

alberta college of  
**pharmacists**



# acp news

## In this issue...

### Notes from Council

- 3 • Welcome to new president
- Council meeting highlights

### Competence

- 4 • Audits of Professional Declarations
- 5 • CPD Log FAQs
- 6 • ACP accreditations ceasing July 1
- Competence assessment coming

### Complaints Resolution

- 7 • Disciplinary report summaries

### Partners in Practice

- 8 • ... from the Faculty
- 9 • In memory

### Quality Pharmacy Practice

- Welcome to new ACP Pharmacy Practice Consultant
- Vets and TPP
- 10 • Important reminders regarding injections
- 11 • New sharps requirements July 1
- 12 • New CPR requirements for injecting
- 13 • NOUGG... Who are they?
- 14 • Biclofenac diethylamine schedule change
  - Butrans® clarification
  - Lab test ordering update
  - Generic substitution and therapeutic interchange
- 15 • Be prepared: Apply for additional prescribing authorization
- 16 • Forthcoming consultations

Healthy  
Albertans  
through excellence  
in pharmacy practice

## CELEBRATING PHARMACY A CENTURY OF EXCELLENCE



## The celebration of the century!



Jeff Whissell,  
Centennial  
Committee Chair

It's my pleasure to tell you about something truly exciting, and that is the Centennial of Pharmacy! In 2011 we will officially mark 100 years of regulated pharmacy in Alberta. This once-in-a-lifetime event will be an opportunity for us to come together as a profession to recognize our past, celebrate what we have achieved, and leave a legacy for the future.

To really celebrate our profession's centennial, ACP and RxA have brought together a committee to develop events and projects that will mark the occasion in a special fashion. As the Chair of the Centennial Committee, I am pleased to share with you what we have in store!

We know that our young pharmacists are the future of our profession so we wanted to find a way to inspire and recognize them. With this goal in mind, we created the **Alberta Pharmacists' Centennial Leadership Award**, which will "Leave a Legacy for the Future". Our plan is to endow an award at the U of A Faculty of Pharmacy and Pharmaceutical Sciences that will recognize a student's demonstrated leadership in the community and commitment to the pharmacy profession. Through an endowment of \$250,000, we can provide an annual award in the amount equivalent to one year's tuition. We are asking all Alberta pharmacists and friends of pharmacy to each contribute at least \$100 to the award in recognition of 100 years of pharmacy practice. We want this award to be the largest offered by

*continued on page 2*

## acpnews

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 2010 issue is Sept. 7, 2010. 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: Donna Galvin  
President Elect: Anjali Acharya  
Vice President: Kaye Andrews  
Past President: Merv Bashforth

Councillors:  
Wilson Gemmill, District 1  
Wayne Smith, District 2  
Chelsey Cabaj, District 3  
Ahmed Metwally, District 3  
Krystal Wynnyk, District 3  
Kelly Olstad, District 4  
Anjali Acharya, District 5  
Kaye Andrews, District 5  
Donna Galvin, District 5

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](http://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](http://pharmacists.ab.ca) under *Contact Us*.

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

Lisa DeVos  
E. Randy Frohlich  
Vic Kalinka

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

### The celebration of the century *continued from page 1*

the faculty, as befits a centennial, and we need your help to achieve this! Please donate at [www.pharmacy.ualberta.ca](http://www.pharmacy.ualberta.ca). (Note: Donations are tax deductible.)

We also want to celebrate individuals who have advanced or are advancing pharmacy practice in Alberta. To accomplish this, we have created the **Alberta Pharmacy Centennial Award of Distinction**. This award, offered only in 2011, will recognize the trailblazers - both pharmacists and non-pharmacists - preserve their legacy and inspire future pioneers. Recipients of this award will represent individuals from all decades, every part of the province, and a variety of work settings over the past 100 years. Find further details and nomination forms at [www.pharmacists.ab.ca](http://www.pharmacists.ab.ca).

A project that I am very excited about is the **Centennial of Pharmacy Artwork!** We have commissioned a commemorative painting that captures our profession's evolution and what we mean to our patients. The painting will be unveiled at the 2011 conference (more on that later) and we will also be making a limited supply of prints available.

Our committee has planned several **centennial publications and promotions**, including the development of our centennial logo as chosen by the pharmacists of Alberta!

In addition to the logo, we will have a Centennial of Pharmacy website and a special commemorative publication spreading the word about the value of pharmacy in Alberta. Also, for the first time ever, you will see pharmacy on Facebook. We will launch a page on the social networking site so people can easily connect with us for the latest centennial information and share their stories and pictures! Expect to see

centennial projects and themes involved in all RxA and ACP pharmacy-related events and programs throughout 2011!

Finally, ACP and RxA will be hosting a joint **centennial conference** at the Fairmont Jasper Park Lodge on May 20 and 21, 2011. We will have excellent presenters and events throughout the celebration in order to achieve the grandeur fitting for a centennial. This will be a celebration like no other that you have seen in recent history for pharmacy and will serve as a fantastic opportunity to connect with your friends from across the province!

To keep up-to-date with centennial events and projects, check the RxA or ACP websites and future newsletters. Please help us spread the word about the Centennial of Pharmacy, and get your donations and nominations in to support this momentous milestone.

See you in 2011!

Jeff Whissell  
Chair, Centennial Committee

alberta college of  
**pharmacists**



[pharmacists.ab.ca](http://pharmacists.ab.ca)





Donna Galvin, President, and Merv Bashforth, Past President

## Welcome to new president

Donna Galvin was installed as president of the Alberta College of Pharmacists for the 2010-11 term at the college's annual general meeting on May 15.

