

alberta college of
pharmacists



acp news

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Congratulations 2009 APEX Award recipients

The APEX Awards recognize excellence in pharmacy practice in Alberta. Initiated in August 2007, the awards are jointly funded, promoted, and presented by the Alberta Pharmacists' Association (RxA) and the Alberta College of Pharmacists (ACP). ACP and RxA are pleased to announce this year's APEX Award recipients.



M.J. Huston
Pharmacist of the Year –
Noreen
Vanderburgh,
Edmonton



W.L. Boddy
Pharmacy of the Year – Hawkstone
Home Health
Care Pharmacy,
Edmonton, Jordan
Allen, Manager



**Wyeth Consumer
Healthcare Bowl
of Hygeia** –
Rita Lyster,
Barrhead



**Future of
Pharmacy** –
Naila Lalani,
Edmonton



**Friend of
Pharmacy** –
Gail Hufty,
Edmonton

**Partners in
Practice** –
WestView
Primary Care
Network,
Spruce Grove



Dr. Stan Kroeker,
physician lead



Dr. Greg Boughen,
physician lead



Tara Grimstead,
pharmacist lead



Dawn Petit,
nurse lead

safe
effective
responsible
pharmacist practice

Join us in congratulating these winners at the APEX Awards Gala in Banff on May 23 at the close of the *Strengthening the Bond* tri-profession conference. There is no cost to attend, but please check the APEX Awards box on the conference registration form so that we have enough food and drinks for you!

Watch for more details about the 2009 award winners in upcoming issues of *The Link* and on the ACP website.

acpnews is published four times per year by the Alberta College of Pharmacists. Send submissions for publication to:

Karen Mills, Communications Leader
karen.mills@pharmacists.ab.ca

The deadlines for submissions is June 2, 2009 for the Summer 2009 issue. Information about content and length of articles can be obtained from Karen.

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Donna Galvin, District 5
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Public members:
Vi Becker
Pat Matusko
Joan Pitfield

Pharmacy technician observers:
Robin Burns
Teresa Hennessey

Council 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

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Their email addresses are available on our website at pharmacists.ab.ca under *Contact Us*.

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Pharmacy Practice Consultants:

E. Randy Frohlich
Vic Kalinka

Business Manager: Lynn Paulitsch
Registry Leader: Linda Hagen
Communications Leader: Karen Mills

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Two pharmacists to receive honorary ACP life membership

In its 98-year history, the Alberta College of Pharmacists (and the former Alberta Pharmaceutical Association) has recognized 41 pharmacists who have made outstanding contributions to the profession over an extended period of time with honorary life memberships. Those ranks are about to grow by two.

This year, Marilyn Thornton and Stanley Lissack will receive the college's highest honour.

Marilyn earned a BSc Pharm from the U of A. She went on to work in community, hospital, and long-term care settings before turning her skills to pharmacy administration with the Capital Care Group, the Alberta Pharmaceutical Association (as Assistant Registrar), and most recently as Director, Pharmaceuticals and Life Sciences Branch, Alberta Health and Wellness. Marilyn has served the profession as a pharmacist, advocate, regulator, mentor and guide throughout her career. Her keen mind and caring ways created a legacy of improved systems, progressive

policies, and empowered peers.

After earning his BSc Pharm at the U of A, Stan worked in Lethbridge and Calgary before purchasing his own pharmacy. While operating his pharmacy, Stan served terms as both APHA and CPhA president and played a pivotal role in both organizations. Stan sold his pharmacy and accepted the position of Registrar of the Saskatchewan Pharmacists' Association. Following his tenure there, he moved to Astra Pharma Inc. where he quickly rose to the position of national vice president. In addition to working for the profession at a national level with CPhA, Stan served as president with both the Canadian Society of Industrial Pharmacists and the Canadian Foundation for Pharmacy. In 2007, Stan was selected as one of CPhA's Pharmacists of the Century.

Congratulations Marilyn and Stan and thank you for your tremendous contributions to the profession! We look forward to honouring you both at this year's APEX Awards Gala.

Public awareness campaign: Wave 2 launching

The second wave of the ACP/RxA public awareness campaign launched on March 2. The campaign ran through the month of March with radio, rural newspaper, and online ads across the province. Picking up on the spring season, this wave's ads featured a young soccer player with asthma. The key lines used in the first wave were repeated: "You and your pharmacist... a healthy combination" and "Get to know your pharmacist – the more they know, the more they can help."

We are also developing in-store items for you. We'll keep you posted! In the meantime, if you have questions about or suggestions for the campaign, please contact Cynthia Rousseau at RxA or Karen Mills at ACP.



Message from the Registrar

As Darwin saw it, it is not the strongest of the species that survive, ... but the one most responsive to change.

