

alberta college of  
**pharmacists**



safe, effective, responsible  
pharmacist practice

# acp news

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## A message from the Registrar –

### Mail order pharmacy and the delivery of drugs across provincial borders



Greg Eberhart

On Sept. 18, 2007, Cabinet amended the Transition Regulation to the *Pharmacy and Drug Act*, extending the transition period before which pharmacies providing mail order services require a separate mail order licence. This means that, for now, pharmacies which currently provide mail order services only require a community licence and not a separate mail order licence. ACP will be corresponding with pharmacy licensees who have already subscribed to a mail order licence to arrange a refund of the licence fee.

*This regulation amendment does not change the expectations or practice requirements of pharmacists serving patients at a distance, regardless of the technologies or modes of delivery used.*

**All pharmacists** are required to practice in accordance with federal and provincial legislation, the *Standards for Pharmacist Practice*, the *Standards for Operating Licensed Pharmacies*, and ACP's

*Code of Ethics.* ACP will be studying whether additional standards are required to accommodate the use of "telehealth" technologies to facilitate the delivery of pharmacist services at a distance.

Over the past year, ACP has published several decisions from Investigating Committees that have investigated the conduct of pharmacists engaged in international mail order pharmacy. Several common concerns have arisen, and I take this opportunity to summarize them for you. The following three summaries reflect practices that peers have determined to be unethical or unprofessional. ACP will make an effort to correct any pharmacist whose practice may be contravening practice expectations in similar ways.

#### **1. Unprofessional relationships with Canadian physicians who "co-sign" American prescriptions**

*The need for a Canadian physician –*  
The regulations to the *Food and Drugs Act* authorize a pharmacist to dispense a drug

*continued on page 2*



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E. Randy Frohlich  
Business Manager: Lynn Paulitsch  
Registry Leader: Linda Hagen  
Communications Leader: Karen Mills

alberta college of  
pharmacists

**Mail order pharmacy**

*continued from page 1*

upon receiving a prescription written by a  
practitioner authorized to prescribe in a  
provincial jurisdiction.

All Canadian medical authorities have  
made clear to their members that it is  
inappropriate practice for a Canadian  
physician to issue prescriptions  
("co-sign") for patients they have never  
seen or physically examined. In addition,  
both the Canadian Medical Association  
and the American Medical Association  
have made clear that this is unacceptable  
practice. There are also specific guidelines  
or policies in almost every provincial  
jurisdiction that make clear that this is  
unacceptable practice for a physician.  
Similar guidelines exist in many  
American states.

Physicians have been disciplined or  
admonished for this practice in relation to  
Internet pharmacies in British Columbia,  
Alberta, Saskatchewan, Manitoba,  
Ontario, Quebec, New Brunswick, and a  
number of American states.

Despite this clear evidence of the position  
of Canadian medical regulatory  
authorities, all cross-border pharmacies  
encountered in Alberta have retained  
Canadian physicians to provide these  
prescriptions or have a relationship with  
some other entity that retains the  
physicians to provide these prescriptions.  
This practice continues despite the fact  
that the ACP Council Guidelines have  
pointed out the position of medical  
regulatory authorities since 2002 and  
warned that entering into such  
relationships may constitute  
unprofessional practice by the pharmacist.  
This warning has been consistently  
ignored by Alberta pharmacies providing  
international mail order pharmacy  
services.

**Responsibilities to recognize and disclose unacceptable physician practices**

*a. Pharmacist responsibilities* –  
Pharmacists have a responsibility to  
ensure that prescribers are licensed  
practitioners in good standing within a  
Canadian jurisdiction before  
processing and dispensing any  
prescription written by them.  
Pharmacists cannot avoid, and must  
use reasonable judgment to determine

whether the prescriber is practising in  
accordance with expectations of the  
practitioner's own college. This means  
that the practice of any pharmacist  
who is party to or who participates in  
an arrangement where a physician is  
being paid to engage in conduct  
deemed unacceptable by a physician's  
licensing and regulatory college is of  
concern to ACP as an issue of ethical  
practice. To date, two investigating  
committees have found the pharmacist  
and licensee's participation in such  
arrangements to be a breach of the  
Code of Ethics constituting  
professional misconduct.

In an ongoing relationship where the  
physician is compensated for the  
review of prescriptions to co-sign or  
regenerate a similar prescription,  
thereby endeavoring to authenticate  
and legalize the prescription, the  
pharmacist knows or should know  
that no physical exam is taking place  
and no physician-patient relationship  
has been established given:

- the nature of the physician's  
involvement in a fee-for-review  
service;
- the fact that the patient information  
is provided to the physician by the  
pharmacy or by a third party  
known to the pharmacy;
- the geographic location of the  
physician relative to the patient;
- the volume of prescriptions issued  
by the physician daily;
- the speed with which the review is  
conducted and the prescriptions are  
sent to the pharmacy; and
- the fact that the physician is being  
paid substantial amounts to  
conduct a large series of reviews  
and to co-sign a large number of  
prescriptions for the pharmacy.

In these circumstances, a pharmacy or  
pharmacist cannot reasonably suggest  
that they have no knowledge of the  
problematic nature of the review.

*b. Disclosure of unaccepted practices to colleges of medicine* – where ACP has  
credible evidence of possible  
professional misconduct by another  
health professional, it would be a  
breach of ACP's public duty to ignore  
or to assist in concealing the conduct.  
The privacy right, if any, of the health

professionals in question does not extend to the right to conceal potential professional misconduct. Therefore, when ACP becomes aware of medical practices that have been deemed unacceptable by colleges of medicine, ACP will refer this conduct to the appropriate college for its consideration and follow-up.