Donna has practised as a pharmacist consultant in various roles, primarily in cardiovascular research. She is committed to teaching and practising the shared responsibility that pharmacists have for ensuring optimum health through the safe, effective, and appropriate use of medications.

Also welcomed were new council members Ahmed Metwally (District 3 - Edmonton) and Kelly Olstad (District 4 - Central Alberta). You can read more about Ahmed and Kelly in the Spring 2010 edition of *acpnews*.

Officers of ACP for 2010-11 are:

- Donna Galvin, President
- Anjali Acharya, President Elect
- Kaye Andrews, Vice President
- Merv Bashforth, Past President

To learn more about ACP council, see the *About ACP/Council* section of the ACP website.



Anjali Acharya,  
President Elect



Kaye Andrews,  
Vice President

## Council meeting highlights

Following is an update from council's deliberations on May 14, 2010.

### Strategic direction set

Council has invested significant time in the past year formulating ACP's strategic direction for the future. They have identified three factors critical to achieving ACP's vision of "Healthy Albertans through excellence in pharmacy practice", these being:

1. Quality patient care,
2. An effective organization, and
3. Public and stakeholder confidence.

ACP will work toward achieving these three critical factors by focusing on seven strategic objectives:

- Competent and responsible practitioners,
- Safe and effective practice environments and systems,
- Accessible care,
- Effective governance and strong leadership,
- A workplace of choice,
- Public and stakeholder awareness, and
- Credibility and trusting relationships.

Indicators have been identified to help council monitor ACP's progress in addressing each of these objectives. Quality and safety are core to the indicators. They reflect a significant change in pharmacist role and culture, focusing more on appropriate drug use and patients, rather than on prescription processing. Strategies and action plans are now being developed. Watch for more details before year end, when council approves the budget and business plan for 2011, including estimates for 2012-13.

*continued on page 4*



### Council meeting highlights *continued from page 3*

#### Loyalty programs considered

Council reviewed a briefing from legal counsel about loyalty programs. Recent campaigns have invited questions about the effects of loyalty programs on professionalism, patient safety and compliance, and the honour and dignity of the profession. Research is being conducted about loyalty programs and their appropriateness within the pharmacy profession.

#### Regulation of pharmacy technicians moving forward

Council approved rules for registering pharmacy technicians, pending approval of amendments to the Pharmacists Profession Regulation. Council approved the following rules:

##### Proof of English fluency

For Path 1 (individuals who have not graduated from a CCAPP-accredited program): Candidates who have not graduated from a high school, university, community college, private vocational college or equivalent in Canada or the United States, must provide evidence of fluency by submitting the results of a NAPRA-recognized English language fluency test completed within the past two years. For Path 2 (graduates of a CCAPP-accredited program): Candidates educated outside of North America must provide proof of English language fluency using any one of the tests approved by ACP council.

##### Demonstration of good character

For the purposes of demonstrating good character and reputation, applicants must provide:

- a statutory declaration indicating:
  - whether they are undergoing investigation or discipline or have been previously disciplined by a professional college, and
  - whether they have pleaded guilty or been found guilty of a criminal offence for which they have not been pardoned

- a criminal records check current within six months of application.

##### Proof of citizenship

Applicants must provide evidence in the form of a Canadian birth certificate or passport or a valid Canadian employment visa that they are a Canadian citizen or are entitled to work in Canada.

##### Liability insurance

Registrants on the pharmacy technician register must maintain a minimum of \$1 million of personal malpractice insurance (claims made or occurrence). The policy must be in the technician's name. Note: Pharmacy technicians on the provisional register will not require liability insurance.

##### Demonstrated product release proficiency

Individuals with the practice experience required for Path 1 have been exempted from the structured practical training portion that is included in Path 2, but ACP council felt it was important that there be a demonstrated proficiency in completing the final check for product release. Therefore, council has directed that individuals applying for registration must demonstrate this proficiency by completing 100 final checks with 100% accuracy, with a minimum of 20 checks a day within three months. Individuals who have successfully completed the Alberta Health Services checking verification may instead submit that as proof of proficiency. Path 2 candidates will demonstrate this proficiency in their structured practical training.

##### Amendments to the Standards

Council approved amendments to the Standards for Pharmacist Practice and the Standards for Operating Licensed Pharmacies for the purpose of consultation. The amendments reflect a comprehensive review and update of the standards, introducing provisions to accommodate the practice of regulated pharmacy technicians and to support the use of technology for remote dispensing.

Turn to the back page for information on upcoming consultations.

## Audits of Professional Declarations

In 2009-10, almost 600 audits of the 2009 Professional Declarations were completed. For the first time, the Competence Committee exercised their power under the legislation and imposed conditions on a pharmacist's practice permit because the audit revealed that the pharmacist claimed learning activities in which he did not participate. The committee also referred the pharmacist to the Complaints Director under Section 51.1(1) of the *Health Professions Act*.

In September we will commence this year's Audits of Professional Declarations, so watch your mail!

Thank you to retiring  
Competence Committee  
member  
**Jennifer Herrick.**

We appreciate your  
six years of service to  
the committee and  
the profession!