– Robert Cooper, from his book *The Other 90%: How to unlock your vast potential for leadership and life.*



Greg Eberhart

It was the 200th anniversary of Darwin's birth this February, but his insight is just as true now as it was during his lifetime. And this year has already presented more than enough

change to put it to the test. In addition to being responsive to present challenges, ACP is taking steps to ensure we are prepared for challenges yet to come. By clearly defining goals and advocating for progressive policies, we are creating a future that empowers the profession and benefits patients.

Defining our vision and mission

The national vision adopted in the CPhA-facilitated *Blueprint for Pharmacy* is "Optimal drug therapy outcomes for Canadians through patient-centred care." ACP has joined other provincial and national pharmacy organizations by committing to align our organizational strategies with the blueprint.

ACP council began this alignment in December 2008 when they reaffirmed ACP's mission statement: "The Alberta College of Pharmacists governs the pharmacy profession in Alberta to support and protect the public's health and well-being. We take responsibility for pharmacy practice by setting and enforcing high standards of competence and ethical conduct." To fulfill this mission, council approved the following as its top strategic goal:

The public and individual patients benefit from quality patient care from pharmacy practitioners.

Quality patient care is defined as care that:

- is accessible, acceptable and appropriate to the patient;

- responds to the patient's and the public's health needs; and
- is provided safely, effectively and efficiently by accountable pharmacy practitioners within appropriate pharmacy care settings.

The mission statement and goal are not new thoughts, but concise reflections on the college's priorities. They guide ACP's contribution to public policy that enhances the opportunities for our health system, pharmacists, pharmacy technicians and, most especially, for our patients.

Advocating for enabling legislation

Over the past months, the provincial government proposed or amended many pieces of legislation affecting pharmacy practice. ACP was there to advocate for reasonable, forward-looking policies that advance pharmacy practice and benefit patients. Following are summaries of the major policy developments.

Health Professions Act – ACP pursued amendment to Schedule 19 of the HPA to accommodate the regulation of pharmacy technicians. Complementary amendments to the *Pharmacists Profession Regulation*, when passed, will allow pharmacy technicians to be regulated and thus work under a pharmacist's direction to assist in compounding, dispensing and selling scheduled drugs. Enabling regulated pharmacy technicians to take on more responsibility in dispensing means pharmacist time can be more appropriately used to better address patient and health system needs.

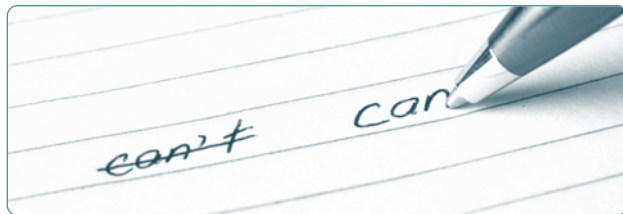
Pharmacy and Drugs Amendment Act – After former Health Minister Hancock chose not to proclaim those sections of the *Pharmacy and Drugs Act* that

addressed mail order pharmacies, ACP developed a new policy framework that resulted in legislative amendments in December 2008. This new framework will be supported through amendments to the *Pharmacy and Drugs Regulation* this spring. The amendments do not prohibit the delivery of pharmacy services at a distance, but rather enhance accountability for all pharmacies.

Significant changes address when a mail order license is required, licensing requirements, records that must be maintained, the ability of the college to place conditions on a license throughout the year, and the ability for the college to share information found through investigation with regulatory bodies in other professions and jurisdictions. These measures are all important to maintaining the integrity of the drug distribution system, and ensuring that pharmacy services are provided safely, effectively, and accountably.

Health Information Amendment Act – ACP both wrote and presented to the Standing Policy Committee on Health charged with reviewing proposed amendments to the *Health Information Act*. ACP supported government's intent to expand the scope of the Act to include most regulated health professions. Together with other colleges, ACP pointed out that the proposed revisions did not adequately balance the protection of personal information and the legitimate uses of personal information within the health system. The proposed amendments lacked clarity, as many significant sections were proposed to be defined through regulation. We submitted that while policies surrounding the use of personal information were complex, policies

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Message from the Registrar
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supporting the use of personal information by regulated health professionals need to be considered separately from those about the secondary use of personal information. ACP also submitted that health professional bodies should have access to personal information to support quality assurance and quality improvement programs important to the practice of their registrants. The future of the proposed amendments remains under review.

Provincial Pharmaceutical Strategy –

In anticipation of a new provincial pharmaceutical strategy, ACP submitted 22 recommendations to the Minister. Sustainability depends on a commitment to quality and safety. Thus, we submitted that a provincial strategy required change in behaviour by the pharmaceutical industry,

participants in the drug supply chain including wholesalers and pharmacies, all health professionals involved in making decisions about drug use, and patients themselves. Therefore, all 22 recommendations focused on policies significant to the behaviours of one or more decision-makers involved in the drug use process. You can view our submission on our website at *About ACP/Council/Policy development*.

