

alberta college of
pharmacists



acpnews

In this issue...

3 • Notes from Council

Competence

- 3 • Retiring committee member
- What can you claim as accredited learning?
- 4 • Learning Portfolio audit results
- Tips when compiling your CPD Log

Patient Safety

- 5 • Two medication safety concerns to note

6 • Transition Times

Partners in Practice

- 9 • From the faculty
- 10 • Celebrating the Class of 2008
- HQCA survey results
- 11 • In memory...

Quality Pharmacist Practice

- 11 • Adjudicator finding re: HIA
- Retaining pharmacist-prescribed prescriptions
- Termination for unprofessional conduct
- 12 • Professional declarations
- Adapting reminders
- 13 • Don't default to "Dr."
- Check those fax numbers
- Conference coverage
- 14 • ACP no longer forwarding MedEffect messages
- 16 • ACP launches updated website

safe
effective
responsible
pharmacist practice

Rick Siemens new ACP president



Rick Siemens was installed as the new president of the Alberta College of Pharmacists for the 2008/09 year at the college's annual general meeting on May 24, 2008.

Rick received his BSc Pharm from the UofA in 1996. He went on to practice in Beaverlodge and Grande Prairie. Rick is now pharmacy manager of Lethbridge's London Drugs. He is a Certified Diabetes Educator, one of the first 15 pharmacists in Canada to be granted additional prescribing authorization, and one of the first 30 to receive authorization to administer drugs by injection. Rick is serving his third year on the college's council.

Under Rick's leadership, the college will pursue the regulation of pharmacy technicians, facilitate increased pharmacist use of the electronic health record, and expand the number of pharmacists granted additional

prescribing privileges so that Albertans are better supported when they require drug therapy.

In his inaugural address, Siemens encouraged pharmacists to collaborate with other health professionals and seize the opportunities presented by pharmacists' new scope of practice to strengthen the healthcare system and help patients experience better outcomes.

acpnews
has a new look.

Tell us what you think of it.
Reader survey on page 15.

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Joan Pitfield
Pat Matusko

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

Staff Directory

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

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Other new faces at ACP

Krystal Wynnyk Councillor, District 3 (Edmonton)

Krystal received her BSc Pharm from the UofA in 2002. Since graduating, she has practised in hospital, community, and extended care settings, currently serving as a consultant pharmacist in home care. She is an integral part of the interdisciplinary team and is devoted to her patients and their health. Krystal enjoys reviewing continuing education programs for CCCEP to ensure they are of high quality. Students from the UofA Faculty of Pharmacy benefit from her contributions as a teaching assistant and preceptor.

Krystal is excited to have the opportunity to provide patient-centered care in the dawn of a new era in pharmacy. She encourages all pharmacists to embrace the expanded scope of practice and fully use their expertise in medication management. Krystal is committed to ensuring pharmacists have the tools necessary to allow them to adopt the newly granted privileges into their professional practice to ensure the greatest benefit for patients.

Kaye Andrews Councillor, District 5 (Calgary)

Kaye graduated from the UofA in 2003 and then completed a hospital residency program in the Calgary Health Region. In 2004, Kaye joined the Anticipatory and Preventive Team Care or APTCare project in Carp, ON near Ottawa, as the clinical pharmacist. This project tested the integration of nurse practitioners and a pharmacist into a primary care practice to focus on chronic illness management. During this time, Kaye also worked as a community pharmacist. In 2006, Kaye returned to her Alberta roots to work with the Calgary Rural Primary Care Network where she is the Lead for Pharmacist Project Services. She is helping to integrate pharmacists into the primary care setting, specifically linking pharmacists with family physicians' offices. Kaye divides her time between clinical pharmacist duties at the Foothills Family Medical Centre in Black Diamond and administrative and clinical leadership within the PCN. This May,

she was awarded the CPhA New Practitioner Award for her leadership in these innovative projects.

Kaye enjoys being active in her profession and is optimistic for the exciting times ahead. There are a lot of opportunities currently available for pharmacists and Kaye looks forward to her work on council to help further advance the foundation that has been created.

Vic Kalinka ACP Pharmacy Practice Consultant

Vic is a familiar face in a new role at the college. Formerly a deputy registrar at ACP, Vic left the college to pursue other opportunities, most recently as pharmacy manager with Calgary Co-op in Airdrie. He has now returned to the college as a full-time pharmacy practice consultant. He will be covering southern Alberta while Randy Frohlich continues to serve as the consultant for the northern half of the province. Randy and Vic will conduct pharmacy assessments as part of ACP's commitment to patient safety and quality pharmacy practice.

Whitney Tushingam ACP Customer Service Agent Quality Pharmacist Practice

Whitney just received her Bachelor of Arts degree from the U of A. While she majored in Cultural Anthropology and minored in Psychology, her strong interpersonal skills and flair for problem solving make her a good fit for the competency department at the ACP. She will be assisting with components of the RxCEL Competence Program, onsite assessments, learning portfolio, and accreditation.

So far Whitney has enjoyed working as part of the additional prescribing authority assessment team. She is also learning the ropes for the CEU application process and looks forward to ensuring that all of Alberta's pharmacists continue to be held to a standard of excellence.

Council met June 11 to 13 to continue the review of ACP's strategic direction and conduct council's regular business. Following is a summary of some of the more significant decisions.

Council priorities

- **Public safety and public benefit from quality pharmacy practice** have been reaffirmed as the two primary themes for ACP's strategic direction.
 - Public safety efforts will focus on ensuring pharmacists, licensees, and owners comply with the requirements of legislation, standards, and our code of ethics.
 - Initiatives expanding public access to quality pharmacist practice will incorporate strategies for practice change, with an increased focus on achieving appropriate drug therapy and patient care. This focus includes emphasizing health promotion, disease prevention, and patient well-being.

Council has directed the pursuit of legislative amendments to bolster the college's ability to monitor and remediate pharmacist performance around prescribing and dispensing decisions. ACP will work with other colleges to secure an appropriate legislative framework which supports improved performance of regulated registrants, so as to improve appropriate drug therapy.
- Working toward **stricter legislation governing the provision of inducements** or incentives by pharmacies in exchange for goods or professional services provided by a pharmacist was set as a high priority. Members of the public and the college's key stakeholders have indicated that this practice is inappropriate. Other colleges are also expressing concern over similar loyalty/marketing schemes amongst their registrants.
- Council reaffirmed the importance of **increasing the number of pharmacists achieving additional prescribing privileges and**

authorization to administer drugs by injection. Gaps in patient care exist that pharmacists with these privileges can fill. It is imperative that Alberta pharmacists take advantage of the newly legislated practice opportunities, as they are leading the country into a new scope of practice and a new understanding of the profession.