# CPD Log FAQs



During registration renewal we field many inquiries about completing the CPD Log. Almost all of these questions can be answered by referring to the ACP website (check out the Competence Program FAQs and/or the Program Rules on the Continuing Competence section of the website). Here are some of the common FAQs:

## Q: Why can't I find my course on the list of accredited courses?

- It is impossible for ACP staff to list all the accredited courses on the database. There are literally thousands of accredited courses available and we are not aware of all of them. You can be sure that all ACP courses are in the database. All accredited learning activities must state the accreditation file number so we can confirm accreditation status.
- All learning activities must be documented **individually** with the applicable accreditation file number. That is, you cannot enter "Pharmacist's Letter Jan-Dec 2009 12 CEUs". You will find each Pharmacist's Letter edition listed individually in the database.
- Limit your search criteria so you're not being too specific. Do not use "ACPE", "ACP", "CCCEP" or special characters such as "#" in your search terms as those do not exist in the course title.

## Q: Why did I get an error message saying I've exceeded the maximum number of CEUs for a particular course?

You have either previously entered the same course (you can't claim the

same course twice) or you have claimed the course for more CEUs than we believe it to be accredited for. If you know it to be accredited for that number of CEUs, contact the competence department at the ACP office so we can verify the number of CEUs.

## Q: What can I claim as accredited learning?

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

Continuing medical education programs may not be claimed as accredited learning unless they have been accredited by a pharmacy accrediting body, e.g., ACP, CCCEP, or ACPE.

## Q: What can I claim as non-accredited learning?

You may claim as non-accredited learning any learning that is relevant to your practice that has not been accredited by a pharmacy accrediting body. Examples are:

- research for a presentation;
- literature search to solve a patient or practice problem;
- discussion with colleagues or experts about a clinical problem; and,
- computer course to enhance your practice, e.g., Excel to calculate

drug dosages or creatinine clearance, Internet search skills.

Your non-accredited learning activity must:

- be relevant to your pharmacy practice,
- be documented on a non-accredited learning record, and
- be summarized on the continuing professional development log.

## Q: How many CEUs do I claim for non-accredited learning activities?

From the Competence Program Rules:

CEUs for non-accredited learning activities are assigned by the clinical pharmacist undertaking the activities as follows:

- a) One hour of meaningful learning that is relevant to the pharmacist's pharmacy practice may be claimed for one CEU.
- b) Meaningful learning is learning that is:
  - i) new learning,
  - ii) updated learning, or
  - iii) reinforcing existing learning.
- c) Meaningful learning is not replicating existing knowledge or social activities related to pharmacy events.

## Q: How can I get more information?

- Look on the ACP website, under the Continuing Competence tab, for
  - Program Rules
  - Competence program FAQs
- Email [Competenceinfo@pharmacists.ab.ca](mailto:Competenceinfo@pharmacists.ab.ca)
- Telephone 780.990.0321, toll-free 1.877.227.3838.

# ACP accreditation ceasing July 1

July 1, 2010 marks a significant change in pharmacy continuing professional development in Alberta. On this date, the Alberta College of Pharmacists will cease accrediting provincial continuing pharmacy education programs. CE providers who wish to have their continuing education programs accredited for pharmacists should contact the Canadian Council on Continuing Education in Pharmacy at [www.ccecp.ca](http://www.ccecp.ca).

Why is ACP no longer accrediting courses?

- With many other high priorities, provincial accreditation no longer fits with the core businesses of ACP.
- As ACP focuses on new programs, including new competence assessment tools and a revised continuing professional development plan, duplicating CE program accreditation when a national process already exists is illogical.
- Provincial CE program accreditation is not even necessary, as Alberta pharmacists have been able since 2001 to claim non-accredited learning for CEUs.
- There is no limit on the number of CEUs that may be claimed from non-accredited learning and since 2006 there has been no minimum requirement for accredited CEUs.

Please note: ACP will continue to recognize accredited courses on pharmacists' CPD Logs.



## Competence assessment coming fall 2010!

As presented in the Winter 2010 *acpnews* and at the ACP *Chat, check and chart symposium*, the RxCEL Competence Program will implement two new competence assessment tools this summer – Knowledge Assessment and Professional Portfolio. These tools were piloted in fall/winter 2009-10 and revised and refined based on feedback from the pilot participants.

In July, 100 Alberta pharmacists will be randomly selected for the first batch of assessments. They will be notified by letter and given the option to complete one of the two assessment tools. They will have 12 months to complete their choice of assessment.

The Knowledge Assessment is a three-hour, open-book, 70-question, computer-based assessment. It will be offered every second month in three different sittings at many different assessment sites around the province.

The Professional Portfolio is based on the RxCEL Learning Portfolio and takes the Learning Portfolio from learning to implementation into practice. It allows the pharmacist to demonstrate to the college and provide evidence how they maintain and enhance their practice. This assessment tool may be preferred by pharmacists in non-direct patient care or those in more specialized practice, who feel they will be better able to demonstrate competencies relative to their practice through this option. It is definitely more time-consuming but pilot participants told us they found it very gratifying and it is work they are already doing in their practice.

Don't panic – much more information will be sent to you in the coming months.





## Disciplinary report summaries

Investigations into the professional conduct of three registrants have recently concluded. Following are **summaries** of the investigating committee and hearing tribunal reports. You can view the full reports on ACP's website under *Complaints Resolution/Investigating & hearing tribunal reports*.

### Case 1: Professional and proprietary misconduct by registrants

An investigating committee made findings of professional and proprietary misconduct in the hearing into the conduct involving Lauren Britton, Barney Britton, NC Britton Holdings Ltd., and Minit Drug Company Ltd.

Pharmacist Lauren Britton did not comply with the college's request for information until the investigating committee ordered it. The investigating committee agreed that this was a breach of the *Pharmaceutical Profession Act* and constituted professional misconduct.