## 2. Payments for the referral of prescriptions

There is a long-standing prohibition in the *Pharmaceutical Profession Regulation* (now carried over into the *Pharmacy and Drug Act*) that prohibits pharmacists from providing anything of value to persons who direct prescriptions to their pharmacy. For example, payments to a physician to send patients to a particular pharmacy or payments to nursing homes to grant exclusive dispensing rights for patients contravene this provision.

However, in international mail order pharmacy schemes, pharmacies often pay "commissions" on a per prescription basis to "affiliates" or prescription brokers who send patients to the pharmacy. Most of these affiliates or prescription brokers operate websites to attract customers who they then refer to one or more pharmacies who have entered into arrangements with them. The affiliates and prescription brokers consider these patients to be a form of property and there have been complaints made by affiliates who suggest the pharmacy has tried to breach agreements by dealing directly with the patients. Often affiliates seek to transfer to another pharmacy the patients they have collected if they feel they can negotiate better arrangements with the other pharmacy.

There have also been occasions where pharmacies have purchased lists containing patient names and addresses although they know these patients were dealing with other pharmacies. In these cases, the patient information and the patient relationship is treated as commercial property that can be bought and sold without consulting the patients. This commercialization of health information and failure to respect patients' privacy and pharmacists' ethical duties of confidentiality is a second concern that arises in many of these situations.

There are two common forms of compensation to "affiliates:"

1. a payment per prescription for referrals sometimes at a set figure and sometimes based on a percentage of the cost of the prescription.
2. allowing the affiliate to set the price for the drug sold and to retain all but the wholesale cost of the drug, a dispensing fee and shipping charges. In such instances, the affiliate sets the price and collects the payment. Affiliates sometimes also collect the patient information and make arrangements with Canadian physicians.

The effect of this type of arrangement is that the pharmacist is permitting a non-pharmacist to engage in the sale of drugs to patients. At least one pharmacist has been disciplined for this type of arrangement. Another case is awaiting the written decision of the Infringement Committee and a third case is awaiting hearing.

## 3. Waiver of liability clauses

It is not ethical or professional for a pharmacist or pharmacy to seek to be relieved from any liability for the professional services they provide. In at least one completed case, an Investigating Committee has held that requiring a waiver of liability constitutes professional misconduct.

ACP has encountered a number of instances where patients are required to sign agreements waiving any claim against the pharmacy or the Canadian physicians for the services that are provided. The ACP Internet Guidelines warn against this type of waiver.

The Investigating Committee decisions made by our peers add further clarity about the expected and acceptable conduct of pharmacists. In conclusion, regardless of the amendment to the Transition Regulation, all pharmacists remain responsible for conducting themselves professionally, legally, and ethically.

Sincerely,



Greg Eberhart, BSc. Pharm, CAE  
Registrar ■

## Invitation to respond to proposed by-law amendment

Council has proposed that Schedule A of the by-laws of the Alberta College of Pharmacists be amended by adding the following fees to the schedule:

- Assessment Fee for Additional Prescribing Authorization - \$350
- Re-assessment Fee for Additional Prescribing Application - \$225

Council has proposed that these fees come into effect on January 1, 2008 (pending approval of the pilot process).

In accordance with Section 64 of our by-laws, council initiated a 60-day consultation period about this proposed by-law amendment by email notice on Oct. 25, 2007. You must make your submissions in writing. **The Registrar must receive your written submission prior to December 27, 2007.**

### Background and rationale

Costs associated with administering applications for additional prescribing privileges have been estimated at \$450-\$500 per applicant. The cost per application decreases as the volume of applications increases. However, the capacity that assessors can manage is finite. If additional assessors are required, additional costs will be incurred.

ACP has paid for the development of the assessment tools and the pilot project from existing resources. The proposed fees are intended to cover ongoing operational costs associated with processing applications.

Council also considered the possibility of increasing the annual registration fee for all pharmacists on the clinical register. While it is ACP's goal that all pharmacists on the clinical register will eventually attain these privileges, a target date for such achievement has not been established. Therefore, council has proposed an application fee for individual applicants, and a reduced re-assessment fee for applicants who were unsuccessful on a previous attempt and who wish to re-apply.



## Notes from Council

### Competencies for Pharmacy Technicians at Entry to Practice

Council adopted the "Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice" that was developed through a nationally coordinated strategy of NAPRA. Pharmacy technicians and pharmacists from across Canada contributed to the development of this document, which will serve as a foundation for other processes important to the future regulation of pharmacy technicians.

### Criteria for recognizing pharmacy technician training programs for the purpose of registering pharmacy technicians

Council approved amendments to the criteria it had previously established for

recognizing pharmacy technician training programs. The amendments address:

- the minimum entry requirements of individuals when applying to pharmacy technician programs; and,
- individuals who have graduated from a pharmacy technician program that does not have a hospital experiential component, but who have been employed as pharmacy technicians by a regional health authority prior to January 1, 2008.

### Drug scheduling

Council passed a motion requesting that NAPRA review the three category model of drug scheduling and revise it in its entirety to reflect current and future legislative frameworks and consumer trends. The rationale for this motion is that the existing model does not contemplate overlapping scopes of practice, pharmacist prescribing, risk associated with drugs that are federally regulated as natural products, and the fact that the majority of patients cannot differentiate between Schedule 3 drugs and unscheduled drugs.

### Schedule 2 drugs - record keeping and disclosure to EHR

Council approved a policy requiring that both Schedule 1 drugs dispensed and Schedule 2 drugs sold must be disclosed and transmitted to the Electronic Health Record (EHR). Council agreed that many Schedule 2 drugs could be subject to misuse and abuse, and that it was in the interest of public safety that Schedule 2 drugs be disclosed and transmitted to the EHR.