Endorsement of national plan

Council has supported the **Blueprint for Pharmacy's** vision "Optimal drug therapy outcomes for Canadians through patient centered care" and remains committed to the development and implementation of the national plan being crafted by provincial and national pharmacy organizations. Therefore, ACP's strategies and business plans will align with needs that have been identified in the blueprint.

Proposed standards revision

Consultation will begin in early July on a proposed amendment to Section 11.10 of the *Standards for Pharmacist Practice* that requires all pharmacists to enter prescribing decisions into the electronic health record on Oct. 1, 2008. As NETCARE is not yet able to provide a system-to-system interface with pharmacy practice management software, the effective date for this standard requires deferral.

Mark your calendar

The 2009 Annual General Meeting will be held on Thurs., May 21 immediately prior to the opening ceremonies of the second tri-profession conference at the Banff Springs Hotel. The APEX Awards Celebration will be held at the Banff Springs Hotel on the evening of Sat., May 23, following the conference.

Retiring committee member

Thanks go to retiring Competence Committee and Practice Review Panel member Sandra Leung. Sandra served on this committee for six years. Her insight and dedication were real assets to the group. We wish Sandra all the best in her future endeavours.

What can you claim as accredited learning?

Alberta pharmacists may only claim as accredited learning **those programs accredited by a recognized pharmacy accrediting body.** Those are the Canadian Council on Continuing Education in Pharmacy (CCCEP), Alberta College of Pharmacists (ACP), Accreditation Council on Pharmaceutical Education (ACPE) and other provincial pharmacy accrediting bodies such as the Ontario College of Pharmacists.

You may have noticed that several CE providers are now offering continuing education courses for both pharmacists and technicians. In particular, in the US many providers are offering ACPE-accredited programs for pharmacists and technicians. **Please note that pharmacists may only claim courses that have been accredited for PHARMACISTS as accredited learning.** Be sure to check the course description. If it says "Technician Education", has an ACPE file number in the format "XXX-000-08-XXX-H01-T" (the T denotes "technician"), or a CCCEP file number in the format "CCCEP# NA-TT00XX" or "CCCEP# 001-1007 Tech" you may not claim it as accredited learning. It is also likely not appropriate to claim technician continuing education as non-accredited learning as it probably not at a level appropriate for pharmacists.

Learning Portfolio audit results

Audits of learning portfolios for the 2006-2007 registration year have now been completed. Out of 738 audits, 733 met all audit criteria and received letters of compliance - a 99.5% compliance rate.

Congratulations and keep up the great work! The five pharmacists who did not comply with the audit criteria are not able to renew their registrations for the 2008-2009 year.

In September we will commence audits of learning portfolios for the 2007-2008 registration year. This year we will undertake approximately 750 audits, so watch your mail!

Tips when compiling your CPD Log

We have completed our review of pharmacists' continuing professional development logs submitted for registration renewal in May 2008. Overall, pharmacists are doing a good job documenting their learning activities. Here are some tips that may speed up your next registration renewal:

- All hard copy CPD logs must be signed by the registrant. Since a minimum continuing education (CE) requirement is a condition under the legislation for registration renewal, your signature is required on the CPD log as confirmation of your CE entries.
- All accredited learning activities must state the accreditation file number so we can confirm accreditation status.
- All learning activities must be documented individually with the applicable accreditation file number. That is, you cannot write "Pharmacists Letter Jan-Dec 2007 12 CEUs".
- All non-accredited learning activities must be supported by a non-accredited learning record.

University of Alberta
Practice Development/Continuing Pharmacy Education



Fall Programs Announcement of Workshop Dates

The Faculty of Pharmacy and Pharmaceutical Sciences announces the following programs for Fall 2008:

Anticoagulation – On the Road to Practice Change



Workshop Date:

Saturday, September 13, and
Sunday, September 14, 2008

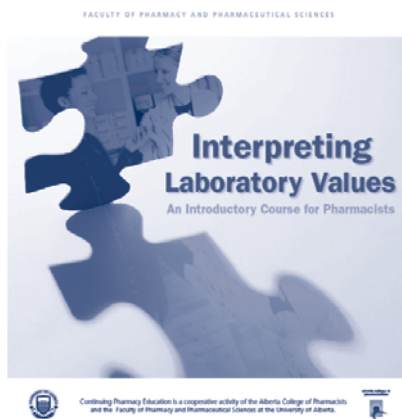
Location:

Radisson Hotel Edmonton South
4440 Gateway Boulevard
Edmonton AB
780-437-6010

Guest room rates:

\$124 and \$139 (until August 14)
Based on availability

Interpreting Laboratory Values – An Introductory Course for Pharmacists



Workshop Date:

Friday, September 19, and
Saturday, September 20, 2008

Location:

Radisson Hotel Edmonton South
4440 Gateway Boulevard
Edmonton AB
780-437-6010

Guest room rates:

\$139 (until August 20)
Based on availability

Programs involve pre-workshop assignments, participation at the workshop, three distance learning sessions, and a final assignment. Further details, including dates for distance learning sessions and registration fees are available at www.pharmacy.ualberta.ca/conted.

Enrollment is limited to 35 participants for each program. Registration for the programs will open on July 15 at 12 pm. **Please note that our office will be closed August 5-15, 2008.** If you have any questions, please call 780-492-2393.

Two medication safety concerns to note



1. Use of bromocriptine for lactation suppression

The Alberta Medical Association Committee on Reproductive Care has identified a patient safety concern regarding the use of bromocriptine [Parlodel®] for lactation suppression for women experiencing a stillbirth or neonatal death. It has become apparent that some health care providers have been prescribing the medication bromocriptine [Parlodel®] to these women in order to suppress breast engorgement and initiation of lactation.