Non-pharmacist Barney Britton was responsible for a distance-based pharmacy service, including arrangements with Canadian physicians to review and rewrite prescriptions for American patients not seen by Canadian physicians. The investigating committee viewed this as a breach of the Principles and Guidelines of the *Code of Ethics By-law*.

Mr. Britton, Minit Drug Company Ltd., and NC Britton Holdings established license agreements with various pharmacies to allow for the transfer of prescriptions to other pharmacies. This resulted in a non-pharmacy participating in the practice of pharmacy and the sale of drugs, the sale of a patient's prescription to another pharmacy, the giving of something of value for recommending a pharmacy or

pharmacist, and patients not being adequately informed or consenting to their health information being transferred to another pharmacy. These actions are contrary to the Pharmaceutical Profession Regulations, *Pharmaceutical Profession Act*, the *Food and Drugs Act*, the Food and Drug Regulations, the Standards of Practice and/or the Code of Ethics and the investigating committee agreed this constituted proprietary misconduct.

The investigating committee agreed with Mr. Britton's admission that he engaged in proprietary misconduct when he directed the purchase of a patient list that contained personal information and used this information without the knowledge or consent of the individuals named on the list.

Mr. Britton also did not comply with the college's request for information until the investigating committee ordered it. The investigating committee agreed that this was a breach of the *Pharmaceutical Profession Act* and constituted proprietary misconduct.

The investigating committee ordered in respect to Mr. Barney Britton:

1. A fine of \$6,000.00 for proprietary misconduct for the failure to cooperate with the preliminary investigation;
2. A fine of \$5,000.00 for proprietary misconduct for the licensing agreements with other pharmacies and the arrangements with Canadian physicians;
3. A reprimand for proprietary misconduct in relation to the purchase of a patient list;
4. An order prohibiting Barney Britton from acting directly or indirectly in the future as a proprietor of a pharmacy in Alberta;
5. An order that Barney Britton pay costs to ACP in the amount of \$27,000.00;

6. Fines and costs must be paid in full within 30 months from the date of receipt of the decision of the investigating committee;
7. A summary of the decision be published in the *acpnews* and Mr. Britton will be named in the publication.

The investigating committee ordered in respect to Mrs. Lauren Britton:

1. A reprimand and a fine of \$1,000.00 for professional misconduct for failure to cooperate with the preliminary investigation;
2. An order that Lauren Britton pay costs to ACP in the amount of \$3,000.00;
3. Fines and costs must be paid in full within six months from the date of receipt of the decision of the investigating committee;
4. A summary of the decision will be published in the *acpnews* and Mrs. Lauren Britton will be named in the publication.

### Case 2: Unprofessional conduct by a registrant

A hearing tribunal made a finding of unprofessional conduct against a registrant who displayed a lack of judgment in the provision of professional services that was disgraceful and dishonorable, contravened the Standards of Practice and/or the Code of Ethics, and constituted conduct that harms the integrity of the regulated profession when he:

- removed front store items of a value of less than \$1000.00 from the premises without paying for the items;
- left the pharmacy for approximately 24 minutes, undertook only

*continued on page 8*

### Investigations *continued from page 7*

superficial means to secure drugs in the dispensary from unauthorized access, did not provide any instructions to other staff to ensure no restricted activities took place during his absence except to say that on one should be permitted into the dispensary and did not provide or ensure a means for the remaining staff to contact him during his absence; and

- made four medication errors, two of which he was aware of during the period from Dec. 23 to 29, 2008; probably made at least two additional medication errors of a record keeping or billing nature; and did not fill out medication error reports or provide information about the errors to the pharmacy staff members.

The hearing tribunal ordered:

- a) a suspension of the registrant's practice permit for 30 days;
- b) a suspension of the registrant's practice permit for a further 90 days that will be stayed under Section 82 (2) of the *Health Professions Act* provided the registrant meets the following conditions:
  - i) No further incidents of unprofessional conduct arise for a period of two years,
  - ii) The registrant undertakes and passes the ACP jurisprudence exam within six months, and
  - iii) The registrant does not act as the licensee or proprietor of a pharmacy for two years;
- c) a fine of \$2500.00;
- d) the registrant pay all of the expenses of, costs of and fees related to the investigation and hearing within two years;
- e) a summary of this decision be published in the *acpnews*, and the publication exclude the registrant's name.

## ...from the Faculty



**Dr. Michelle Foisy** will be joining the faculty as a Clinical Associate Professor in Pharmacy Practice in July 2010. Dr. Foisy comes with a strong background in pharmacy practice, and is an expert in the area of infectious disease and HIV.



**Dr. Kevin Hall** will join the faculty as a Clinical Associate Professor in Pharmacy Practice this summer. Dr. Hall is currently the Regional Director of the Regional Winnipeg Health Authorities Pharmacy Program and comes with a vast expertise in pharmacy administration.

## Prefer to receive *acpnews* electronically?

You can! To clean up the environment and your post office box:

1. Go to the ACP homepage ([pharmacists.ab.ca](http://pharmacists.ab.ca))
2. Click on the Registrant profile login tab
3. Log in and then click on View Profile
4. Click the "edit" button in the Contact Information box (second from the top)
5. For your newsletter preference, select email

These steps will remove your name from the *acpnews* mailing list and add it to our electronic notification list. You will then receive an email alerting you whenever a new edition of *acpnews* is posted to the ACP website.


