

alberta college of
pharmacists



acp *news*

In this issue...

- 3 Notes from the Registrar**
- Competence**
- 4** • Universal flu immunizations
- 5** • Learning Portfolio audits
- Complaints Resolution**
- 6** • Disciplinary report summaries
- Partners in Practice**
- 9** • Conference lessons
- 10** • Community Pharmacy Outreach Program
- 11** • Blueprint update
- New name, new look
- 12** • PD course graduates
- From the faculty
- In memory
- Patient Safety**
- 13** • Lax-A-Day update
- Quality Pharmacist Practice**
- 13** • Public awareness campaign update
- 14** • PDA amendments and mail order pharmacies
- 15** • Two changes to record keeping requirements
- Scheduling of naproxen sodium 220 mg
- Tech regulation webinar online
- 16** • Pharmacy wins tobacco reduction award
- To be posted...
- Thank you Alberta pharmacists!

ACP welcomes new president



Registrar Greg Eberhart and incoming president Merv Bashforth at the tri-profession conference in Banff. See page 9 for more conference highlights.

He shared that the college was something he used to fear. He saw it only as the source of people who audited him and told him what he was doing wrong. He saw the college as limiting his practice. As you might have guessed, his view changed over the years.

Merv came to understand that protecting the health and well-being of the public is the college's primary purpose. He learned that ACP is not involved in the economics of pharmacy; that is the mandate of the Alberta Pharmacists' Association (RxA). He also discovered that the goals of the college aligned with his own.

"When I look at the strategic goals of the college ... they are

about enabling pharmacists to improve patient care, to collaborate with doctors, nurses and other healthcare professionals. To create a culture in the profession where we are truly patient focused and outcome based.

Merv Bashforth was installed as the college's new president at the annual general meeting on Thurs., May 21 in Banff. Merv set the tone for his presidency early, beginning his inaugural speech with, "Passion, vision and leadership are what I hope to offer."

continued on page 2

safe
effective
responsible
pharmacist practice

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 deadline for submissions for the Fall 2009 issue is Sept. 8, 2009. Information about content and length of articles can be obtained from Karen.

Alberta College of Pharmacists
1200 - 10303 Jasper Avenue NW
Edmonton AB T5J 3N6
780-990-0321
Toll Free: 1-877-227-3838
Fax: 780-990-0328

President: Merv Bashforth
President Elect: Donna Galvin
Vice President: Anjali Acharya
Past President: Rick Siemens

Councillors:
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Donna Galvin, District 5
Merv Bashforth, District 6

Public members:
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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

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

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

Registrar: Greg Eberhart
Deputy Registrar: Dale Cooney
Competency Director: Roberta Stasyk
Complaints Director: James Krempien
Pharmacy Practice Consultants:

E. Randy Frohlich
Vic Kalinka

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

ACP welcomes new president *continued from page 1*

"We need more pharmacists providing patient care rather than product. We need to reach beyond traditional practice and create innovative practice. The public is

expecting more from us. The college will work to create an environment where you can deliver more. Leadership within the college is forcing change. I'm honored to be part of that culture, that change.

"Thank you for the opportunity to serve."

To learn more about ACP's goals and the college's work over the last year, see ACP's annual report on the college website at *About ACP/Annual reports*.

ACP welcomes new councillors

Chelsey Cabaj

District 3 (Edmonton)

Chelsey graduated from the U of A in 2003 with her Pharmacy degree and began working for Shoppers Drug Mart. After becoming a Certified Diabetes Educator (CDE) in 2005, Chelsey worked at the Rexall Outpatient Pharmacy at the U of A and Royal Alexandra sites in 2006. This allowed her to expand her knowledge of areas such as transplantation and HIV.

In 2008, Chelsey began working with the Northern Alberta Renal Program's Diabetic Nephropathy Prevention Clinics. This multidisciplinary environment allows Chelsey to use her knowledge as a CDE and to collaborate with physicians, nurses, dieticians and social workers to improve outcomes for patients with diabetes. Chelsey currently works part-time at the U of A Rexall Outpatient Pharmacy and part-time with the Diabetic Nephropathy Prevention Clinics.

Pharmacy, which had been owned by Wayne's father-in-law since 1952. Wayne believes that it is currently a very exciting and nervous time to be a pharmacist in Alberta and is eager to work to ensure that the profession remains viable and essential to health care in Alberta. He says, "If we can manage the administrative obligation, improve our professional relationships with other health professions, and gain the cooperation of health managers in our province, pharmacists will be in a position to benefit all Albertans – clinically and economically."

Farewell to

Jeff Whissell

We extend a sincere thank you to Jeff Whissell, who is retiring as a District 3 councillor after serving two terms. Jeff, Albertans and Alberta pharmacists appreciate your willingness to serve in the interest of the public's health and well-being and the betterment of the profession!

View photos and read bios of all current council members on ACP's website under *About ACP/Council/Current Council*.

Wayne Smith

District 2 (Southern Alberta)

Wayne graduated from the U of A (BScPharm) in 1991, after previously completing a B.Ed. in English and Social Studies, and began work as a community pharmacist in Raymond, AB. In 1996, Wayne and his wife purchased Raymond



Updated Code of Ethics now in effect

The Code of Ethics for Pharmacy Practice in Alberta has been updated and came into effect on May 22, 2009. The Code is the foundation for professional behaviour. It applies to all regulated members of ACP (including pharmacy technicians in the future) and, implicitly, proprietors through their obligation to support regulated members of the college.

The application of the Code will depend on the scope of practice of each individual and the roles and responsibilities that they hold. Licensees and proprietors should also familiarize any unregulated individuals working in pharmacy with the Code, as their conduct should align with that of regulated individuals.

The Code cannot be read and applied in isolation. It must be read together with and in the context of the legislative and regulatory framework which includes the *Health Professions Act*, the *Pharmacy and Drug Act*, the regulations and standards made under those Acts, and other provincial and federal drug and privacy legislation.