Although previously used for this purpose, due to reports of serious adverse reactions including stroke, seizures, myocardial infarction, severe hypertension, hypotension and postpartum psychosis the United States FDA in 1989, taking the view that there is no need for the pharmacological suppression of lactation, recommended that medicinal agents should no longer be used for lactation suppression. The pharmaceutical manufacturer withdrew the indication for postpartum lactation suppression in 1994.¹

The use of a well fitted support bra was found to be the most comfortable solution for women not breastfeeding in a recent study by Swift and Janke² comparing breast binding to use of a support bra. There is no supporting evidence for the use of diuretics for engorgement or suppressing lactation.³

The best recommendation for these postpartum women appears to be:

1. Use of support for 7-10 days post-delivery until involution has occurred recognizing that there may still be small amounts of leakage until return of menses;
2. If the breasts become extremely engorged and warm, the use of local ice packs may be helpful;
3. If the breast become extremely engorged and tender, the use of an appropriate analgesic may be helpful; and,
4. Ensuring that when they are discharged home, they will have a supportive environment available to them.

For women who need to stop breastfeeding abruptly, pumping with gradual decrease in frequency may provide relief. Suppression of lactation using this method may take one to two weeks.³



2. PEG 3350 Non-electrolyte daily laxative

The Alberta Children's Hospital has brought it to the college's attention that PEG 3350 is still being frequently confused with PEG electrolyte bowel evacuants such as Colyte, Golytely or PegLyte. PEG 3350 is an ingredient in Colyte, Golytely and PegLyte. **Although all are polyethylene glycol products, they are prescribed differently.**

PEG 3350 does not contain electrolytes. It is used as a daily laxative in children to

treat chronic constipation.

Colyte, Golytely and PegLyte contain mineral salts in combination and are used to evacuate the bowel in preparation for intestinal procedures or other purposes. These solutions are **not** appropriate for the management of constipation in the outpatient setting in children.

It is important that the child receive an adequate daily fluid intake for PEG 3350 to work effectively. This must be emphasized to parents as it often is the reason the children do not have an appropriate response.

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

- Order Pegflakes (Miralax equivalent) through Pegflakes.com; or
- Acquire a prescription for PEG 3350 and obtain the product from a community pharmacy.

For pharmacists, PEG 3350 is available for order through McKesson Canada using item #772624 for the 500 g size. Please dispense with a med cup for measuring (e.g., 15 g = 20 mL).

Any questions or concerns can be directed to the Alberta Children's Hospital Outpatient Pharmacy 403-955-7303.

1 Merck Manual – On-Line Edition, 2008.

2 Swift K, Janke J. Breast Binding ...Is It All That It's Wrapped Up To Be?. J Obst Gyne Neonatal Nursing 32;332-339:2003

3 Consultation with Dr. S Gross, Physician Lactation Consultant

acpnews has a new look.

Tell us what you think of it. Reader survey on page 15.

Planning to apply for additional prescribing authorization?

Follow these steps to make the process simpler.

Assess your readiness

Other pharmacists are receiving the authorization. Is your time now? Take time to consider your practice:

- Do you participate in “prescribing” based on protocols or delegation? Now that additional prescribing authorization is available, this is no longer appropriate.
- Would additional prescribing authorization enhance the care you provide to your patients?
- Would the authorization increase your job satisfaction?

If you answer yes to these questions, start working on your application now. The process for receiving additional prescribing authorization is open and underway.

- The next two deadlines for applications are July 31st and August 29th.
- Each application is individually assessed by a team of practising pharmacists using a pre-determined set of criteria to ensure thorough, unbiased, fair evaluation.
- Results will be provided as soon as possible, but it may take up to eight weeks for you to receive the result of your assessment.
- The 2008 application fee is \$350 +GST.

Follow the guide carefully

The *Guide to Receiving Additional Prescribing Authorization* provides you with all the information you need to complete an application, including a self-assessment tool for you to determine your readiness. It also details the criterion by which you will be assessed. Review this guide carefully. **Clearly and explicitly**

address each and every criterion in your application.

Look to ACP’s website for more info

Our website displays the most current information about the application process for additional prescribing authorization.

Visit <http://pharmacists.ab.ca/college/resource.aspx?id=6340> to download a copy of the *Guide to Receiving Additional Prescribing Authorization*.

To obtain a hard copy of the guide or to ask a question not addressed on our website, email prescribing.authorization@pharmacists.ab.ca.

The website also features an additional prescribing authorization frequently asked questions section (access under *Registration & Licensure/Pharmacists/Additional Prescribing Authorization*). We will update this feature regularly to provide answers to questions and offer tips for completing your application based on comments from other applicants and assessors.

Start now to make your practice all that it can be. The application you submit will be comprehensive and will take time to compile. However, it will be worth it as you:

- affirm your good practices,
- reinforce the accomplishments you’ve already achieved,
- re-ignite your passion for high-quality practice and patient care,

- clarify the focus of your practice,
- boost your confidence, and
- realize you are participating in something pharmacists in the rest of the country can only dream of!

“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,
- retain a copy of both prescriptions,
- sign and enter the prescription with you as the prescriber, and
- notify the original prescriber.

Refer to Standard 12 of the *Standards for Pharmacist Practice* for full details.



This month, we continue our profile of the first 15 pharmacists to earn additional prescribing authorization.

Jennifer Dutka, BSP

Consult Pharmacist, Department of Symptom Control and Palliative Care, Cross Cancer Institute, Edmonton

Jennifer joined the Cross Cancer Institute's Pain and Symptom Consult team in 1992. Eight years ago, the team expanded to include a Palliative Care physician consultant. This had a marked effect on Jennifer's practice. "Having the privilege to work with a physician who not only embraced a multidisciplinary approach, but encouraged independent practice, I found myself continuously involved in initial triage, assessment, recommendation and ongoing follow-up for patients referred for symptom management."