Standard 18.2(b) of the *Standards for Pharmacist Practice* requires pharmacists to record sales of Schedule 2 drugs in the patient's record. Appendix A of the Standards further specifies that Schedule 2 drugs sold must be entered on the drug profile section of the patient record, the same portion of the record in which Schedule 1 drugs dispensed are recorded. Standard 7.2 addresses the practice expectations of pharmacists when determining whether a Schedule 2 drug should be sold. ■




## So much to learn, so little time!

## CONTINUING PROFESSIONAL DEVELOPMENT (CPD) PLAN

### RxCEL Continuing Professional Development Plan going online

Coming soon to a computer near you – the online Continuing Professional Development Plan! We are currently developing an online version of the Continuing Professional Development Plan. The online program will allow you to update your self-assessment and learning plan whenever and wherever you want. You will be able to electronically track your professional development over time, monitor your progress on your learning objectives, and document your learning - all paper-free.

But first we need volunteers to test this exciting new tool. The pilot will begin in

January 2008. Since it's an online tool, you can participate in the pilot from the comfort of your own home or office. If you are interested in boldly going into this new frontier, please contact the Competence department by email at [competenceinfo@pharmacists.ab.ca](mailto:competenceinfo@pharmacists.ab.ca). ■



### Documentation needed for Learning Portfolio Audits

Audits of the 2006-2007 learning portfolios are well underway. We are concerned, however, that we are hearing from pharmacists that they are unable or

unwilling to produce the required documentation to support their CE claims.

Remember, on your Continuing Professional Development Log you claimed, "I am aware that if my learning portfolio is audited I must provide documentation to support all learning activities claimed on this log." At the time of registration renewal you also signed a professional declaration acknowledging the following:

- I have acquired the CEUs as currently indicated on my CPD log during the 2006-2007 registration year and that the submitted log is a true and accurate account of those learning activities for the stated period.
- I must keep an accurate record of my learning activities, including my

Continuing Professional Development Log, course certificates and non-accredited learning records, and the records for the current registration year and the previous registration year are subject to review and/or audit.

- I understand that the information contained on my CPD Log is subject to audit and that false or misleading statements concerning my learning activities may be considered grounds for initiating a complaint of unprofessional conduct.

This year, over 700 portfolios will be audited. The purpose of the learning portfolio audit is not to verify that you met the minimum CE requirements, but to ensure that your log is in fact an accurate record of your continuing education experiences. Therefore, the purpose of the audit is to verify all entries claimed on your continuing professional development log and declared on your professional declaration. It is not acceptable to ask ACP staff to delete learning activities from your CPD log because you cannot or will not provide the required documentation. ■

## Learning portfolio tip...

Are you a new registrant with the Alberta College of Pharmacists (i.e., registered on or after July 1, 2007)? If you are, you have until May 31, 2009 to accumulate the minimum 15 continuing education units (CEUs) required for registration renewal. However, you may do your learning at any time from your initial registration date to the renewal date in 2009 and still claim these credits toward your registration renewal in 2009. You can document your learning on your online Continuing Professional Development Log (available through *My Registration Profile* on the ACP website). The online log will allow you to accumulate CEUs for the entire eligible period.



## Additional prescribing authorization pilot update

ACP received 29 completed applications by the September 1, 2007 deadline to participate in the additional prescribing authorization pilot.

### Application process

Applicants were required to identify the area(s) in which they anticipated prescribing and to provide detailed information in three categories: education and training; experience and practice; and collaborative relationships. Applicants were asked to submit three care plans they had created and used with patients to illustrate how they provide pharmaceutical care, work with other health professionals and document those activities. Finally, applicants were required to contact two regulated health professionals, at least one of whom is an authorized prescriber, to submit letters of collaboration to the college on their behalf.

### Assessors

The expert panel that designed the pilot recommended that applications be assessed by pharmacists and that a panel of assessors be contracted. Approximately 70 pharmacists were invited to apply to act as assessors. From those who expressed interest, seven pharmacists were selected and trained as assessors.

### Assessment process

On September 24, 25, and 26, the assessors met in Edmonton to receive in-depth training and assess the submitted applications. Contracted assessment experts collaborated to create a schedule for review of applications by multiple assessors in order to obtain sufficient data to evaluate for validity, reliability (including intra- and inter-rater reliability), and generalizability.

### Pilot results

ACP has provided the results of all assessments to a contracted psychometrician for analysis of validity, reliability and generalizability of the

process. Pilot participants and assessors are being surveyed about the process. The psychometrician's final report and the collated results of the surveys will be presented to council in December 2007.

### Next steps

Council is expected to review the final report at their December 13 meeting. If they accept the report and approve the process, pilot participants will be notified and the successful candidates will receive additional prescribing authorization. Following approval of the process, the Guide to Receiving Additional Prescribing Authorization will be made available on ACP's website and application deadlines and assessment dates will be established. ■

## First independent pharmacy deploys Portal 2006

Congratulations to Turtle Mountain Pharmacy in Bellevue and its owner, Darsey Milford. Turtle Mountain Pharmacy was the first independent pharmacy to "go live" on Netcare Portal 2006. Darsey successfully completed the PIA (privacy impact assessment) and ORA (organizational readiness assessment). These two assessments form the backbone of the security of Alberta Netcare Electronic Health Records. The pharmacy will now benefit by receiving:

- lab result data from Provincial Labs, Capital Health, Calgary Health, Northern Lights, Aspen and East Central health regions and the Cross Cancer Institute
- regional and private DI text and transcribed reports from Capital Health, Calgary Health, and Cancer Board as available
- client demographics for all persons from the provincial Person Directory
- prescribing data from those physicians using PIN
- dispensing data from Alberta Blue Cross and community pharmacies as available in PIN. ■

## First ever ACP/RxA conference – don't miss it!

**Westin Edmonton  
May 23 and 24**

Do you ever feel like you're teetering between the demands of patients and those of management? How can you balance keeping up with new information while staying on top of the day-to-day workload? How do you steady yourself when walking from the familiar to the new? Do you feel wobbly thinking about everything you'd like to do and what you just have time to do?