Application of the Code requires you to use your professional judgement. Keep in mind that appropriate conduct may

require consideration of more than one principle and usually more than one of the guiding statements.

The updated Code reflects changes in the delivery of patient care, the health system, and the role of pharmacists since the 1995 version. Several new principles have been added and all interpretative sections have been revised to better reflect ownership of the Code by regulated members.

Make sure you are up to date

Review the new Code, available on ACP's website at *Pharmacist Resources/Code of Ethics*, to ensure your practice complies. While viewing the website, you may also want to read the excerpts from the final report of the Ethics Review Committee. The report outlines the rationale for considerations made in response to consultation feedback, and the committee's recommendations for implementing the Code. A new ethics poster that must be displayed in all pharmacies, along with a hard copy of the entire Code, have been mailed to each pharmacy. Written copies of the new Code of Ethics are available to individual regulated members upon request.



Scheduling of exempted codeine still a concern

The resolution debated at ACP's annual general meeting proposing that exempted codeine products be rescheduled to Schedule 1 was defeated. Voting members present who spoke to the resolution supported the concerns expressed by the resolutions' sponsors; however, expressed concern that rescheduling of these drugs was not a solution to the problem. Expectations of pharmacists providing Schedule 2 drugs do not differ

substantively from expectations when providing a Schedule 1 drug to a patient. It was also noted that in the near future, pharmacists' ability to better monitor all patients requiring Schedule 2 drugs would be improved through enhancements to the Electronic Health Record and pharmacists' ability to order laboratory results.

While the resolution was defeated, the inappropriate use of exempted codeine

products is of concern to ACP. We refer pharmacists to Standard 7 of the Standards for Pharmacist Practice which outlines practice requirements when Schedule 2 drugs are sold. ACP will continue to work with Alberta Health and Wellness to make available the practice tools important to supporting you in fulfilling these responsibilities.



The use of laboratory results by pharmacists

Laboratory testing is a beneficial tool to pharmacists determining appropriate drug therapy for patients. Pharmacists' duty to consider relevant information (Standard 2.3) and pharmacists' duties before dispensing a drug (Standard 5.6) identify laboratory results as one of many items that pharmacists must consider when providing drug therapy, whether simply monitoring patient response to therapy or as a precursor to dispensing or prescribing.

Pharmacists in hospitals have historically accessed laboratory results, and have used them in drug-use

decision making. Laboratory results have recently become more available to community-based pharmacists through Alberta Netcare. While these "read" opportunities have been helpful, pharmacists recognized that they could enhance patient care if they were able to order laboratory tests. Nationally, this was identified in the *Blueprint for Pharmacy* (2008). Provincially, some pharmacists asked Alberta Health and Wellness to facilitate this process.

Alberta Health and Wellness (AHW) has committed to providing pharmacists Practitioner identification (PRAC ID) numbers, which are required by laboratories to identify the health professional ordering a test. ACP has worked with AHW to clarify the application process for PRAC IDs and the expectations of pharmacists who are granted a PRAC ID. Look to future editions of *The Link* and *acpnews* for details about the application process and considerations that pharmacists must make when enabled to order laboratory tests.

While the ordering of laboratory results is not a restricted activity, it is important that pharmacists only engage in this practice within the limitations of their personal competencies. Pharmacists who do not regularly review and interpret laboratory results should incorporate "refresher" opportunities within their professional development plans. Courses through the U of A's Practice Development office would fit this bill (see www.pharmacy.ualberta.ca/PD/).

ACP's Pharmaceutical Strategy submission

In June, ACP submitted feedback to the government on Phase 2 of the Provincial Pharmaceutical Strategy. Phase 2 of the Strategy deals with four main issues:

1. Pricing of generic drugs
2. Listing for innovative pharmaceuticals

3. Pharmacist reimbursement
4. Drug procurement strategies

ACP made five key recommendations for the strategy. To view ACP's response, go to *About ACP/Council/Policy development* on the ACP website.

Universal influenza immunizations coming to Alberta

Alberta Health and Wellness (AHW) is introducing a universal influenza immunization program for the 2009-10 influenza season. Beginning in the fall of 2009, all Albertans six months and over will be eligible to receive provincially funded influenza vaccine free-of-charge. This information will be communicated to the public by the Minister of AHW in the fall.

In the written announcement provided in confidence to potential immunization providers, Dr. André Corriveau, Chief Medical Officer of Health said, "As with all other provincial immunization programs, influenza vaccine will be distributed through Alberta Health Services public health programs. However, we also want to explore opportunities for other health care providers to collaborate in the delivery of the program."

A program information package is in development and will be available in August. Details available at this point are as follows:

- Only pharmacists who meet specific criteria will be able to access provincially funded influenza vaccine. Those criteria are still being developed and must be approved by AHW. Those criteria will include specific requirements for:
 - education,
 - cold chain management (including equipment),
 - policies and procedures, and
 - accountability (e.g., reporting of doses administered to whom)

- Pharmacists who meet these criteria will order their provincially funded vaccines through public health. Information will be coming about when the vaccine is available and how to place those orders as the details are not yet available.
- Provincially funded vaccines available to pharmacists will be for seasonal influenza only. The pandemic vaccine for the H1N1 virus is not included in this plan.
- Pharmacies may choose to have some “for purchase” vaccine stock in place that they procure through other suppliers in case there is an earlier demand (e.g., snowbirds leaving early).

Look to future ACP emails for details as they become available.

Don't break the chain

Remember, if you are dispensing and/or administering vaccines, you are required by the Standards for Operating Licensed Pharmacies to ensure all drugs are stored appropriately. You can refer to a previous *acpnews* article “How to keep

your cool in the pharmacy: Understanding the Cold Chain” (<https://pharmacists.ab.ca/Downloads/documentloader.ashx?id=5321>) and to the Public Health Agency of Canada’s *National Vaccine Storage and Handling Guidelines for Immunization Providers* (www.phac-aspc.gc.ca/publicat/2007/nvshglp-ldemv/index-eng.php) for more information on maintaining the cold chain.

What role will you play in the upcoming influenza season?