Provincial Health Workforce Strategy - ACP joined other colleges and contributed to the government's evolving Health Workforce Strategy. Yet to be finalized, the strategy has four focuses:

1. to provide improved information to employers, workers and youth considering employment in the health sector;
2. to attract workers from within and outside Alberta to meet workplace demands;

3. to develop a high performing workforce through education and training as well as high performing work environments; and
4. to retain and attract workers to the health sector.

Pharmacist shortages are projected well into the future; however, the ultimate demand will be determined by the purpose for which pharmacists are used. As pharmacists accept more responsibility to improve patient access to care and to address the appropriate use of drugs, pharmacy technicians and technologies will be used more extensively to prepare and distribute drugs. ACP has supported optimizing the use of human resources, as this is consistent with our interest in the responsible and accountable use of health resources.



Code of Ethics forum discoveries



While there is “black and white” in the world of ethics, there is also a lot of “grey.” That was one of the main discoveries by pharmacists at two live forums in Calgary and Edmonton in February. Forum participants heard an overview of the proposed Code of Ethics and then tested the Code out using five different case studies.

While participants found that the Code provided guidance in all cases, they also discovered how appropriate decisions differ in each case depending on the situation's details. That's why the participants felt that it was important to remember three things:

1. The Code of Ethics is part of a package which governs pharmacy

professionals' actions. You must read the Code of Ethics together with the legislation, regulations and standards. In many circumstances, the Code provides guidance about “what” pharmacists and technicians must consider when determining appropriate action within their professional roles; while the regulations and standards provide direction about “how” to conduct yourself.

2. Usually more than one principle and/or interpretive statement from the Code will require consideration in any ethical dilemma.
3. Your professional judgment, as well as your consideration of all applicable sections of the Code, will be required to guide your actions.

If you missed the forums, you can still view the presentation online and “test out” the Code yourself. You'll find both the proposed Code and the presentation on ACP's website under *Pharmacist Resources/Code of Ethics*.

Spring is registration renewal time

Registration renewal packages will be mailed in April. Be sure to go online to renew or give our office a call if you have not received your package by April 30. Some key dates to keep in mind:

- Registrants must renew before **June 1, 2009**. Your registration still expires on June 30, but ACP must receive your renewal and payment before June 1.
- Pharmacists whose renewal is outstanding as of July 1 will be **immediately suspended** and will be assessed a \$257.25 **reinstatement fee** (\$245.00 + \$12.25 GST) in addition to their membership renewal fees.
- **Attention licensees and proprietors:** Pharmacy renewal forms are due at ACP on or before **June 16, 2009**. However, if your pharmacy is paying the renewal fees for your employees as well as for your pharmacy, remember that the renewal forms for your pharmacists must reach our office before **June 1**.

Schedule of fees

The complete schedule of fees for 2009/10 is posted on the ACP website under *Registration & Licensure/Pharmacists/Registration Categories*.

The pharmacist registration fee does not include malpractice insurance. Malpractice insurance is a personal responsibility of each pharmacist and is available through a variety of sources.

If you have questions about the registration renewal process, please contact Linda Hagen, Cheryl Shea, or Toni Bos by telephone at (780) 990-0321 or 1-877-227-3838, or by email at linda.hagen@pharmacists.ab.ca, cheryl.shea@pharmacists.ab.ca or toni.bos@pharmacists.ab.ca.

Learning portfolio responsibilities

As we get close to registration renewal time, the competence department reminds you of your responsibilities regarding your personal learning portfolio and declaration of continuing professional development activities.

Pharmacists who have been selected for audit of professional declarations may not renew their registrations until they satisfactorily complete their audits.

Further, the *Health Professions Act* requires that the competence committee must refer to the complaints director any regulated member they believe to have signed an intentionally false or misleading declaration regarding continuing professional development activities.

So, as you complete your learning activities for the 2008-09 registration year and prepare to submit your Continuing Professional Development Log for registration renewal ensure that you:

1. have supporting documentation for all the learning activities you claim on your CPD Log; acceptable supporting documentation is certificates for accredited programs and non-accredited learning records for non-accredited learning activities.
2. file all your learning portfolio documents in a safe, accessible place.
3. carefully consider the professional declarations before you sign them and ensure you understand what you are declaring before signing.

Renew online and WIN!

Renewing online could make you a winner! Not only can you save time and postage, one lucky registrant who renews online before June 1, 2009 could win the equivalent of his or her 2009/10 renewal fee.

ACP has streamlined its online renewal, competence planning and CPD Log processes. You'll notice a new look and a more user-friendly process when you log into the *Registrant Profile* section in April.

New digs?

Have you moved recently and forgotten to let the college know?

Don't take a chance on not receiving news and information. Update your information online, drop us an email, or send us a fax—but let us know where you are so we can keep you up to date.