Don't perform without a safety net! Instead, come and find answers at the inaugural ACP/RxA conference, *Pharmacists on the Tightrope*. We'll explore how to maintain a sense of professionalism (and sanity!) in the ever-changing world of pharmacy.



## Notifying when you prescribe – ensure you provide enough information

As outlined in the *Standards for Pharmacist Practice*, you have a duty to inform the original prescriber when you adapt a prescription.

Standard 12.9 states:

*A pharmacist who adapts a prescription must communicate to the original prescriber the following information regarding the adaptation and the rationale for it as soon as reasonably possible:*

- (a) that the pharmacist has adapted the prescription for the patient;
- (b) the type and amount of the drug prescribed;
- (c) the rationale for prescribing the drug;
- (d) the date the drug was prescribed; and
- (e) instructions given to the patient, if applicable.

The intent of informing the original prescriber is not only to notify them of what you have done, but to ensure that they have adequate information about the patient and their drug therapy to ensure continuity of care.

In one instance brought to our attention, a patient was taking a dose that was made up of two tablet strengths. The patient had enough of one strength of tablet but had run out of the second strength. The pharmacist prescribed by renewing the second strength of tablet to ensure continuity of care. Although the pharmacist provided the physician with the information required in Standard 12.9, it appeared to the physician that the patient was continuing therapy with only one of the two tablets, which would have been a significant decrease in dose. **To ensure the physician had adequate information, the pharmacist should have indicated in the rationale for prescribing the drug or the instructions given to the patient that the prescription was intended to allow the patient to continue therapy at the same dose with both tablet strengths.**

When notifying an original prescriber:

- Be clear about whether you are providing a number of tablets or number of days of therapy when indicating the amount of drug prescribed.
- Include the strength of medication as well as the quantity prescribed. Other prescribers do not always know the strengths of various forms of medications (e.g., tablets, solutions, creams) and in many instances more than one strength is available.
- Include any instructions given to the patient, including whether to continue other medications and when to see the doctor.

In short, ensure that the information you provide is clear and complete and that the original prescriber is able to understand both the drug that you provided to the patient as well as the patient's drug therapy. ■

## Resources

### CADTH

The Canadian Agency for Drugs and Technologies in Health (CADTH) is a national body that provides Canada's federal, provincial and territorial health care decision makers with credible, impartial advice and evidence-based information about the effectiveness and efficiency of drugs and other health technologies.

In addition to numerous tools and reports available on their website, they also offer informative supplements. Newsletters and reports covering emerging drugs, health technologies, and up-to-the minute techniques are available by free subscription. Check out this great resource at [www.cadth.ca/index.php/en/home](http://www.cadth.ca/index.php/en/home).

### Pandemic planning

The Canadian Pharmacists Association has a wealth of resources on pandemic planning available on their website. You can find pandemic resources in the Practice Resources section of their website at [www.pharmacists.ca](http://www.pharmacists.ca).

## Karen Wolfe appointed Executive Director of NAPRA

The National Association of Pharmacy Regulatory Authorities (NAPRA) recently appointed Karen Wolfe as Executive Director. Karen was appointed Interim Executive Director following the resignation of Ken Potvin in March of this year. She joined NAPRA in June 2006 as the Director of Pharmacy Practice Support.

Karen is a pharmacist with twenty-one years of experience—ten of those in management positions. She instructed in the Retail Pharmacy Assistant Program at the Grande Prairie Regional College. She also contributed as a teaching assistant in the pharmacy professional practice labs at the University of Alberta, as a Councilor for the Millwoods Community Health

Council and Councilor for the Alberta College of Pharmacists (ACP). In 2005-2006, Karen served as ACP's President. Congratulations Karen! ■



## Are your pharmacy hours changing?

Be sure to let the college know not less than 14 days before the change occurs and post the hours of operation of your pharmacy at all public entrances to the pharmacy. Section 11 of the *Pharmacy and Drug Regulation* states that pharmacies must remain open to the public during the hours of operation submitted to the registrar when application was made for a pharmacy license. ■

## UofA honours two ACP registrants

Congratulations to Catherine Biggs and Robert (Bob) Porozni! They both received UofA Alumni Recognition Awards in September.

Catherine received the Alumni Horizon Award which recognizes the outstanding and notable achievements of UofA alumni early in their careers. Catherine is the first pharmacy graduate to receive this honour. Moving from a community pharmacy background, Cathy is now a Project Director at the Epidemiology Coordinating and Research (EPICORE) Centre and a lecturer at the UofA.

She served on ACP's council for four years, including a term as president in 2000/01. Cathy has also served her profession as a member of numerous provincial and national committees.

Bob received the Alumni Honour Award, which recognizes the significant contributions made over a number of years by UofA alumni in their local communities and beyond. Bob has contributed to his community through the Servus Credit Union Board, the Lions, the school board, the St. Paul Chamber of Commerce, and as a Melvin Jones Fellow. He also served the pharmacy profession at the community, provincial and national levels.

He is a founding member and former chair of Value Drug Mart Associates Ltd. His Value Drug Mart has been a St. Paul Business of Year winner many times over and Bob has been honoured as St. Paul's Citizen of the Year. He was also awarded the Bowl of Hygeia in 1996.

