve the changes. If there are changes to the required content, council approval will be required. Please submit any proposed changes in writing with your supporting rationale at least 30 days before the proposed effective date of your agreement.

**Who must sign the agreement?**

Both the licensee and the owner of both parties to the agreement must sign the agreement. This reflects the

central role of the licensee in the control of the operations of a licensed pharmacy and the duty of the owner to respect that role.

**Who do I contact if I have questions?**

If you have questions about compounding and repackaging pharmacies or the agreement, please contact Jill Moore-Kirkland, Registration Director at [jill.moore@pharmacists.ab.ca](mailto:jill.moore@pharmacists.ab.ca) or by phone (780) 990-0321, toll free at 1-(877) 227-3838. ■



**acp xPress**

There were no faxes distributed since the last newsletter.

**acp news**

Issued between June 14 and August 14, 2007.

**External**

- June 14** ■ Seeking Parlodel 2.5 mg
- June 21** ■ Seeking Acetazone Forte
- June 29** ■ Request for Ventodisk 400 mcg
- June 29** ■ Blueprint for Pharmacy consultations begin
- July 4** ■ Request for Biquin
- July 4** ■ Request for Sintrom
- July 17** ■ Blueprint for Pharmacy survey reminder
- July 24** ■ Invitation to PADIS survey
- July 25** ■ Interpreting Laboratory Values: an introductory course
- July 27** ■ Notice of veterinarian suspension
- Aug. 8** ■ Request to not dispense Dexedrine

**Operations**

- July 9** ■ "Find A Pharmacy" temporarily unavailable
- Aug. 9** ■ Two more live orientation sessions scheduled

**Practice issues**

- June 26** ■ A new resource for you
- July 6** ■ Do not fill prescriptions from Dr. Fu Yan
- July 11** ■ Registration suspensions posted
- July 24** ■ Mandatory provision of dispensing information effective Sept. 1
- July 26** ■ Pharmacies included in provision of mandatory dispensing
- July 31** ■ Why do I have to collect the PHN?
- Aug. 8** ■ Collecting and validating the PHN and patient demographics

**Drug information**

See Health Canada advisories on page 7.



Strengthening the Bond



Collaborating for Optimal Patient Care

**Participants have final word on tri-profession conference**

Conference delegates, the steering and planning committees all agree—the 2007 *Strengthening the Bond: Collaborating for Optimal Patient Care* conference was a resounding success! Evaluations verified that this first-of-its-kind event in Alberta hit the mark with attendees.

Of the 759 delegates, 29 per cent were registered nurses, 29 per cent were pharmacists, and 9 per cent were physicians. The remaining 33 per cent did not state their profession.

Of the 381 respondents (50%) who returned evaluations:

- 100% agreed it was valuable for nurses, pharmacists and physicians to come together for a joint conference
- 100% would support a joint conference in the future
- 97% stated the conference will influence their practice
- 95% highly rated the program content and format
- 96% thought the conference was practical and non-biased

This overwhelming endorsement confirms that our professions' steps towards collaboration are positive ones. Look for more opportunities in the future from ACP and our partners to help you network, improve your collaboration skills, and build relationships. ■



**Mark your calendars!**

**2008 Joint ACP/RxA Conference**

May 23 and 24  
Westin Edmonton Hotel

Watch for details on the ACP and RxA websites and in future newsletters.

## Investigation into professional conduct

We are taking the unusual step of publishing a detailed summary of an Investigating Committee's hearing and report with this issue of *acp news*. We have chosen to do this because of the importance of the Investigating Committee's remarks to all those in the pharmacy profession in relation to new forms of practice and relationships with other health professionals.

### Summary of Investigating Committee Decision in the Investigation Concerning the Conduct of Karen Williams

In February 2007, an Investigating Committee of the Alberta College of Pharmacists determined that Karen Williams had engaged in professional misconduct in the operations of an Internet pharmacy, Lifhaus Medicines, of which she was the licensee.

This matter was initiated by a complaint from the Registrar of the College of Physicians & Surgeons of Alberta concerning letters sent by Ms. Williams to a number of Alberta physicians soliciting their participation in countersigning prescriptions for American patients. A number of additional matters of concern arose during the investigation of the complaint which resulted in additional allegations of misconduct being referred to the Investigating Committee.