## Don't be out of the Link


The Link, ACP's e-news bulletin, is published every second Tuesday. Make sure that [acp\\_communication@pharmacists.ab.ca](mailto:acp_communication@pharmacists.ab.ca) is not being blocked by your email program's filters. Otherwise, you'll miss important practice information and deadlines.





## In memory...

 **Evelyn Blanche Hunka** passed away on May 8, 2010. Evelyn was born in Caroline and received her pharmacy degree from the University of British Columbia in 1961. She practiced as a dedicated pharmacist for over 40 years.

 **Sandra Lea Perkins** passed away on May 11, 2010. Sandra received her BSc. Pharm from the U of A in 1963. Sandra enjoyed a long and colourful career in the pharmaceutical industry.

## Welcome to new ACP Pharmacy Practice Consultant



ACP is pleased to introduce **Lisa DeVos** as the newest member of our Pharmacy Practice Consultant team. Lisa has a background in education, patient

safety and root cause analysis.

Lisa worked for RxA for four years as the Director of Policy and Economics. She then worked as a project manager in a community patient safety and quality

improvement initiative. Since that time, she has run her own consulting company. As a consultant, she conducted curriculum development and instructed internationally educated pharmacists, delivered clinical services, educated pharmacy licensees about privacy policies and procedures and conducted research. We are excited to have Lisa involved with the evaluation and monitoring of pharmacist and pharmacy performance through ACP's quality assurance and quality improvement programs.

## Vets and TPP

Effective May 1, Alberta veterinarians are required to adhere to all requirements of the Triplicate Prescription Program. Like physicians and dentists, veterinarians must now use a triplicate prescription pad when writing prescriptions for all drugs on the current TPP medication list.

Pharmacists are to treat TPPs from vets as they would those from any other TPP prescriber.

ACP is working with the Alberta Veterinary Medical Association (ABVMA) and the College of Physicians & Surgeons of Alberta (CPSA) to clarify changes to the TPP rules with the mandatory inclusion of veterinarians. Some of the changes regard adding medications as requested by veterinarians, dispensing by veterinary clinics, and dispensing by pharmacists.

The proposed changes require review by the TPP Steering Committee and are not officially part of the TPP program yet. Decision's of the TPP Steering



Committee will be communicated as soon as they are available. In the meantime, the existing TPP rules apply and you may use your professional judgment for ABVMA-directed requests outside those rules.

For information on the TPP program, visit *Pharmacist Resources/TPP program* on the ACP website.

# Important reminders about injections

## The Pharmacist

1. Any pharmacist who wishes to administer a drug, blood product or vaccine by subcutaneous or intramuscular injection must:
  - a. be authorized by ACP to administer injections;
  - b. be certified in Level C CPR; and
  - c. be certified in First Aid.
2. The pharmacist must always limit his or her practice to his or her area of competence.
3. The pharmacist must be competent to deal with any adverse reaction to the injection, including, but not limited to, anaphylaxis. Certification in CPR and First Aid is not sufficient to ensure competence in dealing with anaphylaxis. The pharmacist may

wish to regularly practice an anaphylaxis scenario with other pharmacy staff members to ensure everyone knows their roles and that all supplies are present in this emergency situation.

## The Client

1. Pharmacists may not administer an injection to any person under the age of 5 years.
2. Contracts with third party agencies such as Alberta Health Services or Alberta Blue Cross may impose further restrictions on the type of clients to whom pharmacists may administer injections.
3. Product considerations may also limit the clientele to whom pharmacists may administer a particular product. Regardless of the prescription provided, it is the pharmacist's responsibility to first ensure that the prescription is appropriate and then as the person administering the product to ensure the product, dose and route of administration are appropriate for the individual client. Be sure to check the product monograph for approved indications and approved ages.

## The Product

1. Almost all injectable drugs, vaccines and blood products require a valid prescription.
2. Some drugs and vaccines are Schedule 2 products.
  - a. Only influenza vaccine, pneumococcal vaccine, and oral inactivated cholera vaccine (when used for prophylaxis against travelers' diarrhea due to enterotoxigenic Escherichia coli) are Schedule 2. All other vaccines are Schedule 1 in Alberta.
  - b. Remember that there are Alberta exceptions to the national drug schedules. A vaccine that is



Schedule 2 in another province is not necessarily Schedule 2 in Alberta.

3. The product must be stored appropriately at all times in order to ensure efficacy. The *Alberta Influenza Immunization Program Resource Guide* for Alberta Pharmacists (available on the ACP website at [https://pharmacists.ab.ca/Content\\_Files/Files/InfluenzaImmunizationResourceDocument\\_Dec01.pdf](https://pharmacists.ab.ca/Content_Files/Files/InfluenzaImmunizationResourceDocument_Dec01.pdf)) provides some useful information on cold chain, as does the article "How to Keep your Cool in the Pharmacy: Understanding the Cold Chain" in the Nov/Dec 2008 edition of *acpnews* (<https://pharmacists.ab.ca/Downloads/documentloader.ashx?id=5321>).

- a. Temperature logs – you must check your refrigerator (and freezer, if applicable) temperature at least twice a day and record the temperature on a temperature log. Temperature monitoring more frequently than twice a day is recommended if your pharmacy is open longer than nine hours (see *Alberta Influenza Immunization Program Resource Guide for Alberta Pharmacists*). You cannot be sure the product you are dispensing and/or administering to your clients is safe and effective if you are not monitoring the temperature of your refrigerator. You cannot rely on the alarm on your refrigerator as it may not be accurate or it may not even be working.