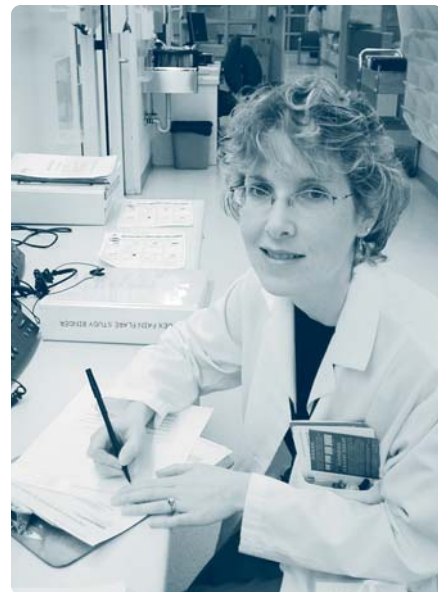
When the College began pursuing additional prescribing authority, Jennifer began thinking about how this opportunity could enhance the services her practice currently provided as well as cut down on the amount of time that her team spent on patient discussions. "Often there were pharmaceutical modifications required, but the process would be delayed if the physician consultant was not available due to conflicting meetings and other responsibilities, and even more so when they were on vacation." When ACP requested volunteers for the pilot, Pharmacy Management contacted Jennifer to encourage her to apply and she leapt at the opportunity.

Jennifer received the application package just before leaving for an out-of-town family vacation and debated whether to open the package or to relax for three weeks and then tackle it. In the end, she chose to relax first, enjoy her family vacation, and get down to business once she had returned – well rested and refreshed. After reading through the materials, she was initially worried that she wouldn't be able to complete the process in the three remaining weeks, but as she began to do the check lists,

everything began to flow smoothly and she thought, "this is me, this is what I do." She began to relax as she realized that over the past fifteen years, she had naturally started to incorporate many of the criteria that were being reviewed and evaluated.

When asked how prescribing authority has changed her practice, Jennifer says, "One of the unique features of the multidisciplinary team that I work with is that we all share the office space together. We have frequent updates between me, the nurses and physician regarding new and follow up patients. That hasn't changed with the additional prescribing authorization, and remains a key function in sharing information and providing the best patient care possible. What has changed is the ability to assess a patient, identify the cause of a symptom and implement a care plan independently and proceed with the writing of the prescription to complete the process in a timelier manner. This has resulted in decreased wait times for the patients in receiving their prescriptions. It has also decreased the number of times that I have to interrupt the physician."

The reactions from other health care professionals and Jennifer's patients have been very positive. "Since receiving my additional prescribing authorization, I have had many of the oncologists in the institute ask if I am one of "the fifteen" and offer their congratulations," Jennifer says. "I was initially a little nervous on how patients would react, but my concerns were unfounded. After explaining that I had additional prescribing authorization and could provide them with a prescription, all my patients have been very open."



What Jennifer found challenging about the process was going back and trying to identify care plans that would be appropriate. Because narcotic and controlled drugs were exempt, Jennifer wanted to find cases where her involvement was focused on either using adjuvant analgesics or addressing another symptom. "Unfortunately, real patients don't experience only one symptom at a time, so it became very challenging! At one point, the entire department, including our secretary, was trying to come up with names of patients who might be appropriate for my care plan." Jennifer cites this as yet another example of the support and encouragement that her colleagues and the Pharmacy Department at the Cross Cancer Institute provide.

Words of advice from this driven pharmacist: "We never stop learning; we never stop trying to improve ourselves. Complete the checklists in the application package—you will surprise yourself at how much of it you are already doing in your practice. Don't be scared to try and implement one or two things that you may not be doing now. It is easier than you think to make those changes, and the outcome will have outstanding results for you, your team, and your patients."

Gladys Whyte, BSc Pharm (with distinction)

Pharmacist, Tofield Health Centre, Tofield



As president of the Alberta College of Pharmacists in 2001, Gladys Whyte was instrumental in the whole process of initiating pharmacist

prescribing in the province. When the pilot for additional prescribing authorization was announced, she was curious to see what would be required and whether a “small town” pharmacist like herself would qualify – and qualify she did!

Going through the application process, Gladys felt very fortunate to have her background in anticoagulation. “I had experience in documentation for individual patient charts. I felt that if it weren’t for my experience and background in documentation with the anticoagulation management service that I provide, I may not have found the application process quite so straightforward.”

Although Gladys hasn’t implemented her additional prescribing authorization to the fullest extent at this point, she has many plans for the future. “As things evolve, I see myself having my own clinical practice and having anticoagulation patients making appointments to see me for more personalized care.”

Gladys recalls a situation that aptly demonstrates her definition of “personalized care”. She had a long-term Parkinson’s patient who was experiencing symptoms that Gladys attributed to the patient’s drug therapy. She collaborated with the patient’s doctor and made suggestions and

recommendations based on her knowledge. At discharge, the physician gave the approval for her to manipulate the patient’s meds – ordering, monitoring, and collaborating with the home care nurse. “I continue to contact this patient twice a week and am happy to report that she feels that her Parkinson’s symptoms are now better controlled than ever. I think she is also very happy because she feels that someone cares about her and her well-being – and that she is receiving truly personalized care.”

In addition to her patients, the physicians and other health care professionals at Tofield have had a very positive response to Gladys’ new authorization. “I have been acknowledged in the Quicknews newsletter and continue to assure my colleagues that I am applying my knowledge in a step-wise fashion, ensuring that everyone I work with becomes familiar with what I can do.” In addition to placing her into the Medi-Tech system as a provider/prescriber, the Tofield Health Centre will also begin capturing statistics about the anticoagulation patients Gladys cares for.

Gladys affirms that the number of hours of reading and information gathering she spent preparing for the additional prescribing authorization process were worth it. “Don’t be intimidated by the form itself,” she says, “but do take the time to do the charting and the documentation – it is incredibly important.” So from the beginnings of pharmacist prescribing in 2001 to being one of the first fifteen to obtain her additional prescribing authorization in 2008, Gladys continues to be a leader and “pioneer” in the profession of pharmacy.



Rene Breault, BSc Pharm

Clinical Pharmacist,
Anticoagulation Management Service,
University of Alberta Hospital, Edmonton



The Anticoagulation Management Service is an outpatient clinic at the UofA Hospital that accepts referrals from physicians to manage patients’

anticoagulation therapy. This specialized service aims to optimize patients’ anticoagulation therapy by systematically evaluating and monitoring patients, providing ongoing education, and serving as a valuable resource. Rene Breault has been with the Anticoagulation Management Service since 2003.

Originally, although Rene knew that he would eventually seek additional prescribing authorization, he planned on waiting until the pilot project was completed. But after speaking with his director at the anticoagulation clinic, he decided that this would be a fantastic opportunity for him to take for his role as a pharmacist, for the profession, and most importantly, for the patients he cares for. “I wanted to be part of this groundbreaking step for the pharmacy profession in Alberta.”