CE requirements for registration renewal

ACP must receive your registration renewal by June 1. Have you already acquired the minimum 15 CEUs required for registration renewal? Or will you be scrambling in May? We encourage you to consider what learning needs you have and undertake learning activities to address these identified needs, not just random courses to earn CEUs.

Remember, the CE year is now different than the registration year. Courses earned between June 1, 2008 and the date of your registration renewal will go on your 2008-09 CPD Log.

If you haven't done so already, try the online Continuing Professional Development Log! You can find this in the *Registrant Profile* section of our website (pharmacists.ab.ca). Most accredited Canadian continuing pharmacy education courses are entered into the database, so you can choose your course from a drop down list. Once you find the correct course, you just enter the date you took the course and the number of CEUs you're claiming and click Submit. Your courses will be automatically added to the correct CE year's CPD Log. When you're ready to renew your registration, you can do the entire registration renewal process online, including submitting your electronic CPD Log!

More superlearners!

Congratulations to Rhonda Roedler and Greg Bueckert. They reported 50 or more CEUs in the 2007-08 registration year. They will receive a certificate of achievement in recognition of their commitment to lifelong learning in pharmacy.

Ddrops and dosing – it may not be what you think

Janie Tyrrell, a Healthy Beginnings Consultant, wants to make pharmacists and parents aware of a potentially dangerous situation.

"There is a newer Vitamin D preparation available to purchase over the counter," says Janie. "It is called 'Ddrops' and is a very concentrated formulation. It is available in an adult dose of 1000 IU per drop and in a children's dose of 400 IU per drop. Many parents are purchasing this product for infant use.

Until recently, most of the other Vitamin D preparations available (such as D-visor) had 400 IU in one mL (usually one

whole dropper full). We have been made aware of one situation in the community of a parent giving the infant one mL of the Ddrops which is about 35 drops or 14,000 IU. Fortunately, the infant had just a few doses and no negative health effects."

To help prevent future overdoses, consider:

- Posting signs near the Ddrops display, alerting customers to the dosing instructions.
- Stocking Ddrops nearer the pharmacy so that you can counsel people as they pick up the product.

Asthma: high doses and little lungs

The college has heard from physicians who have had problems getting some asthma medications filled in their communities. The issue seems to be that pharmacists have interpreted some of the doses as being high for younger patients and have refused to fill the prescription.

Please refer to the Canadian Pediatric Asthma guidelines (www.cmaj.ca/cgi/content/full/173/6_suppl/S12) for

information. Younger patients have smaller lung surface area when in an asthmatic syndrome and they have a smaller inspiratory capacity.

So, even though the dose may seem large, a large dose really only ends up being small in these small lungs.



Prevent drug diversions

A recent rash of forgery reports reminded us of a Health Canada suggestion that bears repeating.

The forgery reports disclosed that large quantities of narcotics had been dispensed. In a Health Canada lecture on preventing drug diversion, one point covered in some detail was to determine the authenticity of the prescription, regardless of how well the patient was known to the pharmacist and staff.

If you have suspicions about a prescription, consider this precautionary

measure. Dispense only enough medication to allow the patient to get through a day so that you could then contact the prescriber before filling the balance. While it may require more effort up front, it could save a lot of grief for you, your pharmacy, and the health system in the end.

For more details on pharmacists' duties before dispensing a drug, including factors to consider when determining authenticity, see Standard 5 of the *Standards for Pharmacist Practice*.

Methotrexate – beware and be aware

Methotrexate (oral and injectable) is a “high alert medication”! In January, ACP was made aware of two medication errors involving oral methotrexate. In both cases it appears that the medication was dispensed with instructions for daily dosing instead of weekly dosing. One incident is alleged to have occurred in the community setting and another in an institutional setting.

“The use of methotrexate is well established in oncology. For many years it has also been prescribed in low doses for immunomodulation in rheumatoid arthritis, asthma, psoriasis, inflammatory bowel disease, myasthenia gravis, and inflammatory myositis and these uses are continually increasing. Used for these latter purposes, the dose is administered weekly or twice a week.”¹ Remember - weekly dosing of methotrexate is much more common than daily dosing.

Recommendations

The Institute for Safe Medication Practices (ISMP) has issued several alerts about preventing methotrexate errors. ISMP recommendations include the following:

1. Build alerts in electronic prescribing systems and pharmacy computers to warn clinicians whenever oral methotrexate is entered so that indication and dosing frequency can be assessed.
2. Implement a system that requires pharmacist counselling for all methotrexate prescriptions, including refills, to ensure that patients are reminded of once-weekly dosing.
3. As a safety practice, prescribers should include a specific clinical indication (e.g. rheumatoid arthritis, psoriasis, etc.).
4. If the purpose of the medication is not made apparent... pharmacists should speak directly with the prescriber to determine the reason for use of methotrexate and to verify the proper

dosing schedule and promote appropriate monitoring of the patient.¹

When do errors occur?