Congratulations Cathy and Bob on these well-deserved honours!



## Notes from the field...

We have been asked some good questions during recent pharmacy visits. We want to share them, and the answers, with all of you.

### May I disclose information to the police if I suspect a forged prescription?

Custodians may disclose individually identifying diagnostic, treatment and care information to the police without the individual's consent when the custodian "reasonably believes" that the information disclosed relates to the possible commission of an offence under a statute of Alberta or Canada and will detect, limit or prevent fraudulent use or abuse of the health system.

You may disclose the following individually identifiable information:

- the individual's name, birth date, and personal health number;
- the nature of any injury or illness of the individual;

- the date on which a health service was sought or received;
- the locations where the health service was sought or received;
- the name of any drug provided or prescribed to the individual, and the date the drug was provided or prescribed.

The disclosure of this information may prevent fraud and abuse of health services by enabling police to investigate. However, you must always bear in mind that under the *Health Information Act* "custodians must only disclose the amount of information that is essential to enable the custodian or the recipient of the information, as the case may be, to carry out the intended purpose" (*Health Information Act Guidelines and Practices Manual*, 2007, p. 169).

*(You can find this answer, and other information about disclosure, in Chapter 8 of the Health Information Act Guidelines and Practices Manual.)*



## 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.

The links will take you to the Health Canada website.

- **Cease Sale of Permax® (pergolide mesylate)**  
[www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/permax\\_3\\_hpc-cps\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/permax_3_hpc-cps_e.html)
- **Prexige (Lumiracoxib)**  
[www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007\\_102\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007_102_e.html)
- **Excite for women and Ultimate for men**  
[www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/fpa-ape/2007/2007\\_104\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/fpa-ape/2007/2007_104_e.html)
- **Recall of Metaboslim capsules**  
[www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007\\_105\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007_105_e.html)
- **THELIN™ (Sitaxsentan Sodium)**  
[www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/thelin\\_hpc-cps\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/thelin_hpc-cps_e.html)
- **KETEK®**  
[www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/ketek\\_2\\_hpc-cps\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/ketek_2_hpc-cps_e.html)
- **Unauthorized Colloidal Silver Water Product**  
[www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007\\_124\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007_124_e.html)
- **VIRACEPT**  
[www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/viracept\\_hpc-cps\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/viracept_hpc-cps_e.html)
- **IV ADMINISTRATION SETS with Alaris® Pump module (aka Medley™) and Gemini™ Infusion Pumps**  
[www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/iv\\_sets-ensembles\\_hpc-cps\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/iv_sets-ensembles_hpc-cps_e.html)
- **Calabash Chalk**  
[www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007\\_136\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007_136_e.html)
- **Withdrawal of Market Authorization for Prexige**  
[www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007\\_141\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007_141_e.html)
- **COMPLETE All-In-One Contact Lens Care Solution**  
[www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007\\_144\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007_144_e.html)
- **IRESSA® (gefitinib) 250 mg tablets**  
[www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/iressa\\_5\\_hpc-cps\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/iressa_5_hpc-cps_e.html)
- **Recommendations for the Appropriate Use of Cough and Cold Products in Children**  
[www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007\\_147\\_e.html](http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/2007/2007_147_e.html)
- **DEFINITY® (Perflutren Injectable Suspension)**  
[www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/definity\\_hpc-cps\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/definity_hpc-cps_e.html)
- **COLLEAGUE Triple Channel Mono, CX and CXE VOLUMETRIC INFUSION PUMPS**  
[www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/infusion-perfusion\\_pump-pompe\\_6\\_hpc-cps\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/2007/infusion-perfusion_pump-pompe_6_hpc-cps_e.html)

### Receive safety advisories directly from Health Canada

Subscribe to Health Canada's MedEffect e-Notice to receive health product safety advisories "hot off the press." This free service will keep you up to date with the latest health product warnings, advisories, and recalls. 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)

## Amendment to the TPP Pramoxine schedule clarified

The route of administration affects the schedule of pramoxine-containing products.

<i>Use</i>	<i>Schedule</i>
Ophthalmic or parenteral use	2
Topical use on mucous membranes* (except lozenges)	3
Topical application to the skin (includes lozenges)	Unscheduled

\*Rectal products such as Anusol intended for application to mucous membranes are in Schedule 3. ■

## Triplicate Prescription Program Update

This article outlines some anticipated changes to Triplicate Prescription Program (TPP) and provides some highlights of the current TPP.

### TPP future

TPP staff at the College of Physicians & Surgeons (CPSA) are working with Alberta Health and Wellness to develop and test electronic TPP data extracts from the Pharmaceutical Information Network (PIN). When the process to extract TPP data from PIN is confirmed to support TPP operational needs and is fully implemented, several things will change:

- Prescribers and pharmacists will be able to access more current drug profiles from TPP.
- Pharmacists will be requested to stop mailing copies of TPP prescriptions to CPSA.
- TPP prescription forms will be revised (at least one copy can be eliminated).
- Most manual data entry by TPP staff will stop.
- TPP will focus on better analysis and information capabilities to support stakeholders.

These changes are expected to start in 2008. Watch for details in future



newsletters and on the ACP and CPSA websites.

**Reminders for the present**

1. Pharmacists must provide electronic prescription data to the Pharmaceutical Information Network (PIN) now but this does NOT alter the need for sending paper copies of all triplicate prescriptions to CPSA at this time.
2. Pharmacists must continue to mail paper copies of all triplicate prescriptions to the Triplicate Prescription Program.
3. For drugs included in TPP, prescribers must use prescription pads provided by TPP.