### The Practice Setting, Policies and Procedures, and Supplies

1. The pharmacist must ensure that the environment within which the injection will be administered is clean, safe, appropriately private and comfortable for the patient.
2. A pharmacist who is administering drugs by injection must have current policies and procedures for handling emergencies, including needlestick injuries and anaphylaxis emergencies.

According to the Occupational Health and Safety Code, effective July 1, 2010 "An employer must provide and ensure that any medical sharp is a safety-engineered medical sharp." The Occupational Health and Safety Code has several other requirements of employers regarding biological hazards and pharmacists are referred to the Occupational Health and Safety Code and/or Government of Alberta Workplace Health and Safety website at <http://employment.alberta.ca/SFW/53.html>.

## New sharps requirements come into effect July 1

The requirement for safety-engineered medical sharps comes into effect on July 1, 2010. This requirement is set out in the Occupational Health and Safety (OHS) Code, Part 35.

The OHS Code definitions are found in Part 1. A "safety-engineered medical sharp" in Part 35 means a medical sharp that is designed to, or has a built-in safety feature or mechanism that will, eliminate or minimize the risk of accidental parenteral contact while or after the sharp is used.

The OHS legislation is available at <http://employment.alberta.ca/SFW/307.html>.

While this requirement is in effect as of July 1, 2010, the legislation was passed April 2, 2009. The information has already been communicated to pharmacists through injection training programs and ACP's Immunization Resource Guide. The delayed effective date was intended to provide employers sufficient time to establish budgets, assess and select appropriate safety-engineered devices, change workplace policies and practices, and train workers.

### Exposure control

525.1 An employer must ensure that a worker's exposure to blood borne pathogens or other biohazardous

### Documentation

1. The pharmacist must obtain informed consent to administer an injection. This consent may be written or verbal.
2. The pharmacist must document administration of an injection on the patient's record of care and must retain that documentation for at least 10 years past the last date of service provided (not just past the date of the injection). This documentation may be written or electronic.

material is controlled in accordance with section 9.

### Medical sharps

525.2(1) Subsections (2) and (3) come into effect on July 1, 2010.

525.2(2) An employer must provide and ensure that any medical sharp is a safety-engineered medical sharp.

525.2(3) Subsection (2) does not apply if

(a) use of the required safety-engineered medical sharp is not clinically appropriate in the particular circumstances, or

(b) the required safety-engineered sharp is not available in commercial markets.

525.2(4) An employer must develop and implement safe work procedures for the use and disposal of medical sharps if a worker is required to use or dispose of a medical sharp.

525.2(5) An employer must ensure that a worker who is required to use and dispose of a medical sharp is trained in the safe work procedures required by subsection (4) and such training must include

(a) the hazards associated with the use and disposal of medical sharps,

*continued on page 12*



## New sharps requirements

*continued from page 11*

(b) the proper use and limitations of safety-engineered medical sharps,

(c) procedures to eliminate accidental contact with medical sharps, and

(d) any other relevant information.

525.2(6) A worker must use and dispose of a medical sharp in accordance with the training provided by the employer.

## Sharps containers

526(1) An employer must provide sharps containers and ensure that they are located as close as is reasonably practicable to where sharps are used.

526(2) A worker must use the sharps container provided.

526(3) An employer must ensure that a sharps container has a clearly defined fill line and is sturdy enough to resist puncture under normal conditions of use and handling.

## Recapping needles

527 A person must not recap waste needles.



## Policies and procedures

528(1) An employer must establish policies and procedures dealing with storing, handling, using and disposing of biohazardous materials.

528(2) An employer must ensure that workers are informed of the health

hazards associated with exposure to the biohazardous material.

## Limited exposure

529 An employer must ensure that worker exposure to biohazardous materials is kept as low as reasonably practicable.

## Post-exposure management

530 An employer must establish policies and procedures for the post-exposure management of workers exposed to biohazardous material.

The OHS Act, Regulation and Code set out the legal requirements that employers and workers must meet to protect the health and safety of workers. You may also find the Best Practice Guidelines for Occupational Health and Safety in the Healthcare Industry a useful resource.

Information related to safety-engineered medical sharps is found in Volume 2, Best Practices for the Assessment and Control of Biological Hazards which is also available on the website.

## New CPR requirements for injecting



ACP council approved a change to the level of CPR required for pharmacists holding the authorization to administer drugs by injection.

Effective immediately, pharmacists seeking authorization to administer drugs by injection must hold, at minimum, Level C CPR (e.g., St. John's Ambulance CPR-C training, Red Cross CPR Level C training).

Pharmacists who currently hold the authorization to administer drugs by injection (and so currently have CPR and First Aid) will be "grandfathered" until their current CPR expires. When they re-certify their CPR, they must acquire at least Level C CPR as stated in this policy.

The following competencies must be covered at minimum:

- Adult/Child/Baby CPR – one rescuer
- Adult/Child/Baby choking
- Barrier devices/pocket masks
- AED (where legislation permits)
- Adult/Child CPR – two rescuers

Pharmacists who are granted the authorization to administer injections must then maintain at least Level C CPR certification as long as they have this authorization.

# NOUGG... Who are they? And what are they doing that may result in changes for your practice?

In Nov. 2007, the National Opioid Use Guideline Group (NOUGG) formed with the support and/or representation from all provincial and territorial medical regulatory authorities. NOUGG's aim was to oversee the development and implementation of a national guideline to assist physicians in managing patients with Chronic Non-Cancer Pain (CNCP) by prescribing opioids safely and effectively. The culmination of NOUGG's efforts has been the recent publication of the *Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-cancer Pain* (referred to as the *Canadian Guideline*).