A review of methotrexate errors published in the American Journal of Health-System Pharmacy in July 2004 found that “errors occurred in all four steps of the medication-use process”:

1. prescribing (37%),
2. dispensing (19%),
3. administration (17%), and
4. consuming (20%).²

This review found that 24% of the errors reported resulted in death and another 45% resulted in other serious outcomes. These results highlight the need for vigilance by all health care providers – physicians, nurses, and pharmacists – as well as the patient, when methotrexate is used.

YOU can make a difference!

ISMP reported, “A pharmacist prevented significant patient harm by questioning an atypical methotrexate dose and persisting until his concerns were evaluated by other members of the healthcare team, including the patient’s family.”³

ACP encourages all pharmacists to read the ISMP Canada alert and to consider implementing their recommendations. You may wish to print the ISMP alert out in colour (with its bright red and yellow border) and post it in your pharmacy where the methotrexate is stored or where order entry takes place.

ACP also reminds pharmacists that complying with the *Standards for Pharmacist Practice* can help prevent and/or detect medication errors. Standard 7.2 states:

a pharmacist must enter into a dialogue with a patient ...if, in the pharmacist’s professional opinion, a dialogue is required to
(i) provide the patient with sufficient

information to enable the patient to receive the intended benefit of the drug therapy, or

(ii) avoid, resolve or monitor a drug-related problem.⁴

Because of the potentially serious side effects, ask patients what they are taking the drug for and assess for side effects and compliance at each refill. Ask if they are having regular blood work and if they know what the results of those lab tests are. You can check Netcare for recent lab results such as white and red blood cell count. Ask if the patient is experiencing any adverse effects and determine whether those side effects could be expected at the prescribed dose or whether the patient might be receiving more than the intended dose. Not only will this dialogue help detect possible medication errors, it gives you the opportunity to identify and resolve any drug-related problems, e.g., nausea.

Keep in mind that you can also use these strategies to the patient’s benefit with other drugs with a narrow therapeutic index such as warfarin and digoxin.

1 ISMP. (December 3, 2002) “Methotrexate overdose due to inadvertent administration daily instead of weekly”. Medication Safety Alert. Retrieved January 15, 2009 from www.ismp.org/hazardalerts/ha.pdf.

2 Moore, T.J., Walsh, C.S., Cohen, M.R. (2004, July 20). Reported Medication Errors Associated With Methotrexate. American Journal of Health-System Pharmacy. 61(13):1380-1384

3 Persistence saves patient’s life. (2007, December 13). ISMP Medication Safety Alert! Acute Care newsletter. Retrieved January 15, 2009 from www.ismp.org/newsletters/acutecare/archives/Dec07.asp

4 Alberta College of Pharmacists (2007, April). Standards for Pharmacist Practice.

Web resources:

1. ISMP Canada alert: www.ismp-canada.org/download/safetyBulletins/ISMPCSB2008-02Methotrexate.pdf
2. ISMP alert sign: www.ismp.org/hazardalerts/ha.pdf
3. Standards for Pharmacist Practice: https://pharmacists.ab.ca/document_library/HPAstds.pdf

New labelling of Novo- Ferrogluc

Thanks to Pam Nickel of Rexall Outpatient Pharmacy at the U of A Hospital, who notified us that the labelling of Novo-Ferrogluc has recently changed. Please note that each tablet contains 35 mg elemental iron, NOT 35 mg of ferrous gluconate. Pam states, "I believe this is a patient safety issue and could result in overdose if patients think they should take 8.5 tablets in order to get the right dose (35mg x 8.5 = 300mg)."

Novopharm has advised Pam and ACP that, "We are aware of the safety concern that the new label has created and we are currently in the process of correcting the writing on the label and clarifying the strength of the ferrous gluconate. The corrected label will indicate, 'Novo-Ferrogluc, Ferrous Gluconate Tablets USP 300 mg (equivalent to 35 mg elemental iron)'. The product with the corrected label will soon be on the market."

Ferrous gluconate 300 mg (35 mg of elemental iron) is a Schedule 2 product. While Standard 7 of the *Standards for Pharmacist Practice* only requires you to enter into a dialogue with a patient who is purchasing a Schedule 2 drug for the first time, your dialogue with patients seeking this product, regardless of their purchasing history, is an opportunity to clarify the labelling and the correct dosing of this product.



Strengthening the Bond
Culture, Collaboration and Change

Early bird conference registration deadline coming up soon!

Be sure to register for this year's tri-profession conference: Strengthening the Bond: Culture, Collaboration, and Change, at the Fairmont Banff Springs Hotel from May 21-23. Save \$130 by registering before the early-bird deadline of April 21, 2009.

Surprise speaker announcement

Alberta Health and Wellness Minister Ron Liepert and incoming Alberta Health Services Board CEO Dr. Stephen Duckett will present a special evening session on Friday, May 22 at the conference. Register now and you will be able to participate in this unique and lively session!