If you’re not planning on offering or administering the influenza vaccine at your pharmacy, remember you still play an important role in education and promoting all immunization.

As an educator, you can:

- collaborate with public health and other health care providers to provide information regarding benefits/risks of immunization,
- respond to specific questions, and
- identify patients who may be eligible for a specific vaccine.

As a facilitator, you can:

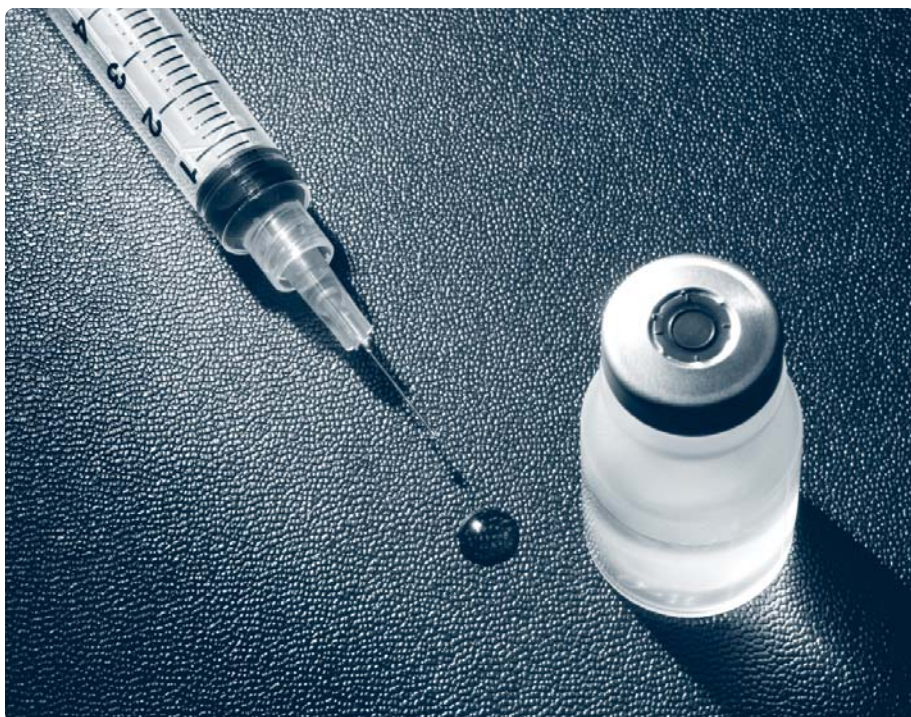
- refer clients to a public health clinic or other location to receive free influenza vaccine.

Consider how you can get actively involved in influenza education and immunization. Watch for CPhA’s 2009 *Influenza Guide for Pharmacists* and check out the website of Canadian Coalition for Immunization Awareness & Promotion – you may want to order resources for a public awareness campaign.

Learning Portfolio audits

Audits of professional declarations submitted for the 2008-09 registration year have now been completed. Out of 737 audits, 727 met the audit criteria and received letters of compliance. Congratulations and keep up the great work! The ten pharmacists who did not comply with the audit criteria are not able to renew their clinical pharmacist status for the 2009-10 year.

In September we will commence audits of professional declarations submitted for the 2009-10 registration year. This year we will undertake approximately 800 audits, so watch your mail! Even if you have been audited before, you can be audited again this coming year.



ACP needs your help!

As we develop the Knowledge Assessment, a new competence assessment tool, we need practising pharmacists from a variety of practice settings, age groups, and locations to help ensure the exam is relevant to practice. We're looking for volunteers in the following areas:

1. Knowledge Assessment Committee members
2. Item writers
3. Exam reviewers
4. Pilot participants (pilot participants will be exempt from competence assessments for three years)

We are also undertaking a complete review of the *Competency Profile for Alberta Pharmacists* to ensure it is accurate, complete, and current. We need volunteers for a focus group to review and update the Competency Profile in September or October 2009.

If you'd like to put your name forward for any of these activities please contact Roberta Stasyk, Competence Director, at Roberta.Stasyk@pharmacists.ab.ca.



Disciplinary report summaries

Three investigations into the professional conduct of pharmacists have recently concluded. Following are **summaries** of the Hearing Tribunal or Investigating Committee reports for each case. You can find the full reports on ACP's website (pharmacists.ab.ca) under *Complaints Resolution/Investigating & hearing tribunal reports*.

ACP is publishing these reports for two reasons. First, ACP is committed to maintaining a transparent complaints resolution process for our registrants and the public. Secondly, we believe pharmacists can learn important lessons from each case. We hope that through these summaries, others will gain a clearer understanding of what constitutes acceptable professional pharmacist practice.

CASE 1:

Failure to renew and practising while suspended

ALLEGATIONS

It was alleged that Mr. Robert Leslie Brandrick failed to renew his practice permit for 2008-09 before July 1, 2008 and:

1. practised while suspended on July 2, 3, 4, 7 and 8, 2008;
2. knew or should have known that he

was practising while suspended on July 2, 3, 4, and 7, 2008;

3. knew he was practising while suspended on July 8, 2008;
4. represented that he was a regulated member and in good standing to his employer, his pharmacy licensee and his patients at East Lake IDA while his practice permit was suspended from July 1 to 8, 2008;
5. suggested to an ACP representative that he was not practising as a pharmacist on July 8, 2008 when this information was untrue and suggested to the ACP Registry Leader on July 8, 2008 that he was not practising pharmacy but only doing inventory and that he had faxed his renewal forms to the ACP on July 6 when this information was untrue; and
6. advised the Complaints Director on Sept. 11, 2008 that he did not knowingly practise while suspended and advised the Complaints Director on Sept. 17, 2008 that he was not filling prescriptions on July 8, 2008 and was only doing inventory when this information was untrue.

FINDINGS

Mr. Brandrick admitted the factual allegations, and the Hearing Tribunal found that the allegations, taken as a whole, constituted unprofessional conduct.