Rene says that when he first reviewed the application, he was a little intimidated by the amount of detail required, despite his confidence in his knowledge, skills, and ability to prescribe. “Once I started completing the application process, things really fell into place. As I was describing my practice setting, the collaborative



continued on page 9

Rene Breault continued from page 8

relationships I have with other prescribers, and providing my patient care plans, I knew that obtaining additional prescribing would be a natural extension of my current practice.”

For the most part, Rene limits his prescribing to medications related to anticoagulant therapy including warfarin, low molecular weight heparin, Vitamin K, and hemostatic agents. “Being authorized to prescribe allows me to take full responsibility for my patients’ drug therapy. While prescribing really only encompasses a small portion of what I do as a pharmacist, it is a necessary tool in order for me to provide optimal and efficient care for my patients.” Rene states an example being when he had a patient with a critical INR result that needed reversal with Vitamin K. After completing his initial assessment of the patient, without the ability to prescribe, Rene would have had to track down a physician to obtain a prescription. If the physician could not be contacted, the only other options to obtain the Vitamin K would be to send the patient to the emergency room or to wait in a walk-in clinic which, in the majority of cases, wouldn’t be necessary and would result in lengthy waiting times and inefficient use of those resources. “Now I can provide this urgent therapy in a timely, efficient manner to those patients who need it,” says Rene.

Rene says that most of his prescribing is done behind the scenes, contacting pharmacies with refills and new prescriptions and that the majority of his patients haven’t noticed a difference. “But I think that’s the point,” he says. “One of the benefits of prescribing has allowed continuity of the drug therapy that patients receive. I also think the health professionals that I work closely with appreciate the efficiency that my

prescribing authority provides – I no longer have to track them down, or interrupt them when they are with other patients, to obtain prescriptions.”

Rene suggests to other pharmacists considering applying for additional prescribing authorization that, “prescribing is merely a tool to help facilitate the pharmaceutical care process – in isolation it won’t help our patients unless all of the other essential steps of the process are implemented. That is what the application procedure is trying to determine. I would encourage pharmacists applying to examine their practice and if everything is there, then go for it! If some fundamentals are missing, find out what needs to be done to fill those gaps, or spend some time with a pharmacist who has additional prescribing authority to see how they practice. In the end, each individual practice is unique; however, I think every pharmacist has the potential to elevate their practice to the point where they can obtain additional prescribing authorization.”

From the faculty...



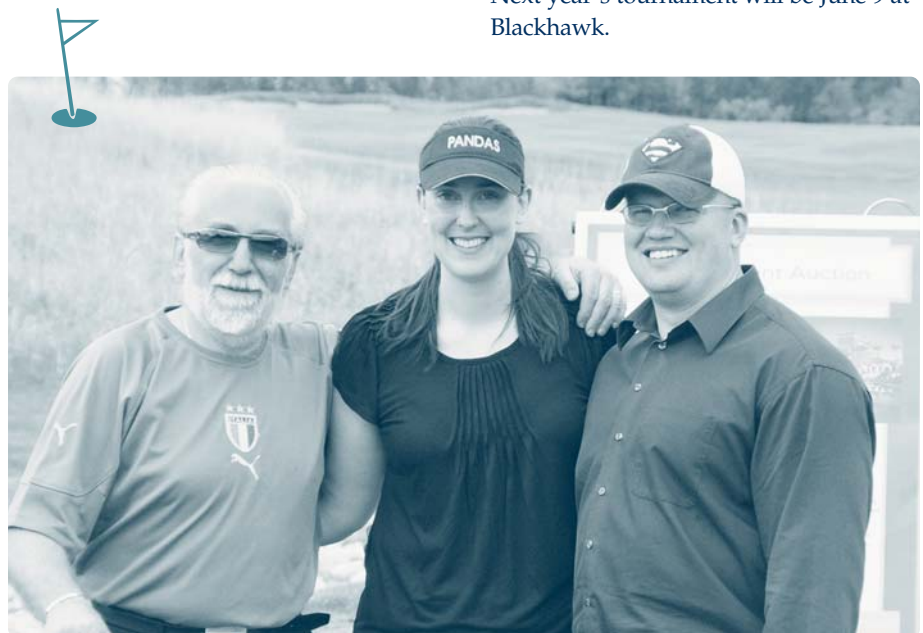
This year the University of Alberta celebrates a century of learning, discovery and

citizenship. Please join us! Learn more at www.100years.ualberta.ca

The **Dean’s Tournament of Golf** was held on June 3 under perfect skies. Over 140 golfers enjoyed the opportunity to beat Dean Pasutto on the putting contest and double their bet on the UniGlobe Travel Hole-in-One. The faculty appreciates the support of the sponsors; please check the website (www.pharmacy.ualberta.ca) for a complete list.

The Sandoz Cup was won by Barry Peachment, Rick Provencal, Terry Dobson and Doug Koffski. The Espresso Cup trophy for the best score in the Texas Scramble was claimed by Lisa Holan, Omer Ghutmy, Rose Seneka and Rudy Seneka.

Next year’s tournament will be June 9 at Blackhawk.



Dean Pasutto, Sara Houlihan, recent grad, and Stan Dyjur, APSA president.

Celebrating the Class of 2008

Nearly 300 people attended the grad luncheon, hosted by ACP on June 6 to celebrate the class of 2008. Although at the Shaw Centre and not a classroom, there was still learning as speakers imparted their wisdom. Deputy Minister of Advanced Education Annette Trimbee encouraged the graduates to seize the opportunities that have newly opened to pharmacists in Alberta and to embrace a spirit of entrepreneurship.

Dean Pasutto thanked the class for their enthusiasm and noted the legacy they hold as the first class to have graduated using the new curriculum. He offered words of encouragement and advice through a quote from William Bötcker:

"Your greatness is measured by your kindness,

"Your education and intellect by your modesty,

"Your ignorance is betrayed by your suspicions and prejudices,

"And your real caliber is measured by the consideration and tolerance you have for others."

President Rick Siemens charged attendees to never settle for mediocrity—from others or from themselves. He also stressed the importance of relationships throughout a pharmacists' career, with patients, peers, and other health professionals.