One of the primary principles of NOUGG's work in developing the *Canadian Guideline* was to assist practitioners, including pharmacists, in treating patients' pain safely. Harms associated with opioid use can be reduced when:

1. drugs are prescribed and monitored with knowledge of the patient's history and risks,
2. patients understand potential benefits and harms and participate in reducing harms, and
3. clinicians assess outcomes for both effectiveness and harms.

## Why was the Canadian Guideline developed?

Canadian medical regulatory authorities undertook guideline development in response to:

1. physicians and other stakeholders seeking guidance about the safe and effective use of opioids,
2. a growing concern about opioid misuse creating patient and public safety issues, and
3. the lack of systematically developed national guidelines on opioid use for CNCP.

During the past 18 months Alberta pharmacists, including a representative from ACP, were active participants in NOUGG's National Advisory Panel (NAP) developing the *Canadian Guideline*. The National Advisory Panel (comprised of 49 individuals from across Canada including pain specialists, family physicians, addiction experts, pharmacists, academics, nurses and patient group representatives) followed a formal process to review the draft recommendations from the research team.

In May 2010, the *Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain* was finalized and is now being implemented across the country.

## What does the Canadian Guideline mean for your practice?

Part of the intent of this guideline is to promote safe and effective opioid prescribing habits of physicians in treating patients with CNCP through an evidence-based approach. As physician prescribing practices change, pharmacists must be aware of these guidelines and utilize the learnings as part of your assessment of the appropriateness of opioid prescriptions you dispense and medication therapy you manage. Pharmacists will have an integral role in collaborating with physicians and patients to implement these guidelines as part of ensuring optimal health outcomes and harm reduction.

The *Canadian Guideline* provides 24 evidenced-based practice recommendations. These recommendations centre on the practice areas of:

- Deciding to Initiate Opioid Therapy
- Conducting an Opioid Trial

- Monitoring Long-Term Opioid Therapy (LTOT)
- Treating Specific Populations with LTOT
- Managing Opioid Misuse and Addiction in CNCP Patients.

The *Canadian Guideline* includes practice tools intended to assist busy clinicians in decision making. Pharmacists may also benefit from using these tools in their practice.

## Next steps

ACP will be working with the CPSA, AMA and other groups and stakeholders as part of the Alberta Guideline Implementation Group to educate physicians, pharmacists and other practitioners about this national guideline and to facilitate its implementation into daily practice. Watch future editions of the *acpnews* and The Link for updates, practice tools and other Canadian Guideline developments.

## References

The *Canadian Guideline* is available in PDF and web format at: <http://nationalpaincentre.mcmaster.ca/opioid/>

The May 2010 edition of the CPSA "The Messenger" (page 7) [www.cpsa.ab.ca/Libraries/Res\\_Messenger/M159.pdf](http://www.cpsa.ab.ca/Libraries/Res_Messenger/M159.pdf)

Review article published in the Canadian Medical Association Journal, with a related commentary:

Review: [www.cmaj.ca/cgi/doi/10.1503/cmaj.100187](http://www.cmaj.ca/cgi/doi/10.1503/cmaj.100187)

Commentary: [www.cmaj.ca/cgi/doi/10.1503/cmaj.100548](http://www.cmaj.ca/cgi/doi/10.1503/cmaj.100548)

## Diclofenac diethylamine schedule change

**Diclofenac diethylamine** in preparations for topical use on the skin in concentrations of not more than the equivalent of 1% diclofenac, is now unscheduled (effective April 2010).

## Butrans® clarification

ACP has received many calls about Butrans® recently. Here are the facts:

- Buprenorphine is on the TPP medication list and **all** buprenorphine products, including Butrans®, require a triplicate prescription.
- Health Canada does not require prescribers to take specific training before prescribing the transdermal patches.
- CPSA does not require physicians to have a methadone exemption from Health Canada in order to prescribe the transdermal patches.

## Lab test ordering update

ACP council has approved amendments to Standard 2 of the Standards for Pharmacist Practice regarding ordering of lab tests to come into effect July 1, 2010.

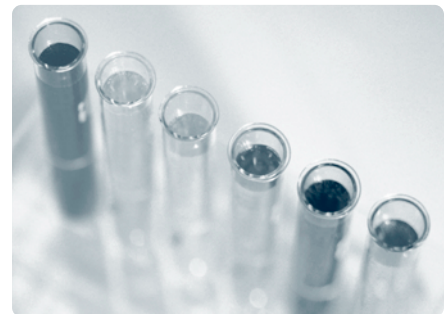
Council's approval and July 1 implementation of the standards indicate the ACP expectations of pharmacists who order lab tests; however, the logistics of registering with and receiving results from lab providers are separate from those standards. Identifying and working through these logistics may be easier for pharmacists who work in environments such as doctor's offices, clinics or hospitals where there are systems in place, but more complicated for those who work in community pharmacies. ACP is working with DynaLife lab services to identify the logistics required to register pharmacists on the lab system, receive orders for tests from pharmacists and provide results.

In the June 15 edition of *The Link*, ACP asked all pharmacists with PRAC IDs to complete an online form by June 23. The resulting information is being used to

help gauge the anticipated increase in workload for labs. ACP will also use this information to inform PRAC ID holders about the procedures for registering on the lab system, ordering tests, and obtaining results.

**If you have a PRAC ID but did not complete ACP's online form**, please do so right away. The form is on the ACP website under *Pharmacist Resources/Forms/PRAC ID survey*.

The form to apply for a PRAC ID, the unique ID needed to order tests, is available on the ACP website under *Pharmacist Resources/Forms/PracIDApp*.