From the letter of reprimand:

It is vitally important that members maintain their registration with the College. Registration is the way that the public determines that the pharmacist who is providing them with professional services is qualified and competent. If individuals practise while not registered, the public is not adequately protected.

ORDERS

The Hearing Tribunal made the following orders:

1. Publication by name in the acpnews,
2. Payment of the costs of the hearing on a payment schedule to be determined by the College,
3. A fine of \$1000 on a payment schedule to be determined by the College,
4. A reprimand.

CASE 2:

Diversion of narcotics

ALLEGATIONS

The following allegations were made concerning Ms. Leanne Rogalsky:

1. At Pharmacy A, where she was owner and licensee until Dec. 1, 2003, at least five fictitious patient records were created showing patients and prescriptions that did not exist. These records showed at least 39,733 tablets of narcotics that were dispensed pursuant to prescriptions that did not exist. Investigations by Pharmacy A showed that this volume of narcotics had been ordered and could not be accounted for. It also appeared that inventory adjustments were made to the store's computer inventory which disguised the large number of narcotics that were missing.
2. Pharmacy A representatives indicated that on Nov. 15 and 16, 2003, Ms. Rogalsky was alone at the pharmacy and during those days 340 tablets of Demerol, 119 tablets of Oxycocet, 29 tablets of Ativan, and 97 tablets of Dexedrine were counted out of the store's inventory system. There were no recorded prescriptions to justify this reduction in inventory.
3. Representatives of Pharmacy A also advise that there were certain other incidents when it appeared that she had ordered extra supplies of Demerol when there were supplies on hand and no prescriptions had been

issued that would have accounted for the need for more. The losses encountered by Pharmacy A at this store stopped after she resigned in December 2003 and have not occurred since.

4. After she commenced employment at Pharmacy B in June 2004, much larger orders of narcotics were made than had been made in the past.
5. The documentation from Pharmacy B indicates that a shortage of approximately 8000 tablets of narcotics occurred during the period from June to Sept. 2004 when she worked at the pharmacy.
6. She was observed removing narcotics from bottles and placing them in her pharmacy jacket pocket. She was also observed taking items from her pocket and placing them in her mouth. These actions were observed by employees in the pharmacy and recorded on security cameras installed in the store by the owners. The store owner advised that he observed tapes where she unlocked the narcotics cabinet and placed full bottles of Demerol 50 mg (identified by size of bottle and placement in the cupboard) in her dispensing jacket and where she opened bottles of ratio-Oxycocet (again identified by size of bottle and placement in the cupboard) and placed tablets of this drug in her pocket.
7. She was observed taking a bag with vials of drugs in it from the office and giving it to her husband who did not pay for it.
8. Both she and her husband have indicated to the ACP Preliminary Investigator that she was addicted to narcotics at this time. She also confirmed this fact at the trial on Dec. 8, 2005.
9. There were no similar losses at Pharmacy B after she ceased employment at the pharmacy.

The member admitted to the allegations submitted by the college.

FINDINGS

Based on the admission of the allegations by the member and on the testimonies of the ACP Preliminary Investigator for the college and Ms. Rogalsky, the Investigating Committee determined the member's actions constituted unprofessional conduct.

ORDERS

While the Investigating Committee noted there was no evidence or allegations of public harm or practising under the influence, they felt the public was at great risk during this time and it was extremely fortunate there was no incident or harm to the public. The Investigating Committee strongly suggested that Ms. Rogalsky continue utilizing the support of counseling as a lifelong activity.

The Investigating Committee ordered:

1. Suspension of Ms. Rogalsky's certificate of registration and annual practice permit for a period of 48 months from Nov. 1, 2004, with credit being given for the period of the interim suspension ordered Nov. 9, 2004 by the Infringement Committee.
2. A fine of \$2500.
3. Payment of costs of the investigation and hearing.
4. Publication of the decision in acpnews.
5. Upon expiry of her suspension, Ms. Rogalsky's entitlement to engage in the practice of pharmacy shall be subject to the following conditions:
 - a. She shall satisfy any requirements set by the Competence Committee for her re-entry into practice including updating her continuing education and demonstrating familiarity with:
 - i. the *Health Professions Act* and the *Pharmacy and Drug Act* and their regulations,
 - ii. the Standards for Pharmacist Practice and the Standards for Operating Licensed Pharmacies.

- b. She shall not act as a licensee or as signing authority for narcotics or controlled drugs for a period of three years.
- c. She must not obtain or ingest any Schedule 1 or 2 drugs without a valid prescription from a practitioner authorized to prescribe those drugs and who is aware of these orders.
- d. She must agree to up to three random drug tests for a period of three years.
- e. In the event the college is made aware of an incident or a drug test that indicates evidence of a non-prescribed narcotic, targeted or controlled substance, and a breach of terms is confirmed after investigation by the Complaints Director, the member is suspended until a full review of the incident is undertaken by the college.
- f. She will undertake further counseling with a professional experienced in addiction counseling, for a period of 24 months, and will authorize the counselor to provide periodic reports as well as a final report to ACP following the 24 month period.
- g. For a period of 36 months, before commencing employment at a pharmacy the member must obtain, in writing, the agreement of the licensee to conduct narcotic audits no fewer than every three months. The written agreement must include agreement of the licensee to disclose to the college any discrepancies that appear in the audit that the licensee feels may be related to Ms. Rogalsky.
- h. She will make the licensee of any pharmacy in which she works aware of these orders for a period of 36 months.