He then had the privilege of announcing the winners of two major awards: Aleasha Grattan, recipient of the ACP Gold Medal, and Judi Lee, recipient of the APSA Past President award.

In addition, Jayne Quan from the Foothills Medical Centre and Rick Siemens from London Drugs #38 (Lethbridge) were recognized as Hospital Preceptor of the Year and Community Preceptor of the Year respectively.

Congratulations to the award winners and best wishes to the Class of 2008!



Judi Lee, APSA Past President with Rick Siemens, ACP President



Billy Wunarto presenting Community Preceptor of the Year to Rick Siemens



Grace Chan presenting Hospital Preceptor of the Year to Jayne Quan

Albertans most concerned about quality of care and communication

The Health Quality Council of Alberta (HQCA) recently released the results of its first provincial survey of patient experience in Alberta's emergency departments. Overall, 90% of rural and 84% of urban respondents ranked their overall care as excellent, very good or good. Wait times in the emergency department, especially the time it took to see a doctor, clearly affected patients' overall emergency department experience. However, **what mattered most to patients, and what most**

influenced their overall rating, was the care and communication they ultimately received.

The survey results clearly show that regardless of overcrowding and wait-time issues, from the patient's perspective, health care providers need to develop strategies that provide an optimal environment for communication so that patients can fully share information about their condition, have enough time to discuss their health concerns and receive information about


treatments, test results and discharge instructions.

The report is available at: www.hqca.ca. For more information about the HQCA's emergency department patient experience survey, please contact Pam Brandt at 403-297-4091 or pam.brandt@hqca.ca.





In memory...

 **George Wyllie** of Edmonton passed away on April 25th, 2008 at the age of 79 years.

Born in Brock, Saskatchewan, George completed a BSc in Pharmacy from the University of Saskatchewan in 1951. He married Anne Mady; they moved to Rimbey in 1955 where George owned and operated Wyllie's Pharmacy and later also co-operated Alpine Drugs in Rocky Mountain House. He retired in Edmonton in 1984. George had many diverse interests and was very engaged in the Alberta Pharmaceutical Association and his community, committing to the work of the Chamber of Commerce, Town Council, Lions Club, the Masonic Lodge and the United Church.

George is survived by his loving wife Anne and will be missed by his sons, daughters and many other family and friends. His eldest daughter, Elaine, followed in her father's profession, graduating as a pharmacist from the UofA. She currently practises in B.C.

Adjudicator finds pharmacy did not breach HIA

An adjudicator with the Office of the Information and Privacy Commissioner (OIPC) determined that a pharmacy was not in violation of the *Health Information Act* (HIA) when it asked a customer for photo identification.

The complainant was picking up drugs for his wife and the pharmacy said it required photographic identification because the drugs were Schedule 2 drugs and they needed to confirm the husband was within the circle of care.

The complainant felt the pharmacy was not allowed to ask for photo ID under

terms of both the HIA and the *Personal Information Protection Act* (PIPA).

The adjudicator ruled that the pharmacist had viewed but not recorded the photo ID. She determined that because the pharmacy had viewed but did not record the information, there was no breach of HIA. The adjudicator also ruled she had no jurisdiction to deal with the complaint under the terms of PIPA.

To obtain a copy of the orders from this case (H2007-002 or P2007-015), visit the OIPC's website at www.oipc.ab.ca.

How long do you retain pharmacist-prescribed prescriptions?

Standard 73(b) of the *Standards for Operating Licensed Pharmacies* requires that written prescriptions (no matter from which authorized prescriber) and transaction records for all Schedule 1 drugs dispensed are retained for at least two years past the completion of therapy with regard to the prescription or for **42 months**, whichever is greater.

Standard 78 of the *Standards for Operating Licensed Pharmacies* says that patient records must provide a history of all interactions required to be documented for a patient under the *Standards for Pharmacist Practice* and must be maintained for a period not less than 10 years after the last pharmacy service or two years past the age of majority, whichever is greater.

Termination for unprofessional conduct must be reported

Did you know that if, because of conduct that in the opinion of the employer is unprofessional conduct, the employment of a regulated member is terminated or suspended or the regulated member resigns, the employer must give notice of that conduct to ACP's complaints director? Section 57 of the *Health Professions Act* requires it.

The Act goes on to say that, once having received notification, the complaints

director must treat the employer as a complainant and notify the employer and the regulated member as he would for any other complaint.

This duty to report applies for registrants engaged to provide professional services on a full-time or part-time basis as a paid or unpaid employee, consultant, contractor, or volunteer.

Professional declarations – what are they all about?

You are required to sign two professional declarations as part of the pharmacist registration renewal process: one regarding continuing competency and one regarding professional liability insurance. What happens if the information you declare is inaccurate or you don't sign the declaration?

■ Your registration renewal may be delayed.

Without signed declarations, your renewal cannot be processed. If you don't receive a new practice permit by June 30, 2008 when the old one expires, you may not practice until you are issued a new practice permit. This could mean unscheduled time off for you in July and inconvenience for your employer.

■ You may be investigated.

Both declarations include the understanding that any false or misleading statements concerning

learning activities or liability coverage may result in a referral to the Complaints Director for further investigation.

■ Your practice permit may be cancelled.

The Professional Liability Insurance Declaration includes the understanding that if you wish to be on the clinical register but do not maintain valid professional liability coverage, and if you can not provide proof of this insurance, your practice permit will be cancelled.

■ You jeopardize the profession's self-regulation privilege.

As a self-regulating profession the Alberta College of Pharmacists relies on the professional undertakings and the ethical commitment of its registrants as a means of ensuring safe, effective and responsible pharmacy practice. The privilege of

self-regulation comes with increased personal responsibility.

Professional declarations are key to demonstrating to Albertans that their pharmacists are not only competent, but possess the requisite liability insurance in the event of any damages suffered as the result of an error. During our recent efforts to gain expanded practice privileges, government recognized that key to granting this authority was the ability to ensure protection of the public through maintenance of competency and liability insurance.

As a professional, you must confirm your agreement to take responsibility for your actions by signing the declarations. ACP recognizes that this is a moderately new registration process and remains committed to working with pharmacists to ensure that they understand and comply with these professional declarations.