## Generic substitution and therapeutic interchange: determining appropriateness

All clinical pharmacists may perform generic substitution and therapeutic interchange. Pharmacists must use their professional judgment, supported by clinical evidence, to determine the appropriateness of both types of interchangeability. Pharmacists should document the reference(s) used to support their decision in case their judgment is called into question at a later date.

Pharmacists are reminded that they must notify the original prescriber if they adapt a prescription by therapeutic interchange. (Refer to

Standard 12.9 for the required components.) They do not have to notify the original prescriber of the drug when they perform generic substitution.

For example, pharmacists do not have to notify the original prescriber when they dispense ratio-Pantoprazole when Pantoloc® is prescribed (a generic substitution), but do if prescribing Pantoloc® when Nexium® is prescribed (could be considered a therapeutic interchange if expected to have similar therapeutic effect for the particular patient).



# Be prepared: Apply for additional prescribing authorization

As technician regulation moves closer to realization, so does that fact that pharmacists will soon have more time for patient care. Are you prepared to offer your patients the most comprehensive care possible?

Inspired to offer their patients better care, 89 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.

## 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](http://pharmacists.ab.ca)) to find:

- *Guide to Receiving Additional Prescribing Authorization* (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  
Quality Pharmacist Practice  
Phone 780-990-0321  
Toll free 1-877-227-3838  
[margaret.morley@pharmacists.ab.ca](mailto:margaret.morley@pharmacists.ab.ca)

## Forthcoming consultations

*continued from page 16*

### 3. ACP by-laws consultation

The college's by-laws must be amended to accommodate elected pharmacy technicians as voting members of council. A discussion document will be circulated for preliminary consultation in mid-July for a 60-day period. Feedback will be considered by council prior to drafting proposed amendments to the by-laws. Draft amendments to the by-laws will then be circulated to voting registrants for consultation this fall, with feedback to be considered by council at its December meeting. Again, please watch The Link and the ACP website for announcement about this consultation.

### 4. Alberta Health Act consultation

The *Alberta Health Act* consultation is the second phase in a process that began

with the formation of the Minister's Advisory Committee on Health (MACH) in the fall of 2009. That committee submitted its report in Jan. 2010. It recommended that Alberta develop new legislation to help shape the health system – making it more responsive to the needs of Albertans and better able to reflect their values and principles.

The *Alberta Health Act* will contain principles – both an affirmation of the *Canada Health Act* principles and Alberta principles, provision for a patient charter, roles and responsibilities within the system and ways to engage Albertans. Those provisions will establish the basis for further work on health legislation so that people can see how they will be engaged and have a say in further legislative changes.

The Government of Alberta is now holding province-wide consultations

about the proposed elements of an *Alberta Health Act*. Various ways are being used to gather input. These include:

- An online survey, at [www.yourhealthact.alberta.ca](http://www.yourhealthact.alberta.ca) (**submission deadline: July 16**);
- An Advisory Committee of Stakeholders; submissions and presentations; meetings by the Chair with stakeholder groups; and
- A series of public consultations in communities across the province.

The government is asking people about the principles that should underlie the health system, the idea of a patient charter, and the ways they'd like to be engaged in the future about decisions.

For more details, see [www.health.alberta.ca/initiatives/your-health-act.html](http://www.health.alberta.ca/initiatives/your-health-act.html).

# Four consultations: Shape your future



## Paving the way for regulated pharmacy technicians

ACP welcomes the new profession of regulated pharmacy technicians. This new profession will provide benefits to patients, pharmacy technicians, pharmacists, and our health system.

Pharmacy technicians will be a new category of regulated registrants for which ACP is responsible. To support this new responsibility, amendments are required to the Pharmacists Profession Regulation, the Standards

for Pharmacist Practice and the Standards for Operating Licensed Pharmacies, and ACP's by-laws. These changes all require a period of consultation with voting members and stakeholders. Details and timelines for each consultation follow.

### 1. Pharmacists Profession Regulation consultation

You can view the proposed amendments at [www.health.alberta.ca/professionals/regulated-consultation.html](http://www.health.alberta.ca/professionals/regulated-consultation.html). **Submit comments by July 15 to:**

Shirley Pate  
Workforce Policy and Planning Branch,  
Alberta Health and Wellness  
10th Floor, 10025 Jasper Avenue  
Edmonton, AB T5J 2N3  
Email: [shirley.pate@gov.ab.ca](mailto:shirley.pate@gov.ab.ca)

ACP will meet with AHW in early August to review responses. Our goal is to seek government approval of the amendments before the third week of October. This target is important so that ACP can communicate effectively with pharmacy technicians about registration requirements for 2011.

### 2. Standards consultation

Standards for Pharmacist Practice and Standards for Operating Licensed Pharmacies Proposed amendments will be circulated prior to mid-July for a 60-day consultation period. Please watch The Link and the ACP website for announcement of this consultation. Feedback from this consultation will be considered by council at its Oct. 14, 2010 meeting.

*continued on page 15*

ACP emails and newsletters are official methods 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 reading college newsletters and ensuring ACP emails are not blocked by your system.



**Recycled**

Supporting responsible use  
of forest resources

[www.fsc.org](http://www.fsc.org) Cert no. SW-COC-002083  
© 1996 Forest Stewardship Council



*This newsletter is printed on Rolland Enviro 100  
Print, a 100% post consumer paper, certified  
Ecologo, Processed Chlorine Free, FSC Recycled  
and manufactured using biogas energy.*