ACP Annual General Meeting

Thurs., May 21, 2:30 - 4:30 p.m.

Learn about ACP's achievements over the past year, offer your suggestions for the year ahead, celebrate our 25- and 50-year registrants, and welcome your President for the 2009-10 council year.

APEX Awards Gala

Sat., May 23, 4:30 - 6:00 p.m.

Join us for this fun and stirring celebration! The APEX Awards recognize excellence in pharmacy practice in Alberta. The APEX Awards Gala is a wonderful opportunity to highlight and recognize what innovative ideas and new best practices are being applied in our communities. Come hear about the tremendous work that this year's award winners practice on a daily basis and be inspired!

From the faculty...

The U of A officially opened its new **U of A Calgary Centre** at 333-5th Ave. SW on Wed., Jan. 28. The university has a long history in Calgary, even spawning what is now the University of Calgary. With more than 20,000 alumni living in Calgary, the U of A has had a significant impact on the city and the province. In nearly 7,000 ft² of space, the Calgary Centre boasts a 48-seat SMART classroom and break-out rooms. Staff from engineering, business, rehabilitation medicine, the Camrose-based Augustana Campus and the Office of External

Relations occupy the office. Marlene Gukert, Clinical Assistant Professor Pharmacy, also makes use of the facility for training and meetings with preceptors.

The U of A's **Dean Selection Committee** interviewed three candidates for the position of Dean, Faculty of Pharmacy and Pharmaceutical Sciences, during the first week of February. A suitable candidate is required to replace Dr. Franco Pasutto July 1, 2009. Dr. Pasutto has completed 10 years in the position.

Faculty of Pharmacy and Pharmaceutical Sciences, Office of Continuing Pharmacy Education

Under the leadership of Terri Schindel, the ACP council endorsed a new direction for pharmacists' professional development offered through the Office of Continuing Pharmacy Education in December 2008. Plans for the area include a name change to **Practice Development**, introduction of new courses to support pharmacists in direct patient care and prescribing roles, and the introduction of additional staff. We are pleased to welcome Andrea Linn and Cindy Nelson to the team.

Based on the successes of the anticoagulation professional development course, a collaboration with Pharmacy Services at Capital Health supported the creation of a new position in the area. Andrea Linn works half-time in Practice Development to coordinate the anticoagulation professional development course, offer training and mentoring, and contribute to the undergraduate pharmacy program teaching in the area of anticoagulation management. In addition, her joint position includes responsibilities as Clinical Practice Leader (Ambulatory Care) with Alberta Health Services/Capital Health (Edmonton) and a practice at the Anticoagulation Management Service, U of A Hospital.

Cindy Nelson joined the Practice Development Team in March 2009. Cindy has a Master of Continuing Education degree from the University of Calgary and is well-positioned to meet the new challenges in Practice Development. She will be responsible for new course development, delivery and evaluation of professional development courses and will maintain involvement with the undergraduate program to promote lifelong learning skills and professional development.

Please watch for new developments at www.pharmacy.ualberta.ca/conted.

A physiotherapy-pharmacy partnership to move clients

Ambulatory assistive devices (AADs) include canes, crutches, and walkers. These products are often sold at pharmacies. However, it was unknown how competent pharmacists in Alberta were in providing education on fitting, safety, and use of AADs.

In fall 2007, researchers at the Faculty of Pharmacy & Pharmaceutical Sciences and the Faculty of Rehabilitation Medicine partnered with ACP to study pharmacists' knowledge and skills in working with AADs. You may remember the request ACP sent for pharmacists to complete an online survey about AADs.

A total of sixty-eight pharmacists completed the online survey. The survey revealed that only 5% of respondents felt that their training was "definitely sufficient" in AADs. Over 70% of pharmacists could not describe how to fit an AAD, and over 50% could not describe how to use the AAD for ambulation.

To fill this knowledge gap, five Master of Science in Physical Therapy students developed an online module to instruct pharmacists on fitting, usage and safety of canes, crutches and walkers. Five pharmacists agreed to complete the online training module and have onsite assessments by the students. The aggregate post module scores improved significantly (89%).

Currently, the module is being revised for accreditation and should be made available to pharmacists as part of a continuing education program. The researchers would like to thank the pharmacists who participated. They would also like to invite you to view the full study at the poster session of the tri-professional conference in Banff.



In memory...

On Oct. 18, 2008, **Julia Bodnaruk** passed away after a brave battle with cancer. Born in West Ewell, Surrey, England in 1943, Julia came to Canada in 1946. Julia was raised in Red Deer on her parent's farm, and completed her Bachelor degree in Pharmacy from the U of A in 1964. Throughout her life, Julia was a teacher, mentor, supported, leader, and gave unselfishly of herself to her family, friends, and community. She will be missed by many.