**Some TPP Highlights**

**Mandate**

The mandate of the Triplicate Prescription Program includes:

1. providing relevant information to prescribers and pharmacists on the prescribing of TPP drugs;
2. liaising with health and professional organizations with a stake in the operation of the Triplicate Prescription Program; and
3. collecting and collating prescription data for any patient about the use of TPP drugs.

**TPP prescriptions**

Physicians, dentists and veterinarians prescribing TPP drugs use prescription pads provided by TPP. Pharmacies send

TPP prescription copies to the College of Physicians & Surgeons of Alberta (CPSA) for entry of information into the TPP database. (See Table 1.)

**Patient profile requests**

Physicians and pharmacists contact TPP staff to enquire about information on a patient's TPP profile and a profile may be sent to the health professional. If a number of practitioners appear on the same profile, TPP staff fax the profile to all these practitioners for their information. Therefore, the number of profiles sent from TPP is usually greater than the number of calls for profile checks. (See Table 2.)

For more information, see the CPSA website: [www.cpsa.ab.ca/college\\_programs/triplicate\\_program.asp](http://www.cpsa.ab.ca/college_programs/triplicate_program.asp). ■

**Table 1 – TPP Prescriptions**

2006	2005	2004	2003	2002
414,065	397,008	375,887	331,674	307,540

**Table 2 – Patient profile requests**

2006		2005		2004		2003		2002	
<i>Profiles Sent</i>	<i>Profile Checks</i>	<i>Profiles Sent</i>	<i>Profile Checks</i>	<i>Profiles Sent</i>	<i>Profile Checks</i>	<i>Profiles Sent</i>	<i>Profile Checks</i>	<i>Profiles Sent</i>	<i>Profile Checks</i>
3466	1099	3082	1048	2211	911	1429	990	534	930

**Contract Opportunity**

**Alberta College of Pharmacists**

**Pharmacy Assessor – Contract Position**

*(One year term with possible extension, commencing January 2008)*

The Alberta College of Pharmacists is seeking applications for a contracted Pharmacy Assessor. Reporting to the Deputy Registrar, the Assessor is responsible for assessing pharmacies, pharmacy operations and systems; and advocating to pharmacy directors, licensees, and proprietors measures through which pharmacies can ensure patient safety.

The Assessor will conduct approximately 175 assessments during 2008. This equates to approximately 0.5 full-time equivalent based on the assumption that each assessment will take six hours including travel and administration time.

*The Assessor will:*

- conduct routine assessments of pharmacies to ensure compliance with legislation and standards of practice;
- promote a culture of patient safety within pharmacist practice and pharmacy operations through education and effective communication;
- identify and evaluate sources that may negatively affect patient safety such as operational systems, technologies, human resources, and the general practice environment; and
- report to the Deputy Registrar events/ occurrences, sources, and trends in pharmacies that may affect patient safety.

*Candidates must possess:*

- a Bachelor of Science degree in Pharmacy;
- a licence to practice pharmacy in Alberta or be eligible for licensure in Alberta;

- strong interpersonal, written and verbal communication skills; and
- a valid driver's license, vehicle, and appropriate auto insurance as extensive travel throughout the province is required. Reimbursement for mileage, accommodation and meals is provided as per the college's expense reimbursement policy.

Knowledge of and experience in patient safety and root-cause analysis would be beneficial. The preferred candidate will have at least five years of experience in pharmacy practice.

Please submit your resume before December 7, 2007 to:

Lynn Paulitsch, Business Manager  
 Alberta College of Pharmacists  
 #1200 – 10303 Jasper Ave. NW  
 Edmonton, AB T5J 3N6  
[Lynn.Paulitsch@pharmacists.ab.ca](mailto:Lynn.Paulitsch@pharmacists.ab.ca)

## New tobacco cessation supports coming

Alberta's proposed *Tobacco Reduction Act* (Bill 45) mandates 100% smoke-free workplaces and public places. If this Bill passes, upon implementation we expect to see a spike in the number of people who will want to quit using tobacco. These Albertans will be looking to their pharmacists for support.

The Alberta Cancer Board is working with its partners to develop a comprehensive Cessation System, including a Provincial Cessation Centre. Tobacco users will access the Cessation Centre via web, phone or referral, and will be triaged to a treatment option. Treatment options include:

- nicotine replacement therapy (NRT) and smoking cessation pharmacotherapy;
- phone counselling; and

- web-based and in-person external cessation programs.

As part of this Cessation System, the Alberta Cancer Board is also launching the *Ask, Advise, Refer* (AAR) program. This program is a brief intervention program that minimizes the time and knowledge needed by a health professional to treat tobacco dependence. You simply ask patients if they use tobacco, advise them to quit, and refer them to the Cessation Centre. The Cessation Centre will also provide appropriate feedback to you about your patient's progress.

Beginning in January, there will be promotion advising tobacco users to see their health professionals for support to quit; therefore, your patients may come to you for a referral.

Alberta Cancer Board can provide you with the materials needed to take part in the AAR program including a PowerPoint presentation on how to use AAR, online referral forms, fax-back referral forms, and brochures for you and your patients.

For more information and to register and receive materials, please contact Tanya Mudry at (403) 698-8197 or [tanmudry@cancerboard.ab.ca](mailto:tanmudry@cancerboard.ab.ca). ■

## Amendment to TPP Medication List

Effective October 1, 2007, the TPP medication list was amended:

- under Buprenorphine – product brand name Subutex® - removed
- under Buprenorphine – product brand name Suboxone® - added

Buprenorphine has been on the TPP medication list for some time with the example brand name Subutex®. The manufacturer has decided not to market Subutex® in Canada; instead it is marketing Suboxone®. Suboxone® is a combination of buprenorphine and naloxone indicated for substitution treatment in opioid dependence in adults. The combination product is expected to be available in Canada this fall.