The hearing was conducted on September 22, 2006 at which time the Investigating Committee heard from the following witnesses: Dr. Trevor Theman, Registrar of the College of Physicians & Surgeons of Alberta, Merv Blair, Complaints Director of the College, Randy Frohlich, then Registration Director of the College, and Ms. Williams.

Based on the evidence presented at the hearing, the Investigating

Committee made determinations of professional misconduct in the following four matters:

#### 1. Allegations arising from the initial startup of the pharmacy

When Lifhaus Medicines commenced its Internet pharmacy operations in early 2004, it accepted and filled prescriptions written by U.S. physicians that were faxed to the pharmacy by U.S. patients. These prescriptions were dispensed without any prescription from any practitioner recognized under the *Pharmaceutical Profession Act* or the *Food and Drugs Regulations*.

Such practice continued until Ms. Williams was told by an ACP inspector on March 24, 2004 that this practice contravened Alberta and federal legislation and the guidelines of the college.

The Investigating Committee determined that the practice of accepting faxed prescriptions **from patients** breached the college's guidelines on faxing prescriptions and also Guideline 3 of the guidelines regarding Internet pharmacies.

In respect to filling prescriptions issued by American physicians, the Investigating Committee determined that this conduct breached Schedule 1, sections 1(a) and 2(3) of the *Pharmaceutical Profession Act* and section 15(2) of the *Pharmaceutical Profession Regulation* contrary to section 57(a)(ii) of the Act and section 4.3 of the *Standards of Practice* contrary to section 57(a)(iii) of the Act. The Investigating Committee also found that this conduct was detrimental to the best interests of the public contrary to section 57(a)(i) of the *Pharmaceutical Profession Act* and that it contravened section C.01.041 of the *Food and Drug Regulations* contrary to section 57(a)(iv) of the *Pharmaceutical Profession Act*.

The Investigating Committee noted that while these allegations were well founded, they applied to a relatively small number of prescriptions. It also

noted that Ms. Williams did attempt to rectify the situation when Mr. Frohlich brought it to her attention.

#### 2. The letter sent to Alberta physicians

The evidence presented to the Investigating Committee showed that Ms. Williams sent a letter to some 10 to 15 Alberta physicians in April 2004 seeking to recruit those physicians to co-sign prescriptions that Lifhaus Medicines was filling for Americans. The physicians were offered the amount of \$80.00 per hour for this work and assured that their identities would be kept strictly confidential. Options for payment such as gift certificates, plane tickets, cheques made out to family members and alternate currencies were offered.

This letter resulted in a complaint on April 15, 2004 from the then registrar of the College of Physicians & Surgeons of Alberta who stated:

*Given the clear statement by this College about the improper professional nature of countersigning prescriptions for American patients without the opportunity to see them, I wonder if you can advise as to the ethical behaviour of a pharmacy or pharmacy manager who specifically and deliberately solicits for physicians to act in this unethical manner. I am particularly concerned by the blatant nature, both of the intention to conceal identities, and to pay outrageously, as well as in any particular currency desired.*

The evidence confirmed that no Alberta physicians responded favourably to this letter.

In his evidence at the hearing, Dr. Trevor Theman, the current registrar of the College of Physicians & Surgeons, confirmed that the concerns expressed in the letter of complaint were still of concern to the College of Physicians & Surgeons (CPSA). Dr. Theman also reviewed the policies and by-laws of the CPSA and confirmed that the practice of countersigning prescriptions where the physician had not examined the

patient was considered improper practice by the college. He also reviewed the ways in which this information had been communicated to Alberta physicians.

Dr. Theman provided evidence that, to his knowledge, all medical regulatory authorities in Canada considered it improper practice to issue prescriptions where the physician did not enter into a relationship with the patient and conduct a physical examination. He also confirmed that physicians had been disciplined in various provinces including New Brunswick and that Alberta had enforced its by-law against an Alberta physician who was required to publish a letter of apology in the College newsletter for this conduct as an alternative to potential further proceedings.