Reminders when adapting prescriptions

1. Indicate an adaptation

If you work in a hospital, clinic or other non-dispensing environment and you adapt prescriptions, please indicate that the prescription is in fact an adaptation. Otherwise, a community pharmacist will assume that it is an initial prescription and will not fill it if you do not have addition prescribing authorization.

2. Document your adaptations

Standard 12.8 in the *Standards for Pharmacist Practice* outlines the duty to document the adaptation. *A pharmacist who adapts a prescription must:*

- (a) *create a new prescription in writing signed by the pharmacist;*
- (b) *provide a clear reference on the new prescription to the original prescription, and*
- (c) *retain both the new prescription and the original prescription where applicable.*

We have received reports that, during audit, third party payers have been disallowing claims if the written prescription does not include a reference to the original prescription.

3. Inform the original prescriber

Standard 12.9 outlines the duty to inform the original prescriber and

describes the information that must be included in that notification.

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.*

Don't default to "Dr."

It's not just doctors that write prescriptions anymore; pharmacists, nurse practitioners and dieticians are writing them too. Be sure that your pharmacy labels don't imply that these practitioners are doctors by a labeling default to "Dr. _____". This can confuse patients and health care practitioners alike. Ask your software vendor for assistance to apply the correct designation to prescriber names in your computer system.

Check those fax numbers

A physician reported, "A patient of mine recently faxed her own triplicate prescription to a pharmacy. The pharmacy phoned me to ask if I had faxed the prescription. I had not. Only then did it occur to me that it was possible for patients to fax the same prescription to several different pharmacies." Although this scam was new to this physician, it is not uncommon.

Please ensure that faxed prescriptions are originating from a physician's office. Refer to *Ensuring Safe & Efficient Communication of Medication Prescriptions in Community and Ambulatory Settings* (<http://pharmacists.ab.ca/Downloads/documentloader.ashx?id=4990>) for best practice tips.

If you have any suspicion that a faxed prescription did not come directly from the physician, please follow up with the physician's office to confirm.



ALBERTA COLLEGE OF PHARMACISTS
ALBERTA PHARMACISTS' ASSOCIATION
2008 JOINT CONFERENCE

Over 150 pharmacists have a better understanding of new opportunities for greater professional satisfaction and better patient care thanks to the Pharmacists on the Tightrope conference, co-hosted by the Alberta College of Pharmacists (ACP) and the Alberta Pharmacists' Association (RxA) this past May in Edmonton.

This conference was an event that celebrated many firsts:

- the first Alberta pharmacy conference co-hosted by ACP and RxA;
- the first presentation of the APEX (Alberta Pharmacy Excellence) Awards, the new province-wide program created by ACP and RxA to recognize excellence in pharmacy practice;
- the first conference to include pharmacists with authorization to administer drugs by injection;
- the first conference to include pharmacists with additional prescribing authorization; and finally
- the first conference to be devoted entirely to helping pharmacists personally clarify and reach their practice goals.

Three world-renowned experts on change in pharmacist practice – William Zellmer, Ross Holland and Christine Nimmo – were brought together to help Alberta pharmacists make the most of the new opportunities available. Pharmacists

"Thought-provoking, motivational, inspiring"

Pharmacists on the Tightrope conference balances personal satisfaction and professional change

and pharmacy managers left with a sense of professional revitalization, collaboration and inspiration.

Conference highlights

APEX Awards and presentation to additional prescribers

Friday, May 23 was a very special night for Alberta pharmacy. This was an opportunity to celebrate the achievements of the 2008 APEX Award winners and Alberta's first fifteen pharmacists with additional prescribing authorization. Each individual has demonstrated leadership and excellence within the profession and their community. Deputy Minister of Health and Wellness Paddy Meade presented the awards. She commended Alberta pharmacists for taking the lead on the new practices that will now expand across Canada.

Learn more about the APEX Awards and the deserving recipients by viewing the award videos at www.pharmacists.ab.ca. **You'll be inspired by the work of these individuals and moved by their stories.** Nomination forms for next year's awards

continued on page 14



First 15 pharmacists granted additional prescribing authorization, with Paddy Meade, Deputy Minister, Alberta Health and Wellness. Back row, left to right: Rami Chowaniec, Christine Hughes, Erin Albrecht, Glen Pearson, Rick Siemens, Rene Breault, Paddy Meade. Front row, left to right: Gladys Whyte, Nese Yuksel, Jodi Wilkie, Jennifer Dutka, Sheri Koshman, Kim Mettimano, Tammy Bungard. Missing recipients: Jeff Kapler and Renette Bertholet.

Joint conference continued from page 13

will be made available soon. Do you know someone who deserves an APEX Award?

Unique session layout encouraged interaction and collaboration

Rather than the typical lectures, conference planners designed three “hands-on” interactive sessions. One participant summed it up by saying, “The interactive breakout sessions were very valuable – the opportunity to interact with peers and learn more about what others are doing in their practice was very important as well as inspiring!”

Four people who “went first”, panel discussion

Attendees were inspired by the stories shared by four pharmacists who have pursued opportunities never before open to pharmacists in Alberta. Thanks to Anjali Acharya (achieved authorization to administer drugs by

injection), Erin Albrecht (achieved additional prescribing authorization), and Margaret Wing and Kristine Veillette (participants in the UofA mentorship pilot project) for showing the way from theory to practice.

What’s next?

We hope to see you next year at the 2009 Strengthening the Bond Tri-Profession conference from May 21-23 in Banff. This conference is jointly hosted by ACP, the AMA, RxA, CARNA and CPSA. Its theme will be *Culture, Collaboration and Change*.



ACP no longer forwarding Health Canada MedEffect notices

As of July 31, ACP will no longer be forwarding advisories, warnings or recalls issued through Health Canada’s MedEffect program. Many registrants have let us know that they subscribe directly to this service and do not need the message again from the college.

If you have not already subscribed to this free service, you may do so by logging on to Health Canada’s website at <http://www.hc-sc.gc.ca/dhp-mps/medeff/subscribe-abonnement/index-eng.php#subscribe>.

We will continue to post the advisories on the Safety Advisories section of the college’s website (pharmacists.ab.ca). You can also check current and archived advisories on Health Canada’s site.