To prescribe buprenorphine in Alberta, a physician must:

- hold a methadone exemption for dependence as a primary care prescriber, and
- have completed specific buprenorphine training.

Pharmacists are not authorized to prescribe narcotics or controlled drugs. ■

## Help us improve ACP's website!

**What?** We'd like to learn about your likes and dislikes of the current site and hear how we can improve it.

**Why?** To ensure that ACP's site continues to be useful and user friendly for you and your practice.

**How?** Send your comments to by Dec. 3, 2007 to Maria Lee, Communications Coordinator.  
Phone: 990-0321  
E-mail: [maria.lee@pharmacists.ab.ca](mailto:maria.lee@pharmacists.ab.ca)

## Career Opportunity

### Complaints Director

The Alberta College of Pharmacists is seeking applications for the full-time position of Complaints Director. Reporting to the Registrar, the Complaints Director is responsible for investigating complaints relating to the conduct of pharmacists and pharmacy operations. The Complaints Director manages all aspects of the complaints resolution process to ensure responsive, objective and timely resolution of complaints.

*The Complaints Director will:*

- respond to inquiries from the public and pharmacists;
- receive complaints;

- conduct preliminary and formal investigations;
- prepare written reports;
- consult with legal counsel to collate and prepare all materials required for disciplinary hearings;
- monitor outstanding complaint cases to ensure timely completion of required tasks;
- implement a continuous quality improvement process to support the complaint resolution program; and
- supervise the Complaints Service Agent and any inspectors appointed to conduct investigations.

*Candidates must possess:*

- a Bachelor of Science degree in Pharmacy;

## Alberta College of Pharmacists

- a licence to practice pharmacy in Alberta or be eligible for licensure in Alberta; and
- strong interpersonal, written and verbal communication skills.

The preferred candidate will have at least five years of experience in pharmacy practice and knowledge of and experience in investigative processes.

Please submit your resume before December 7, 2007 to:

Lynn Paulitsch, Business Manager  
Alberta College of Pharmacists  
#1200 – 10303 Jasper Ave. NW  
Edmonton, AB T5J 3N6  
[Lynn.Paulitsch@pharmacists.ab.ca](mailto:Lynn.Paulitsch@pharmacists.ab.ca)

# New complaints resolution process

The complaint resolution process changes substantially under the *Health Professions Act*. The fundamental shift between the old and the new complaint resolution processes is that the *Complaints Director* takes over the functions of both the Registrar and the Infringement Committee. There is no equivalent to the Infringement Committee in the new process.

When a complaint is received by the complaints director, he reviews the complaint and, if he believes that the conduct of a member or proprietor may constitute professional or proprietary misconduct, he may investigate the matter himself, refer it to an investigator, or pursue alternative complaint resolution, such as mediation.

**If a complaint is investigated:**

Once the investigation is complete, the complaints director decides whether a complaint should be dismissed or referred for a hearing.

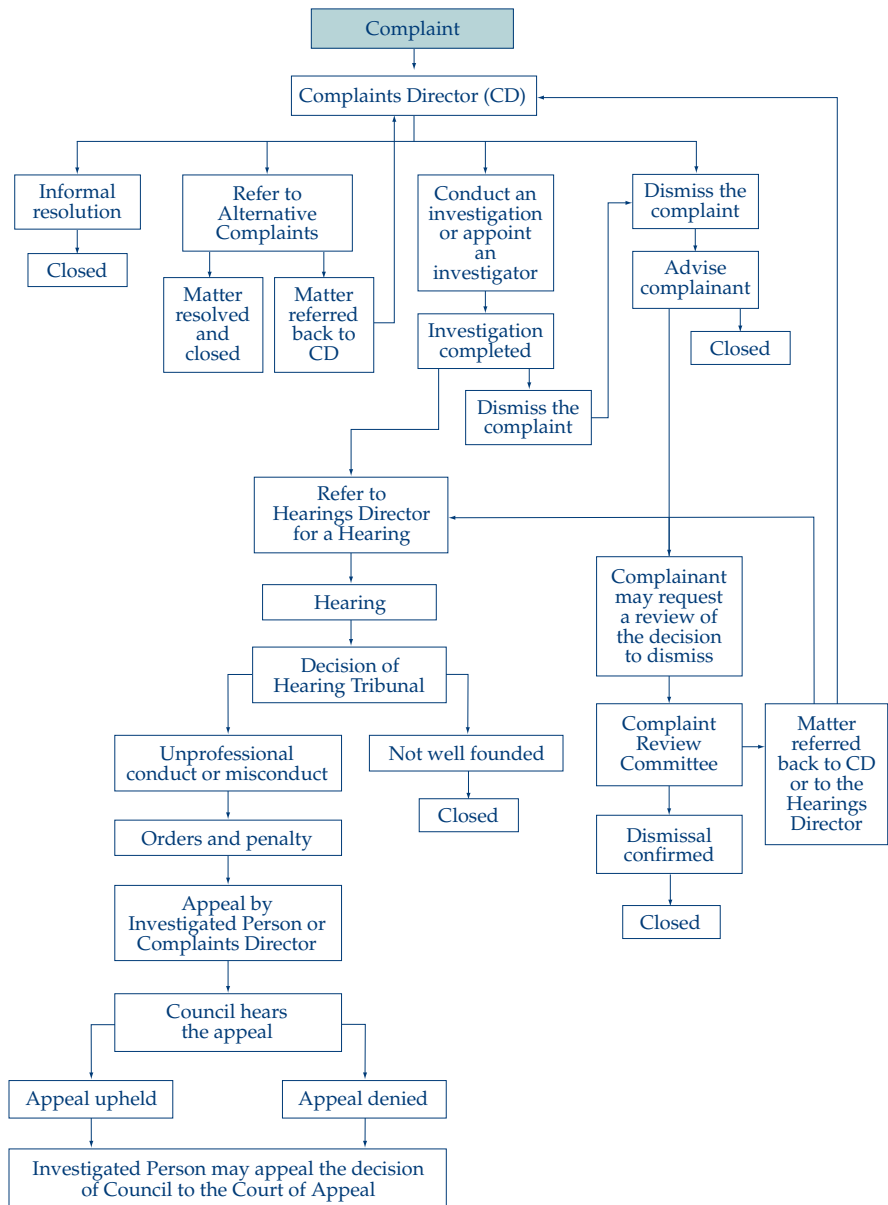
**If alternative complaint resolution is used:**