CASE 3:

Diversion of narcotics

ALLEGATIONS

The Hearing Tribunal was appointed to conduct a hearing regarding the

following matters concerning Mr. Bassam Soufan:

1. Between early Mar. and the beginning of Oct. 2007, while he was the pharmacy manager and licensee of Pharmacy A, he ordered a large amount of OxyContin 80 mg tablets from the pharmacy's supplier which were not dispensed to patients pursuant to a prescription but instead were sold by him to two individuals for \$8.00 per tablet. Based on a review conducted by one of the pharmacy owners and upon Mr. Soufan's admissions to the ACP Complaints Director, it is alleged that more than 16,000 OxyContin 80 mg tablets were sold by him during this period to these two individuals.
2. During the period from Mar. to Oct. 2007, he altered pharmacy inventory records and prescription records of Pharmacy A to attempt to conceal his activities.
3. His diversion and sale of OxyContin 80 mg tablets continued regularly during Mar. to Oct. 2007 until the discrepancy in the volumes of OxyContin 80 mg tablets ordered and the amount dispensed to patients was discovered by one of the pharmacy owners on or about Sept. 30, 2007. On or about Oct. 2, 2007, the pharmacy owner met with Mr. Soufan regarding these discrepancies and he acknowledged his actions to the owner and returned his key to the pharmacy.
4. Mr. Soufan acknowledged to the ACP Complaints Director that the buyer of the drugs advised him that the OxyContin was being given to a biker gang who was selling it to other persons for consumption by those persons. Mr. Soufan has also acknowledged that he sold all but 800 of the tablets to the same buyer.

The Hearing Tribunal received admission by Mr. Soufan of unprofessional conduct in an Agreed Statement of Facts.

FINDINGS:

Since he first met with ACP investigators, Mr. Soufan has acknowledged the diversion and sale of the OxyContin and the alteration of the pharmacy records and has expressed his remorse and acknowledged that what he did was wrong. Mr. Soufan has been suspended from the practice of pharmacy since Oct. 30, 2007. He voluntarily refrained from practicing pharmacy from Sept. 30 to Oct. 30, 2007.

The Hearing Tribunal determined the allegations to be well founded. Mr. Soufan's conduct constitutes unprofessional conduct.

ORDERS:

1. A two-year suspension of Mr. Soufan's Certificate of Registration to run simultaneously with the interim suspension from Oct. 30, 2007 to Oct. 30, 2009.
2. Terms, limitations and restrictions on Mr. Soufan's practice permit for a period of three years from the date of this decision are as follows:
 - Mr. Soufan is prohibited from being a pharmacy manager/licensee or holding a narcotic signing authority in any pharmacy in which he is employed or becomes employed.
 - Mr. Soufan is to notify the Alberta College of Pharmacists in writing (within ten days) of the commencement of his employment and the name and address of any pharmacy where he is employed or becomes employed from time to time.
3. Terms, limitations and restrictions on Mr. Soufan's practice permit for a minimum period of five years from the date of this decision are as follows:
 - Mr. Soufan shall be prohibited from having any proprietary interest in a pharmacy, either as a sole proprietor, partner, or director in a corporation that owns a pharmacy.
 - Mr. Soufan is to provide any and all employers and direct supervisors of

pharmacies in which he is employed with a copy of this Decision and Orders including the terms, limitations and restrictions contained herein, and ensure the employer writes to the Complaints Director at the Alberta College of Pharmacists confirming that he or she has received the documentation from the member.

- Mr. Soufan may only be employed in a pharmacy if the owner of each and every pharmacy in which he is or becomes employed conducts a narcotic audit on a monthly basis of all current, expired and returned narcotics. The College may request these audits or may conduct its own review on the narcotics.
 - At the end of the five year period, Mr. Soufan may apply to the Alberta College of Pharmacists to have the terms lifted or varied. Upon receipt of such an application by Mr. Soufan, a Hearing Tribunal shall consider whether it would be appropriate to lift or vary the terms, limitations, and restrictions.
4. As per Section 80(2) of the *Health Professions Act*, the Hearing Tribunal directs the Hearings Director to send a copy of this written Decision under Section 83 to the Minister of Justice and Attorney General and on the request of the Minister of Justice and Attorney General also send a copy of the record of hearing.
 5. Mr. Soufan will be assessed all costs for the investigation and the hearing procedures.
 6. The decision is to be published in the *acpnews*, complete with Mr. Soufan's name.

Note: Mr. Soufan appealed four aspects of the Hearing Tribunal's original decision, rendered on Nov. 17, 2008. An Appeal to Council occurred on April 2, 2009. Council upheld the Tribunal's Decision and Orders.



Strengthening the Bond
Culture, Collaboration and Change

Lessons from the tri-profession conference



Amidst Banff's lush mountain backdrop, over 500 pharmacists, physicians, and registered nurses from across Alberta gathered at the Strengthening the Bond tri-profession conference to learn how culture, collaboration, and change affect health care.

Opening keynote speaker Don Bell, founder and former Executive VP of WestJet, brought forth compelling messages about the value of people and strategies to create an optimal working environment. He said, "People work for people, not for organizations, and passionate people are fuelled by emotional commitment." What makes people emotionally committed? An optimal environment – a culture – that values people, that communicates effectively with people, and that empowers people. "Culture is what you do when no one is watching," he explained.

Dr. Pat Croskerry from Dalhousie University explained a method for improving decision making in healthcare: the dual process theory. He contrasted intuitive and analytical thought patterns and then demonstrated how relying on instinct may not always best serve our needs. He also reminded participants of the advantages of collaborative decision making: more reflection, more critical evaluation, and more consideration of alternatives.

Jack Silversin, President of Amicus, Inc., examined the question: How do we make culture the support that stimulates change instead of the brake that resists change? He concluded that our various healthcare environments need to:

- Identify shared interests, aims, and destinations
- Acknowledge the adaptive work

continued on page 10



50-year award recipients: (L to R) Wing Lew, Claire Strachan, Dolores Barteski, Deanne Francis, Hipolit Yaworski, Elaine Hall

Tri-profession conference
continued from page 9

- Surface unstated assumptions that drive current behaviour
- Define behaviours that are “fit for purpose”
- Have leaders accept responsibility to role model and send consistent signals and communicate consequences

A crowd favourite, Carlton professor Linda Duxbury, used humour to enlighten delegates about generational difference in the workplace.

Presidents from the five conference host organizations (ACP, AMA, CARNA,

CPSA, RxA) told delegates what each of their organizations would do right away to further interprofessional collaboration. The conference concluded with the five organizations committing to meet and provide all their members with a written document before the year end outlining their next collaborative steps.