On Jan. 11, 2009, **Debra Kennedy** passed away after a courageous battle with cancer. She was 54 years old. After graduating from the U of A with her BSc Pharm in 1976, she worked in several pharmacies in the capital region including Millwoods ARP Drugs, Leduc Value Drug Mart, Hewes Way Pharmacy, and most recently, Fairlane Drugs, where she was Manager. Debra will be remembered by family and many friends.

Herbert Snyder passed away on Sept. 12, 2008 at the age of 85. He was born and raised in Wainwright and graduated with his pharmacy degree from the U of A in 1951. Herbert owned and managed the Wainwright Pharmacy until his retirement in 1990. Considered the town historian, Herbert will be missed by all who knew him.

Lauraine Douchet passed away on Nov. 21, 2008. Born on Feb. 3, 1949, Lauraine completed her BSc Pharm at the U of A in 1971 and worked for 26 years as a pharmacist and award winning researcher at the Cross Cancer Institute in Edmonton. She is missed by her numerous family and friends.

Time to think about submitting YOUR application!

Motivated by continued learning and inspired to offer their patients better care, 47 pharmacists across the province have received their additional prescribing authorization – and you can too!

Remember:

- You do not need to be a specialist to qualify for additional prescribing authorization, nor does receiving it make you a specialist
- Additional prescribing authorization is required if you are using your judgment to assess a patient and initiate drug therapy or alter drug therapy to manage a medical condition.

We now have pharmacists with additional prescribing authorization in community, hospital, PCN, clinic and long-term care practices. No matter what environment you practice in, additional prescribing authorization means you can provide more complete care and improved access to drug therapy for your patients and enjoy greater job satisfaction for yourself. Applications are assessed monthly – there is no specific deadline.

Where can you look for information?

Look no further than the ACP website. Click on Additional Prescribing Authorization in the Bulletin Board section of the homepage (pharmacists.ab.ca) to find:

- *Guide to Receiving Additional Prescribing Authorization* (note: it includes FAQs on pages 22-24)
- Tips and Observations from Assessors
- Additional Prescribing Authorization FAQs
- Self-assessment form
- Application form

You'll also find more information in the Winter 2009 edition of *The Transition Times*, available on our website.

If you have questions or need more details, contact:

Margaret Morley, project leader,
Quality Pharmacist Practice
Phone 780-990-0321
Toll free 1-877-227-3838
margaret.morley@pharmacists.ab.ca



Hold on a minute while I sign that...

Remember to sign your name to prescriptions that you adapt. If a doctor is unavailable and you provide an interim supply of medication to one of your patients, that's adapting a prescription. You are the prescriber!

Occasionally, the pharmacy practice consultants find situations where a pharmacist has adapted a prescription but filled it in the name of the original prescriber. For example, if a doctor sends you a note that she is going away for several weeks, and tells you that you may refill her patients' prescriptions while she is away, the prescriber of record on those refilled prescriptions should be you. Why? A prescription, as defined by the *Food and Drug Regulations* means *an order given by a practitioner directing that a stated amount of any drug or mixture of drugs specified therein be dispensed for the person named in the order.*

Although the doctor has communicated her intentions, her notification does not meet the definition of a prescription. When you adapt a prescription by extending refills, you are responsible for assessing the patient and the appropriateness of extending the prescription. Take responsibility for this prescription by signing your name; then notify the prescriber that in her absence, you used your judgment and modified the following list of prescriptions.

What should happen with narcotic count discrepancies?

Do you know the proper procedure when your narcotic count detects a discrepancy? You must report losses of narcotic and controlled drugs, including non-reportable narcotics and controlled drugs and targeted substances, to Health Canada no later than 10 days after its discovery.

You can find the "Loss or Theft Report" form on the ACP website under *Pharmacist Resources/Forms*. For situations

in which you cannot definitely determine the reason for the discrepancy, the form includes a section for unexplained loss.

Submit the completed "Loss or Theft Report" form to Office of Controlled Substances at Health Canada. Like medication errors, you may want to review these forms periodically to identify any trends or opportunities to improve your processes.

Internet pharmacy services guidelines

Internet pharmacy and new policies being considered by the Obama administration have been in the news a lot lately. Given that, we thought a reminder of ACP's guidelines for Internet pharmacy services was in order.

Internet guidelines highlights

Pharmacists intending to provide or providing pharmacist services via the Internet are expected to comply with the Internet Pharmacies guidelines approved by council. In addition, the pharmacy and pharmacists must comply with all federal and provincial legislation and the usual standards and policies imposed in

the traditional environment for the practice of pharmacy and or the distribution of medication.

What follows are highlights pulled from ACP council's guidelines for offering pharmacy services via the Internet.

Overarching guideline highlights

1. All registrants must comply with the laws of each province, state, and country to which they provide services.
2. A physician must attend and/or physically examine patients before ordering a treatment including a prescription.