When alternative complaint resolution is used, the complaint is either successfully resolved through mediation or is forwarded by the complaints director to the Complaint Review Committee for a decision.

*Note:* Complaints begun under the *Pharmaceutical Profession Act* will be finished under that Act.

There are also some additional changes in the new process involving new steps and new parties. The view a summary of these changes, see the *Complaints Resolution* page of ACP's website. ■

**Complaints resolution process under the Health Professions Act Effective April 1, 2007**



**from the faculty...**

The Faculty received **745 applications** for 130 spaces for the 2007-08 term. From these applications, 118 Albertans, 9 non-Albertans, and 4 international applicants were accepted. Of the total first year students, 91 are female and 40 male.

**PEBC results** message from Dean Pasutto: "It gives me immense pleasure to report that our class of 2007 placed first in both multiple

choice and OSCE components of the examination. This now marks the 17th time in the past 19 years that we have placed first nationally. ... We have confirmed that one of our students achieved the highest grade on the Multiple Choice Question (MCQ) examination, another on the Objective Structured Clinical Examination (OSCE). However, the Burbidge is awarded to a single student with the best cumulative score on both.

"Once again, an outstanding achievement made possible by staff, preceptor, and student commitment to excellence. My personal thanks to all of you, on-site and off-site, who contribute to, and participate in, our academic program. Thanks."

On Thurs., Sept. 27, the **Alumni Recognition Awards** event was held at the Francis Winspear Centre in Edmonton. Congratulations to winning

*continued on page 12*

**acp xPress**

Oct. 12 ■ NETCARE service outage

**acp news**

Issued between Aug. 15 and Oct. 24, 2007.

**External**

- Aug. 15 ■ Interpreting Lab Values course reminder
- Blueprint for Pharmacy survey invitation
- Aug. 17 ■ CSHP Alberta Branch AGM
- Aug. 20 ■ PADIS survey reminder
- Aug. 23 ■ Interpreting Lab Values course reminder
- Aug. 24 ■ What do I do with Pharmacy Batch rejections?
- PIAs with Netcare – required or not?
- Aug. 27 ■ Mandatory provision of dispensing info
- Sept. 6 ■ PADIS survey request
- Sept. 11 ■ PEBC assessors needed
- Sept. 21 ■ Live smoking cessation workshop
- Sept. 28 ■ Netcare phone number correction
- Oct. 3 ■ Eight assessors needed for Nov. 10 PEBC exam
- Oct. 9 ■ Oct. 2007 issue of Adverse Reaction Newsletter
- Blueprint for Pharmacy working groups need you!
- Invitation to preceptor focus group

- Oct. 12 ■ Changes to NETCARE
- Pharmacy Workforce survey invitation
- Oct. 18 ■ 6th Alberta Disease Symposium (ARDS)

**Operations**

- Aug. 30 ■ Orientation sessions reminder
- Sept. 13 ■ ACP website survey invitation
- Sept. 14 ■ ACP website focus group invitation
- Sept. 18 ■ Orientation sessions reminder
- Oct. 4 ■ Winner of the 2007 ACP website survey draw
- Oct. 17 ■ Council meeting notice

**Practice issues**

- Aug. 21 ■ Notice of erasure of physician from CPSA register
- Aug. 29 ■ Clarification on TPP program
- Aug. 31 ■ Notice of veterinarian suspension
- Sept. 4 ■ Cancelled and suspended registrations
- Sept. 10 ■ TPP reminder
- Sept. 13 ■ Notice of physician suspension
- Sept. 19 ■ Lost triplicate prescription
- Oct. 17 ■ Seeking ADEK vitamins
- Oct. 24 ■ Notice of physician suspension

**Drug information**

See Health Canada advisories on page 8.

**...from the faculty** *continued from page 11*

pharmacists Bob Porozni and Catherine Biggs. See the article on page 7 for details.

**Reunion weekend** continued until Sept. 30. Classes of 1952 and 1987 held special events and numerous alumni wandered the halls of the Faculty at the open house Saturday morning.

The **Mentorship project** initiated by the Pharmacy Alumni Association and supported by the Faculty is commencing the next stage of implementation. A steering committee has been recruited and plans are being developed to produce a pilot for early 2008.

**Missing class pictures:** As part of a UofA centenary project the Faculty would like to complete the gallery of graduate photo composites which are hanging in the halls. We are missing most classes from 1916 to 1939. If you have a graduate class photo from any of those years, please contact Terry Legaarden at 492-8084 or tlegaarden@pharmacy.ualberta.ca ■

**In memory**



**Peter W. Hodgson** of Stettler passed away on September 12, 2007 at the age of 71. A graduate of the University of Alberta in 1958, he practiced at Dale Drug and Roi Drug in Edmonton. After moving to Stettler in 1962, he owned and operated Stettler IDA drugs for over 25 years. Peter retired in 1987.

Peter is lovingly remembered by his wife Jackie, family and friends.