Based on these facts, the Investigating Committee determined Ms. Williams engaged in conduct that harmed the standing of the profession of pharmacy contrary to section 57(a)(v) of the *Pharmaceutical Profession Act* by sending such a letter soliciting conduct from physicians that was considered improper by the CPSA and other medical regulatory bodies.

### 3. The relationship with Dr. Richard Heinrichs

The evidence presented at the hearing indicated that all of the prescriptions dispensed by the pharmacy after the initial startup period were co-signed by Dr. Richard Heinrichs, a physician practicing in Minnesota who was also licensed by the medical regulatory authorities in New Brunswick and Nunavut. The evidence about this arrangement with Dr. Heinrichs included the following:

Dr. Heinrichs solicited the pharmacy and volunteered to provide prescriptions to them in return for payment of \$5.00 per prescription reviewed;

When she entered into the arrangements with Dr. Heinrichs, Ms. Williams was aware of:

- the Internet guidelines of the college based on her discussions with Mr.

Frohlich, her review of the guidelines and her subsequent contacts with Mr. Blair;

- the position of the CPSA that Alberta physicians should not countersign prescriptions for patients that they had not interviewed and examined;
- the commentary of the College of Physicians and Surgeons of New Brunswick where Ms. Williams understood Dr. Heinrichs to be licensed.<sup>1</sup>
- the fact that the pharmacy needed a Canadian licensed physician to issue it prescriptions for American patients who contacted the pharmacy.

Ms. Williams acknowledged that Dr. Heinrichs prescribed all the prescriptions for her pharmacy from American patients. She confirmed that the pharmacy would receive American prescriptions from patients who lived all over the United States. Dr. Heinrichs would review the information he was given and provide a Canadian prescription for the patient usually within 24 hours and Dr. Heinrichs would issue up to 70 prescriptions a day when the pharmacy was busy. Ms. Williams acknowledged in cross-examination that there was no realistic possibility that Dr. Heinrichs was meeting with or conducting physical examinations of the patients not located in Minnesota before issuing the prescriptions to her pharmacy.

The evidence of Mr. Blair established that Dr. Heinrichs was also issuing 8000 prescriptions for another Alberta pharmacy between May 2004 and June 2005 while issuing prescriptions to Ms. Williams' pharmacy. Mr. Blair's evidence also established that the

<sup>1</sup> This commentary of the New Brunswick College was entered into evidence and stated:

#### Co-signing of prescriptions

The College has become aware that physicians are being approached by various entities to provide their signatures to prescriptions issued in the United States, but which could then be filled by a Canadian pharmacy. While these approaches have mostly previously been aimed at members living in the United States, it now appears that physicians in New Brunswick are being approached as well. Physicians are reminded that the co-signing of a prescription, without the possibility of a direct patient assessment, is considered improper and could result in a complaint and disciplinary action.

registrar in Nunavut had confirmed that the Nunavut medical regulatory authority considered the practice of co-signing prescriptions without a physical examination to be improper. Mr. Blair also noted that Ms. Williams initially refused to provide him with the name of the physician with whom she was dealing, but after further correspondence she then provided the information concerning Dr. Heinrichs.

The relationship and arrangements between Dr. Heinrichs and Ms. Williams' pharmacy was a major concern to the Investigating Committee who found that by entering into and continuing with the arrangement despite the information and concerns provided by the ACP, Ms. Williams breached:

- Principle VI, Guidelines 2 and 7 of the Code of Ethics;
- Principle VII, Guideline 1 of the Code of Ethics;
- Statement 3 of the Internet guidelines issued by the Council of the ACP;
- Sections 57(a)(i) and (v) of the *Pharmaceutical Profession Act*, and thereby committed professional misconduct.

In arriving at these conclusions, the Investigating Committee made the following comments:

The laws of Canada and Alberta that govern the practice of pharmacy, and the *Standards of Practice* and practice guidelines of the Alberta College of Pharmacists have been enacted to ensure the safety and well being of the public with respect to medication use. All pharmacists are required to follow these legal requirements without exception. Pharmacists are not allowed to pick and choose which legal requirements they will follow. Breaches of any of these laws, standards or guidelines are considered to be detrimental to the best interest of the public.