Service-specific guideline highlights

Alberta pharmacies offering pharmacy services to patients through the Internet must ensure that the online aspect of their operation complies with the following practice requirements. Further requirements are outlined in the complete guidelines document.*

1. The pharmacy website must comply with federal and provincial regulations regarding the advertising of drugs and pharmacy services. The pharmacy website homepage must also display the minimum information as outlined in ACP's *Offering pharmacy services via the Internet guideline*.
2. The pharmacist can only accept prescriptions if they are ordered verbally or via facsimile transmission by the prescriber. For written prescriptions, the pharmacy must receive the original written form before the release of the drug(s).
3. Pharmacists must not enter into proprietary agreements with prescribers that limit the patient's choice of pharmacies, including Internet pharmacy operations.
4. The pharmacist must ensure that safeguards are in place so that patient personal health information is collected, recorded and used in a manner to protect confidentiality and privacy.
5. Pharmacists must not attempt to exempt the pharmacy operation or the pharmacists from compliance with the applicable standards of practice and usual professional duties and obligations which a pharmacist owes to the patient, by obtaining releases or disclaimers from the patient.

* View the complete set of guidelines on ACP's website under *Pharmacist Resources/ACP practice guidelines/Offering pharmacy services via the Internet*.



Changes to pharmacy library requirements make upkeep easier

The *Standards for Operating Licensed Pharmacies* list the requirements for the pharmacy library to which a pharmacist in the dispensary must have access. (Standards 38-42)

Traditionally kept in textbook format, many of these resources are now available electronically. For example, the Canadian Pharmacists Association offers e-Therapeutics+, an online resource that can replace your CPS, therapeutics textbook and drug interaction reference source.

ACP has changed the pharmacy library requirements to make upkeep easier. Not only are electronic references encouraged, but the Martindale's may now be up to one issue old and your medical dictionary may be up to ten years old (from the date of publishing). Please check on ACP's website under *Pharmacist Resources/ACP practice guidelines/Required Reference Sources* to see the updated list of recommended reference sources before you update your pharmacy library.

Dental hygienist prescribers



Depending on the location in which you practice, you may begin to see prescriptions issued by dental hygienist prescribers.

The College of Registered Dental Hygienists of Alberta (CRDHA) is pleased to announce that the first dental hygienists have successfully completed the *Elements of Prescribing: A Pharmacy Refresher Course for Dental Hygienists* and these graduates are now authorized to issue prescriptions for a narrow subset of drugs for the purpose of providing dental hygiene services.

The CRDHA maintains a roster of authorized prescribers. ACP has added a dental hygienists category to the *Prescriber Lists* section of the college website. Pharmacists can check this list to confirm that a dental hygienist has received the authorization to prescribe.

Further information on dental hygienist prescribing, including a listing of the drugs they can prescribe, is also available in the *Prescriber Lists* section of ACP's website.

When submitting a claim to a third party, dental hygienist reference codes are Prescriber ID 84 and Pseudo ID 88112DH.

If you have any questions or concerns, please contact the CRDHA office at (780) 465-1756 (Edmonton and area) or 1-877-465-1756 (outside of Edmonton area).

acpnews – Spring 2009

Name the e-newsletter winner

Congratulations to Brett Baumback! He is the creative mind behind the new name for ACP's bi-weekly e-newsletter: **The Link**.

"I think the word link makes subtle reference to the fact that it is an online publication," Brett noted in his submission. We agree, and also liked the allusion to relationship and interconnection. Brett practices at Safeway Pharmacy #864 in Edmonton. In his spare time, he unleashes his "techie" side by getting much of his news online and dabbling in website design. Brett will receive a \$200 Future Shop gift card as thanks for his winning suggestion.

You can view archived editions of *The Link* on the ACP website under *News & Events/ACP newsletter/The Link*.

Not receiving *The Link* (or forgery alerts or renewal notices or...)?

Your only email address registered at the college is the one first assigned to you upon licensure (e.g., 1234@pharmacists.ab.ca or the alias first.last@pharmacists.ab.ca). If you forward this account to another address, you must update the forwarding information each time you change addresses. ACP can not redirect your email to another account; we don't have access to or permission from your Internet service provider.



To forward your email to another account:

1. Go to the ACP website (<http://pharmacists.ab.ca>) and log on to *Registrant email* (the icon on the left side of the homepage).
2. Choose *Options* from the menu on the left side of the screen. A page with a list of headings will appear.
3. Choose *General*, the first option in the list. A new page will appear.
4. Approximately half way down the page is a box entitled *Forward all mail to the following address*. Enter the email address you would like your messages forwarded to in this box.
5. Directly beneath that box is a very small box entitled *Don't deliver to this mailbox*. Click on the small box to add a check mark to it. The check mark signifies NOT to deliver to the Registrant Email inbox, but to forward the mail to the new email address you indicated.

By redirecting the account, you will ensure that you don't miss any important information from the college.



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