The conference was followed by the APEX Award ceremony, celebrating outstanding contributors to pharmacy and healthcare in Alberta. To view videos of award recipients, go to *About ACP/APEX Awards* on the ACP website.

Congratulations to Prue and Ken Penley

Congratulations to Prue and Ken Penley on their 65th Anniversary. Ken and Prue graduated from the U of A Pharmacy program together and were married shortly after their last exam. Ken joined the army and saw active service as a pharmacist during World War II while Prue worked at Dunford Drug in Calgary. After Ken’s return, they started the first of three pharmacies that they owned over the next 30 years. Ken always had an interest in history and co-authored “The History of Pharmacy in Alberta,” published in 1993. Ken is still interested in history and the Penleys currently live in Calgary.



Consider joining the Community Pharmacy Outreach Program

The Canadian Diabetes Association is proud to offer **The Community Pharmacy Outreach Program**. A Community Pharmacy Partner is a pharmacy endorsed by the Canadian Diabetes Association (CDA) to provide people living with or affected by diabetes with superior education, service and products related to diabetes. Participating pharmacies are selected using strict CDA criteria and each partner pays a small fee to cover program expenses.

Participating pharmacies receive an Association-supplied sign to hang in their storefront window, indicating their status as a member of the program. Partners are promoted through the CDA website, 1-800-BANTING (national CDA call center), the local CDA branch offices, community events and more.

For more information, contact:

Nicole Hunchuk,
Public Programs and Services
Coordinator
nicole.hunchuk@diabetes.ca
(403) 266-0620 ext. 109



The Blueprint for Pharmacy – Implementing change

Last summer, ACP joined a host of pharmacy organizations in officially declaring support for the **Vision for Pharmacy: optimal drug therapy outcomes for Canadians through patient-centred care**. By signing a Commitment to Act, ACP agreed to work with other pharmacy stakeholders across the country to make the vision a reality.

Much has happened in the last year. More than 70 pharmacy subject matter experts, in combination with the Task Force on a Blueprint for Pharmacy, have drafted and released the *Blueprint for Pharmacy Implementation Plan*. This plan outlines the major activities and key deliverables that need to be accomplished, in an integrated fashion, to achieve the Vision for Pharmacy. Equally important, the Plan also identifies the most appropriate organizations to lead the work that needs to be done. Stakeholders are now reviewing the Implementation Plan, determining the activities they will take ownership of, and combining

the activities in innovative ways thereby creating attractive funding opportunities.

The Blueprint initiative is not just about creating new projects; it's also about ensuring that existing activities are incorporated into the implementation process. A session at the recent CPhA conference showcased a series of cross-Canada initiatives that, collectively, are achieving the deliverables in the *Blueprint for Pharmacy Implementation Plan*. These included an update on pharmacy technician regulation in Ontario, the innovative use of technicians and technology resources in Manitoba hospital practice, and new reimbursement mechanisms in BC. An overview of the landmark Pharmacy Practice Models Initiative (PPMI) in Alberta was also presented.

It is crucial that pharmacists and pharmacy technicians understand that they, as individual health care providers, have a key role to play. The Vision for Pharmacy can only be truly

realized if the pharmacy workforce makes a stronger commitment to outcomes-focused, patient-centred care.

So how do you make this commitment?

- Read the Vision for Pharmacy at www.pharmacists.ca/blueprint and sign the online Personal Commitment to Act.
- Stay informed about practice change – read professional journals, network with innovative health care providers, or get involved with your college or association.
- Evaluate your practice – what could you do differently to better deliver outcomes-focused patient care? What do you need to make that happen?
- Consider the activities in the Implementation Plan – can you get involved?
- And most importantly...share your ideas, challenges, and successes with us at blueprint@pharmacists.ca.

New name, new look ... COMING SOON to your mailbox!

You used to know us as Continuing Pharmacy Education, but look at us now! Not only do we have a new name, Practice Development, but a whole new look. In an effort to support you as you enhance and expand your practices, we have developed a new website and more educational opportunities for you. (We've included a registration form with this newsletter so you can sign up right away!) Our new website will be our primary mechanism for promoting our courses and we encourage you to visit it frequently for more details. Visit us at www.pharmacy.ualberta.ca/PD.

new PRACTICE DEVELOPMENT
FACULTY OF PHARMACY AND PHARMACEUTICAL SCIENCES

Find out more about our upcoming Fall 2009 courses on our website.

Practice Skills: Monitoring drug therapy using laboratory values
SEPTEMBER 18 & 19, 2009

Practice Skills: Boot Camp
NOVEMBER 7 & 8, 2009

Anticoagulation: On the road to practice change
OCTOBER 2, 3 & 4, 2009

alberta college of pharmacists UNIVERSITY OF ALBERTA

Congratulations to Professional Development course graduates

Congratulations to all the pharmacists who recently completed the Menopause and Anticoagulation courses.

These courses were produced through a partnership between ACP and the Faculty of Pharmacy and Pharmaceutical Sciences. They represent a move away from delivering traditional continuing

education courses to developing and delivering comprehensive learning experiences that will better prepare you to confidently use your skills. The courses are accessible and appealing to all learning styles and practice settings. Sound good? These pharmacists thought so too!

Menopause course graduates

Eileen Anderson
Kaye Andrews
Susan Bertolin
Shelly Ewen
Kimberly Flunder
Susan Foltinek
Jane Frey
Lauren Geldreich
Stacey Ginther
Cindy Jones
Rita Lyster
Audrey McVey
Brent Nixon
Lesley Rebryna
Leanna St. Onge
Josephine Tracz
Kay Venance
Tracee Vickerman
Marilyn Wesolowsky
Carol Yamada

Anticoagulation course graduates*

Andrea Lewczyk
Jean Moore
Lisa Cathcart
Margaret Baril
Betty Anne Alexander
Dianne Calder
Krystal Wynnyk
Patrick Doyle
Jodi Wilkie
Kara Mohr
Jeffrey Zalitach
Renee Hyland
Lorie Carter
Jocelyne Lafleche

** Not all graduates are listed; the list recognizes Alberta pharmacists and those individuals who provided permission to have their names published.*

...from the faculty

Dr. Hoan Linh Banh joined the Faculty in May as a tenure-tracked professor. She holds a PharmD and completed a residency in primary care through the University of Oklahoma.