The practice of Ms. Williams in choosing which rules and regulations should be

*continued on page 12*



**Investigation** *continued from page 11*

followed and which should not be considered harmful to the standing of the profession. The public has a right to expect that their pharmacist scrupulously follows the laws, standards and guidelines which govern the profession. ...

Furthermore, the standing of the profession was harmed by Ms. Williams' initial refusal to divulge the identity of the physician who counter-signed the prescriptions of American patients. Such behaviour contributes to a cover-up of possible unethical behaviour on the part of the physician. ...

As has been previously discussed, the Committee believes that Ms. Williams did not follow the letter or spirit of several laws, standards or guidelines governing the practice of pharmacy and that this constitutes a breach of the Code of Ethics Principle VI, Guideline 2.

The fact that Ms. Williams paid Dr. Heinrichs a fee for each prescription he counter-signed, appears to be an arrangement that could have affected Dr. Heinrichs independent professional judgment and this is a breach of the Code of Ethics Principle VI, Guideline 7.

Dr. Heinrich's behaviour in counter-signing prescriptions for patients with whom he had no professional relationship appears to be considered unethical by his peers in Alberta and other jurisdictions. In encouraging and condoning this behaviour, Ms. Williams breached the Code of Ethics Principle VII Guideline 1.

#### 4. The waiver agreement

All American patients were required to sign a customer agreement with Lifhaus Medicines. Two forms of waiver agreement were entered into evidence. As part of the waiver, the patients were asked to acknowledge that they were not receiving professional advice from employees of Lifhaus Medicines and that they would agree not to sue the pharmacy or the physicians signing the prescriptions.

The Investigating Committee found that the conduct of Ms. Williams in requiring customers to sign these waiver forms

was detrimental to the best interests of the public contrary to section 57(a)(i) of the *Pharmaceutical Profession Act*. The Investigating Committee also determined that requiring the waiver was contrary to Guideline 8 of ACP's Internet pharmacy guidelines.

In arriving at this decision the Investigating Committee stated:

The wordings of the initial waiver and the subsequently amended waiver that the [American] patrons of Lifhaus Medicines were requested to sign are misleading to the public and are therefore detrimental to the best interests of the public. Both waivers require the customer to acknowledge that they are not receiving treatment advice from the pharmacy and/or pharmacists employed by Lifhaus Medicines and that they may not sue signing physicians for problems associated with the prescription. Ms. Williams confirmed in her evidence that she did provide advice over the telephone to clients of the pharmacy. Patients cannot be required to relinquish their right to sue before receiving pharmacy services. Therefore both statements from the waiver are misleading.

#### Conclusion—Investigating Committee orders

After receiving submissions from the parties on the appropriate orders, the Investigating Committee stated as follows:

*In considering appropriate penalties, the allegations that pertained to the start-up phase of the pharmacy's operations were considered to be less serious. The allegations that occurred at a later stage of operations were considered to be more serious and therefore contributed more substantially to the penalties assessed. In particular, the committee considered that, after the first time Ms. Williams was contacted by Mr. Frohlich, she could have changed her practice to be in compliance with the guidelines for Internet pharmacy, but she did not.*

The committee made the following orders:

1. That ACP issue a reprimand to Ms. Williams.
2. That ACP assess a fine of \$5000.00 against Ms. Williams payable within 60 days of service of this decision.
3. That ACP place conditions on Ms. Williams as a member and as a licensee:
  - a) That Ms. Williams ensure that the pharmacy terminates its arrangements with Dr. Heinrichs immediately;
  - b) That Ms. Williams shall not solicit any Canadian physician to review and cosign American prescriptions without the opportunity to see the patient unless Ms. Williams can confirm with the physician's medical college that the proposed arrangements are satisfactory and Ms. Williams provides a copy of this confirmation to ACP;
  - c) That Ms. Williams ensure that the pharmacy immediately discontinues using the waiver agreement it requires its American patients to sign and that she ensure that the pharmacy does not require American patients to waive claims against the pharmacist, the pharmacy or any Canadian physician;
  - d) That Ms. Williams will be subject to 3 inspections by ACP inspectors during the 12 months following enactment of the penalties to be carried out on dates determined by ACP and at her cost;
4. That Ms. Williams pay the costs of the investigation and hearing (\$17,288.88) within 90 days of service of this decision.
5. That the college publish this decision in ACP News including Ms. Williams' name.