Reader survey

Please take a moment to tell us what you think about acpnews. We've made changes recently and want your feedback. Please complete this survey online at pharmacists.ab.ca, or complete and fax this paper copy to Karen Mills at 780-990-0328.

1. How much of acpnews do you typically read? (Please ✓ one.)

- All of it
- More than half
- Less than half
- None of it

2. Which are you more likely to read? (Please ✓ one.)

- An online newsletter that is sent via email
- A printed newsletter that comes in the mail

3. Typically, acpnews articles provide... (Please ✓ one.)

- Too much detail
- The right amount of detail
- Not enough detail

4. I like the new design of acpnews (introduced in the May/June 2008 issue)... (Please ✓ one.)

- More than previous design
- Less than previous design
- Didn't notice a difference

5. On a scale of 1 to 5, where 1 is excellent and 5 is very poor, how would you rate the current layout of acpnews? (Please circle one.)

Excellent 1 2 3 4 5 *Very poor*

6. Receiving acpnews every two months is... (Please ✓ one.)

- Too often
- About right
- Not often enough

7. How would you rate the effectiveness of acpnews in terms of its... (Please ✓ one in each row.)

	<i>Very effective</i>	<i>Effective</i>	<i>Not very effective</i>	<i>Don't know</i>
Relevance to you as a pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being informative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being clear and understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall quality of the information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. To what extent does acpnews overlap with or duplicate other publications you receive? (Please ✓ one.)

- Significantly
- Somewhat
- Not at all

9. How interested are you in receiving information on the following topics and college activities? (Please ✓ one in each row.)

<i>Topics/Activities</i>	<i>Very interested</i>	<i>Interested</i>	<i>Not very interested</i>	<i>Not at all interested</i>
The college's involvement in the development of health policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The college's involvement in patient safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awards/grants available to college registrants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decisions of council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decisions of hearing tribunals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changes to college governance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competence program updates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal and ethical issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Comments?

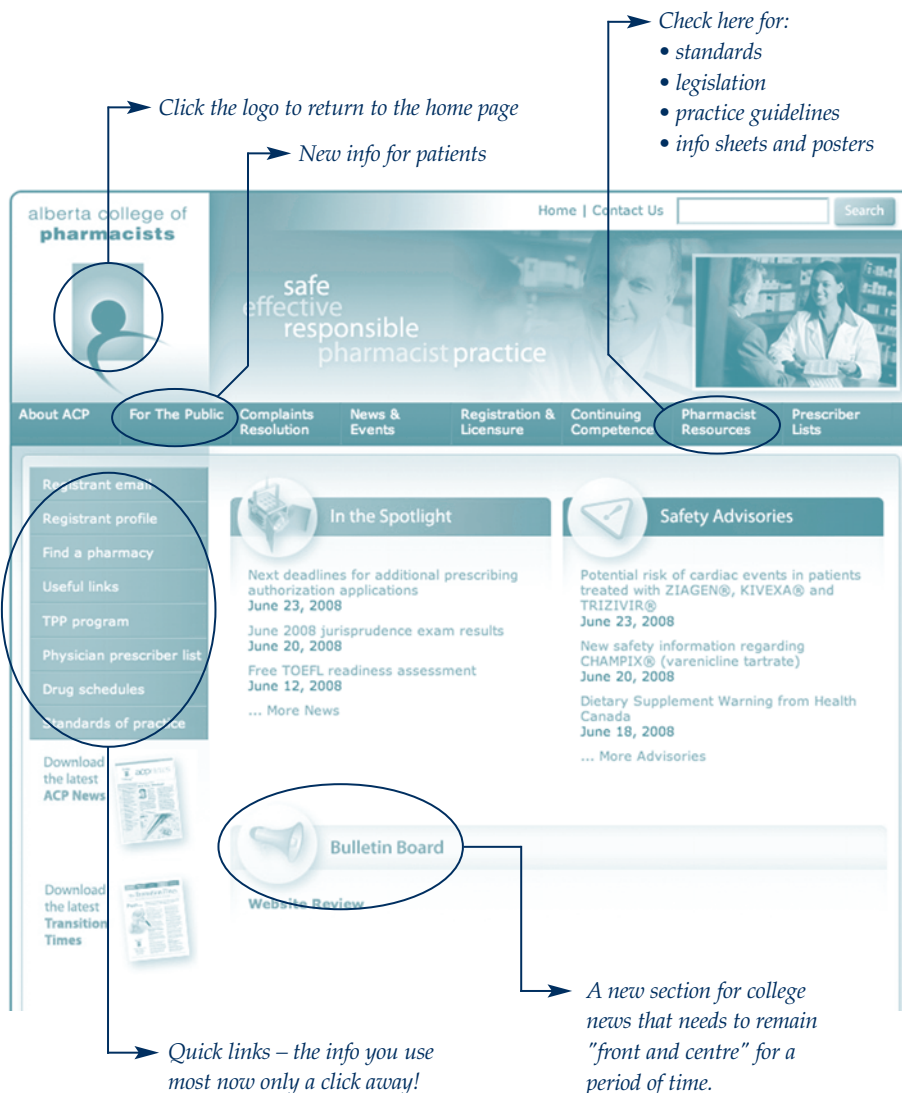
Your input is important to us. As writers, editors, and designers, our primary purpose is to serve you. Thank you for your help!

ACP launches updated website

It has been an eventful year for pharmacy in Alberta. In keeping with the new developments, ACP has given its website a facelift and retooled it to make it more user-friendly and better accommodate all of the news, information, and events surrounding these exciting times in pharmacy practice.

You'll see a new "For the Public" section, where you can send patients to learn more about what you do and the services you provide. The search function has moved to the top right hand corner of every page, and along the left hand side of the homepage you'll see a list of "Quick Links" – areas of the website that you visit most frequently and need the quickest access to. These links include Registrant Email, Registrant Profile, the TPP Program, the Physician Prescriber List, and the Alberta Drug Schedules. Instead of drop down menus, you'll now find your menu options displayed on the left side of each page.

Thanks to all who took part in the website surveys and focus groups – your input has been invaluable! We will continue to work diligently to improve and enhance the information, efficiency, and usefulness of the ACP website and your continued feedback is important. Take some time to explore and get to know the new site and if you have suggestions for improvements please let us know.



acpnews
has a new look.

Tell us what you think of it.
Reader survey on page 15.

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