From April 25 to May 2, **44 third-year pharmacy students** from the U of A and U of S visited 9 pharmaceutical companies. The objective was to explore career opportunities for pharmacists in industry. Novartis, sanofi aventis, Sandoz, Wyeth Consumer, Hofmann-La Roche, Taro, Teva Novopharm, Eli Lilly


and GlaxoSmithKline proved to be excellent hosts.


Over 140 golfers participated in the tenth annual **Dean's Golf Tournament** at Blackhawk (Edmonton) on June 8. The proceeds will be divided between clinical and pharmaceutical science research programs and a new scholarship for pharmacy students recognizing the legacy of the "PGA" tournament that has existed in Calgary for the past 25 years.

Mark your calendars for next year – June 7, 2010 at Blackhawk.



In memory...

 **Michael Horlick** passed away in Regina on Nov. 19, 2008. He received his BSc Pharm with Great Distinction from the U of S in 1949. From his days as a navigator with the elite Pathfinders, 635 Squadron, in WWII to his many years as a pharmacist in Alberta and Saskatchewan, his integrity, generosity and knowledge helped shape the lives of those who knew him.

 **Gerald (Jerry) Nep** passed away on Mar. 18, 2009. Born and raised in Winnipeg, MB, Jerry graduated from the U of M in 1959 with his degree in Pharmacy. He then moved to Calgary where he operated Dollar Pharmacy. In 1981, Jerry and his wife Doreen moved to Saltair, near Ladysmith, BC, where they enjoyed their retirement.



Lax-A-Day® update



Lax-A-Day® is a Canadian equivalent to the product MiraLax® containing polyethylene glycol 3350 (PEG 3350)

without electrolytes. Currently, although the manufacturer (Pendopharm) has labeled Lax-A-Day® for adult use only, polyethylene glycol 3350 is safe and effective in children.

Prescriptions written for “Polyethylene glycol 3350 without electrolytes” should be dispensed as Lax-A-Day®. Be aware that gastric lavage preparations like CoLyte®, Go-Lytely®, and PegLyte™ are not equivalent as they contain polyethylene glycol 3350 and electrolytes.

For dosage recommendations, see the May 5 issue of *The Link* (available on ACP’s website under *News & Events/ACP newsletters*).

Public awareness campaign update

Background

Wave 2 of the ACP/RxA public awareness campaign ran from March 2 to 29, 2009. Messages delivered province-wide via:

- 17 radio stations,
- 102 community newspapers, and
- online ads on a variety of websites.

We also supplemented the campaign with in-store “shelf talkers” in all pharmacies.

Summary

The campaign was post-market tested through a province-wide telephone survey with women ages 35-55 (100 completes), and through radio and online numbers supplied in monthly industry/supplier reports.

Respondents were asked to rate their level of agreement with a number of campaign statements. The statements respondents most frequently agreed to (4 or 5 out of 5) were:

- The campaign’s slogan, “Get to know your pharmacist – the more they know, the more they can help,” was an effective message. (95%);

- The campaign’s tagline, “You and your pharmacist... a healthy combination,” was an effective message. (94%);
- The campaign made you realize that pharmacists offer a variety of services. (93%);
- The ads established pharmacists as key players in the patients’ health team. (93%); and
- Overall, I liked the message. (90%).

Once again, radio and online results were excellent. Over 40% of females 35-54 in Calgary and Edmonton heard the message. (Results from other centres were not available at press time). While newspaper ad recall was slightly below what we’d hoped (4%), it still means over 17,680 rural Albertans saw the ad on average each week.

Wave 3 is scheduled for Oct. 19 to Nov. 13. If you have ideas for the campaign and/or would like to be involved as part of our “go to” group to offer feedback on ad ideas, please contact Karen Mills at ACP or Cynthia Rousseau at RxA.



Mail Order Pharmacy definitions and requirements

Amendments to the *Pharmacy and Drug Act*, effective April 1, 2009, include when a mail order licence is required, licensing requirements, and records that must be maintained.

We strongly encourage you to carefully review the amended legislation. What follows is a brief introduction to mail order pharmacy definitions, exemptions, and record keeping requirements.

Mail order pharmacy and mail order pharmacy service are now defined in the *Pharmacy and Drug Act*:

1(1)(n.1) A “mail order pharmacy” means a community pharmacy with respect to which a mail order pharmacy license has been issued;

1(1)(n.2) A “mail order pharmacy service” means a pharmacy service provided to or for a patient for which neither the patient nor the patient’s agent attends at the community pharmacy to receive the service.

If a pharmacy is going to offer a mail order pharmacy service, it must hold both a community licence and a mail order licence (subject to limited exceptions).

Exemptions from Mail Order Pharmacy licences

Based on the definitions, if you have patients to whom you provide services who do not come to your pharmacy or have their family member or care giver come to your pharmacy, you must have a mail order licence. There are some exemptions from this requirement that are outlined in the amended regulation to the PDA (Section 6.1).

You do not require a mail order pharmacy licence if:

- (a) *the patient or patient’s agent regularly attends the community pharmacy to receive pharmacy services, but is unable to do so on a particular occasion because of a circumstance or condition affecting the patient like illness or travel or work away from the location of the community pharmacy;*
- (b) *a clinical pharmacist or other pharmacist authorized under the Pharmacists Profession Regulation (AR 129/2006) regularly attends personally on the patient to assess the patient and monitor the patient’s response to drug therapy;*
- (c) *there is*
 - (i) *a general health emergency or crisis, recognized by resolution of the council of the College,*
 - (ii) *a state of public emergency declared under the Public Health Act, or*
 - (iii) *a local state of public health emergency declared under the Public Health Act, that makes it unsafe or inadvisable for patients to attend the community pharmacy*

Understanding Exemption (b)

If you provide pharmacy services to a nursing home, group home or other institution where the patients do not come to the pharmacy, you will require a mail order license unless there is a clinical pharmacist who visits the institution to monitor the patient’s response to drug therapy. The pharmacist(s) can be employed by your pharmacy, but they do not have to be. If the institution contracts a pharmacist to visit the institution to provide clinical services, you likely will

not require a mail order licence to dispense drugs to the institution.¹ If you provide pharmacy services to patients who cannot leave their homes and the patients do not have agents who visit the pharmacy, you will require a mail order licence unless you or another clinical pharmacist visits these patients to monitor their response to drug therapy.