While Ms. Williams initially filed an appeal to council on this decision, she elected to abandon and withdraw her appeal before the appeal was heard. ■

## Error prone abbreviations

Abbreviations, acronyms, and symbols can be time savers. But are they safe? Not when used in writing medication orders. If inappropriately used, or hard to read, prescription shorthand can increase the potential for medication errors.

When writing a prescription, minimize risk to your patient's safety by avoiding these common error prone

abbreviations. When receiving prescriptions that use the abbreviations, scrupulously review the prescription and contact the prescriber to ensure intent where appropriate before dispensing. DO NOT guess if you are unclear! (See examples below.)

For an extensive list of error prone abbreviations, and recommended alternatives, see the Institute of Safe Medication Practices website (<http://www.ismp.org/Tools/errorproneabbreviations.pdf>). ■

Error prone abbreviation	Can be misinterpreted as:	Instead, write:
IU	IV (intravenous)	units
µg	mg (milligram)	mcg or microgram
U or u	read as a zero or a 4 (e.g., 4U seen as 40)	units
Q.D. or q.d.	q.i.d., especially if the period after the q or the tail of the q is misunderstood as an i	daily
q.o.d. or Q.O.D. or E.O.D.	q.d. (daily) or q.i.d. (four times daily)	every other day
SS, SSRI, or SSI	55, selective serotonin reuptake inhibitor, or Strong Solution Iodine (Lugol's), respectively	sliding scale (insulin)
x 3 d (for three days)	x 3 doses	x 3 days
Zero after decimal point (e.g., 1.0 mg)	10 mg	1 mg (never use zeroes after decimal)
No zero before decimal point (e.g., .5 mg)	5 mg	0.5 mg (always use a zero before decimal)
Drug name	Too numerous to list abbreviations	complete spelling of generic drug names

## Alberta Elder Abuse website now operational

The Alberta Elder Abuse Awareness Network (AEAAN) is a network of Albertans dedicated to increasing awareness and supporting a community response to elder abuse.

As a pharmacist, you may be a primary contact for elderly patients. You can be an important resource to them if they report, or you suspect, abuse.

The new AEAAN website ([www.albertaelderabuse.ca](http://www.albertaelderabuse.ca)) offers resources, training kits, and regional contact information. ■



## Change to passport guarantor definition

As of August 15, 2007, people renewing their passports who meet eligibility criteria will have to submit only the old passport, two new pictures and the names of two references. These references can be anyone the applicant knows and references don't need to sign anything.

Effective October 1, 2007, first-time applicants will still have to submit proof of citizenship and a form signed by a guarantor with their application, but the guarantor can be any Canadian passport holder and need not be a member of any specific occupation.

For more details on guarantors and the Simplified Passport Renewal Program, see Passport Canada's website at <http://www.pptc.gc.ca/index.aspx?lang=e>



## Congratulations to CPhA Centennial Pharmacist Award winners

As part of its Centennial Celebrations, CPhA is recognizing 100 pharmacists who have made significant contributions to leading and building CPhA and the profession of pharmacy in Canada over the past 100 years. It is honouring these special people with a Centennial Pharmacist Award.

ACP congratulates all winners. This award acknowledges their dedication to the profession and their willingness to play a part in its growth. We are especially proud of the nine Albertans named to this list.

*Dr. John Bachynsky*  
*Rosemary Bacovsky*  
*Rosemarie Biggs*  
*Thomas Frederick (Fred) Boyle*  
*Donald M. Cameron*  
*Dr. Mervyn (Merv) Huston*  
*Stanley A. (Stan) Lissack*  
*Ronald (Ron) MacLean*  
*Dr. Ross Tsuyuki*

Their contributions to pharmacy set an outstanding example for all those who follow in their footsteps.

For a full list of winners and brief biographies, go to the CPhA website at: [www.pharmacists.ca/content/about\\_cpha/who\\_we\\_are/centennial/pdf/100Phms\\_EN.pdf](http://www.pharmacists.ca/content/about_cpha/who_we_are/centennial/pdf/100Phms_EN.pdf)

## Update on pharmacy technician registration and regulation

Work is progressing across the country toward the registration and regulation of pharmacy technicians.

At ACP, we are preparing to register technicians starting in January 2008. We have developed a new information section under *Registration & Licensure* on our website. We also worked with the Pharmacy Technician Regulation Working Group to develop the criteria for recognized pharmacy technician training programs. (Graduation from a recognized pharmacy technician program is a requirement for registration.)

We have invited program providers to make submissions for their programs to be recognized. We will post a list of recognized programs as soon as program provider submissions have been evaluated.

### National developments

On the national front, there are four major initiatives under way:

1. development of entry to practice competencies for pharmacy technicians,
2. accreditation of pharmacy technician training programs,
3. a national evaluation exam for pharmacy technicians, and
4. legislative amendments in Ontario.

### Competencies

The National Association of Pharmacy Regulatory Authorities (NAPRA) is developing a document outlining the required entry to practice competencies for Canadian pharmacy technicians. A committee including pharmacy technicians, pharmacists, pharmacy technician educators and representatives of stakeholder organizations has been struck to create the document.

As part of the development process, NAPRA hosted a workshop with

pharmacy technicians, regulators and representatives from associated national pharmacy organizations in Toronto on June 23 and 24. Pharmacy technicians from diverse practice settings (community, hospital, third party payer, educational) shared their perspectives on the essential competencies required for pharmacy technicians to perform their role in a regulated environment.

The workshop will be followed by electronic consultation to finalize the document, which will then be reviewed by the NAPRA Board before its release. NAPRA expects the document to be completed and approved by the Fall of 2007.

### Accreditation

The Canadian Council for the Accreditation of Pharmacy Programs (CCAPP) has agreed to undertake accreditation of pharmacy technician training programs. CCAPP has circulated draft accreditation criteria and has indicated that they plan to begin accepting applications for accreditation this summer with the possibility of pilot site visits later this year.

### Evaluation exam

The Pharmacy Examining Board of Canada (PEBC) has agreed to develop a certification process for pharmacy technicians. A steering committee has been struck and plans are underway to create both a written and a practical exam. The exams will be based upon the NAPRA entry to practice competencies. PEBC plans to pilot the exam in 2009.

### Legislation

In Ontario, royal assent has been received for amendments to legislation that allow the Ontario College of Pharmacists to regulate technicians in that province. Information is available on the OCP website at [www.ocpinfo.com/client/ocp/OCPHome.nsf/web/Legislation+Approval+Permits+Regulation+of+Technicians!OpenDocument](http://www.ocpinfo.com/client/ocp/OCPHome.nsf/web/Legislation+Approval+Permits+Regulation+of+Technicians!OpenDocument) ■



## NAPRA approves pharmacist competencies

The NAPRA Board of Directors approved the revised *Professional Competencies for Canadian Pharmacists at Entry to Practice* put forward by NAPRA's National Advisory Committee on Licensing (NACL) at the April meeting. The approved document is now available on NAPRA's website at [www.napra.org/pdfs/professional/competencies.pdf](http://www.napra.org/pdfs/professional/competencies.pdf) ■

## ... from the faculty

At the initiative of the Pharmacy Alumni Association and with the support of Dean Pasutto, a comprehensive review of a **pharmacy mentorship program** for undergraduates and recent grads is being conducted. An impressive outline is being compiled by summer research student, M. Paterson. Watch for more information in the coming weeks. If you want more information, contact Terry Legaarden at the

Faculty [tlegaarden@pharmacy.ualberta; 780 492-8084].

The **Class of 1957** held their 50 year reunion on the weekend of June 1. The faculty presented the class with a copy of Ellen Schoeck's book entitled "I was There [A century of alumni stories about the University of Alberta, 1906-2006]" and a faculty pin.

**Marg Petrin**, BScPharm '73, completed her three-year term as the pharmacy representative on the

*continued on page 16*

## Dental hygienists granted prescribing privileges

Under the *Dental Hygienists Profession Regulation*, which came into force on October 31, 2006, registered dental hygienists (RDH) now have the authority to prescribe a narrow subset of drugs for the purposes of providing dental hygiene services. Dental hygienists **are not** authorized to prescribe drugs for any other conditions such as sore throats, ear infections, etc.