Record keeping requirements for Mail Order Pharmacies

When patients do not attend a pharmacy in person, it is more difficult for pharmacists to assess patients and ensure appropriateness of drug therapy. For this reason, a specific reference to mail order pharmacies is included in Section 12.1(h) of the PDA Regulation with regard to records. This section specifies that, in addition to the records that must be kept in a community pharmacy, a mail order pharmacy is also required to keep the following records:

- (i) *policies and procedures regarding how information is collected in order to assess individual patients and to obtain all the information necessary to allow the pharmacist to ensure the appropriateness of drug therapy for the patient, and*
- (ii) *records that identify any arrangement or agreement under which patients are referred to the mail order pharmacy in order for the pharmacy to provide mail order pharmacy services to or for the patient.*

Summary of amendments:

https://pharmacists.ab.ca/Content_Files/Files/PDAamendments.pdf

¹ Please note: This does not replace the responsibilities of the dispensing pharmacist as outlined in the Standards for Pharmacist Practice.





Online renewal winner announced

Congratulations to Orsolya Moldovan! She won the value of her 2009-10 registration fees (\$771.75) by renewing online. Orsolya is the manager at Safeway Pharmacy #2730 in Calgary.

Over three-quarters of registrants (76%) renewed online, up from 49% last year. This puts registrants in good shape for next year's registration renewal which will be 100% online.

Email – put ACP on your accepted list

Thank you to all the pharmacists who provided ACP with their own email address over the recent registrant renewal period. After sending messages to the new accounts, we have had some messages bounce back with a notice that a spam filter was blocking receipt.

ACP emails are an official method of notification to pharmacists licensed by the college. In addition to providing you with timely information that could affect your practice, **college emails serve in administrative hearings as proof of notification.** Make sure you get the information you need to practice legally and safely by ensuring that ACP emails are not blocked by your system.

Two changes to record keeping requirements

Amendments to the Pharmacy and Drug Regulation brought about two new record keeping requirements for all pharmacies:

1. From Section 12.1(d) of the Regulation: If a drug is not picked up at the pharmacy by the patient or the patient's agent, you must record the method of delivery of the drug to the patient.
2. From Section 12(3) of the Regulation: Required records must be maintained at the pharmacy unless the licensee has applied to the registrar in writing to store them at a location other than the pharmacy.

When making a request to maintain records outside the pharmacy, you must include the following information:

- the exact physical location and address where the records will be located;
- the procedures and agreements regarding how you will maintain care and control of the records and meet the requirements of the Standards for Operating Licensed Pharmacies, including how the records will be secured and how access will be restricted and controlled; and
- the names and contact information of any persons who own or control the location where the records will be stored.

In addition, the registrar may require acknowledgements, agreements or undertakings to ensure the security and confidentiality of the records.

Scheduling of naproxen sodium products

The National Drug Scheduling Advisory Committee (NDSAC) made the following decision on the scheduling of naproxen sodium products.

| Naproxen sodium 220 mg | Schedule |
|--|--|
| Recommended maximum daily dose of more than two tablets per day (i.e., more than 440 mg) | Schedule 1 |
| Recommended maximum daily dose of two tablets (i.e., 440 mg) | Non-prescription <i>More than 30 tablets per package - Schedule 2 (i.e., must be behind the pharmacy counter)</i> <i>30 tablets or fewer per package - Schedule 3 (i.e., may be sold in the patient services area of the pharmacy)</i> |

Pharmacy Technician Regulation Update webinar online

ACP celebrated a very successful jump into the world of webinars on June 23. Over 250 people signed on to the Pharmacy Technician Regulation Update, presented by Deputy Registrar Dale Cooney.

The presentation outlined the steps already taken toward technician registration, timelines for the steps to come, and changes that may occur as a result of technician regulation. To view the recorded version of the presentation, go to the Bulletin Board section of the ACP website homepage.



Fyfe's Friendly Value Drug Mart wins tobacco reduction award

To honour the legacy of Barb Tarbox, Alberta Health Services annually recognizes individuals, businesses and non-profit groups that have made significant contributions in the area of tobacco prevention, cessation, reduction or protection from second-hand smoke in Alberta. The recipient of the 2009 Barb Tarbox Awards of Excellence in Tobacco Reduction, Business category,

was Fyfe's Friendly Value Drug Mart in Barrhead.

Fifteen years ago, the owners of Fyfe's decided that selling tobacco products was counter to their goal of improving patient health and thus stopped selling them. Such commitment to the health and well-being of Albertans is definitely award worthy. Congratulations!

To be posted in a pharmacy near you...

Recently, ACP mailed packages to all pharmacies. Each package contained:

- Code of Ethics booklet
- Code of Ethics poster
- patient concerns poster
- website posting information letter

The two posters must be displayed for the public to read in each pharmacy. If you have not yet received a package, please contact the ACP office.

Thank you Alberta pharmacists!

- For displaying shelf talkers and making time to tell your patients about your new scope of practice
- For nominating and cheering on APEX Award winners
- For participating in our registrant survey – we received over 1200 responses
- For showing your support for collaborative practice by attending the tri-profession conference
- For taking advantage of new scopes of practice by applying for the authorization to administer drugs by

injection and pursuing additional prescribing authorization

We appreciate the work you do to turn the vision of *Healthy Albertans through excellence in pharmacy practice* into reality!



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