Section 13(1) of the *Dental Hygienists Profession Regulation* outlines the following restricted activities authorization:

(d) to prescribe the following Schedule 1 drugs within the meaning of Schedule 7.1 to the *Government Organization Act* for the purpose of treating oral health conditions, providing prophylaxis and treating emergencies:

- (i) antibiotics;
- (ii) antifungal agents;
- (iii) anti-infective agents;
- (iv) antiviral agents;
- (v) bronchodilators;
- (vi) epinephrine;
- (vii) fluoride\*;
- (viii) pilocarpine;
- (ix) topical corticosteroids;

\* As pharmacists are aware, fluoride has been reclassified as a natural health product. Currently none of the oral care fluoride products require a prescription.

Upon successful completion of a required pharmacy refresher course, a prescriber's identification (ID) number will be issued and the RDHs name will



be entered onto the College of Registered Dental Hygienists of Alberta (CRDHA) prescriber roster.

To date, **no dental hygienists** have been issued a prescriber's ID number. When the first RDH is issued a prescriber's ID number, ACP will create a dental hygienist category in the "Prescribers Lists" section of the ACP website.

Dental hygienists look forward to continuing a collaborative relationship

with their pharmacist colleagues. Further details will follow in subsequent ACP newsletters with billing information for prescriptions issued by dental hygienist prescribers.

If you have any questions or concerns, please contact the CRDHA office at (780) 465-1756 (Edmonton and area) or 1-877-465-1756 (rest of province) or visit the CRDHA website at [www.crdha.ca](http://www.crdha.ca). ■

*Fast Facts:*  
**Registered Dental Hygienists will be signing their prescriptions with the professional designation RDH after their name.**

Refer to the CRDHA Restricted Activities Table for examples of

Schedule 1 drugs in each category of drugs that are used in dental hygiene practice at:

[www.crdha.ca/LinkClick.aspx?fileticket=bDFHEhdEt18%3d&tabid=56&mid=416](http://www.crdha.ca/LinkClick.aspx?fileticket=bDFHEhdEt18%3d&tabid=56&mid=416)

Find the complete *Dental Hygienists Profession Regulation* at:

[www.qp.gov.ab.ca/documents/Regs/2006\\_255.cfm](http://www.qp.gov.ab.ca/documents/Regs/2006_255.cfm)



*At the end of April, 44 third-year pharmacy students visited 10 pharmaceutical sites in Montreal and Toronto. Companies visited included Sandoz, Novartis, sanofi-aventis, Roche Diagnostics, Eli Lilly, Hoffman-La Roche, GlaxoSmithKline, Taro, Novopharm and Wyeth Pharmaceuticals. Wyeth Consumer Healthcare, Pfizer and AstraZeneca provided additional support. The hectic week ended with a visit to the Apothecary Museum in Niagara-on-the-Lake and to Niagara Falls. The students covered 25 per cent of the costs and industry sponsorship made up the balance.*

**...from the faculty**  
continued from page 15

Alumni Council, UofA. Our sincere gratitude goes to Marg for her dedication and the many hours of service she devoted to the role. **Rose Anne Lawton**, BScPharm '73, has accepted the challenge and will be Pharmacy's representative for the next three years. Thanks Rose Anne.

Is it time for another **Pharmacy Bonspiel**? There has not been one for many years. It was an opportunity for pharmacists, faculty, industry and undergraduates to get together for a day of social curling. A prospective date of March 2008 has been suggested. All interested individuals please contact Terry Legaarden [tlegaarden@pharmacy.ualberta.ca; 780 492-8084]. ■

**In memory**



**Robert Joicey (Joe) Tredger** of Bonnyville passed away on July 9, 2007 at the age of 87. Joe graduated in Pharmacy from the University of Alberta in 1945. He was a respected rural pharmacist in Elk Point, AB in both Tredger Drug Ltd. and the Elk Point Hospital. In 1986 he was presented with the Bowl of Hygeia award for outstanding community service by a pharmacist.

Joe is lovingly remembered by his family and friends.