

alberta college of
pharmacists



acp *news*

In this issue...

Notes from Council

- 2 • Pondering council elections
- 3 • What do Albertans think about pharmacy?
- 4 • Regional meetings
- 5 • Council highlights
- Council priorities for 2011
- 6 • Call for resolutions

Competence

- Competency Profile and CPD Plan updated!
- More Competence Assessment selections in February

Partners in Practice

- 7 • Congratulations Super Learners
- Watch your CE course numbers
- 8 • Learnings from audits of professional declarations

Complaints Resolution

- Disciplinary report summaries

Partners in Practice

- 10 • From the faculty
- 11 • In memory
- Practice Skills

Quality Pharmacy Practice

- 12 • Over 1000 pharmacists with authorization to inject!
- 13 • Manager's duties when hiring
- 14 • Pharmacists to begin ordering lab tests
- 15 • Pharmacist prescriber profile: Blaine Colton
- 16 • Don't be the missing Link

Healthy
Albertans
through excellence
in pharmacy practice



Alberta marks a century of regulated pharmacy practice in 2011 and we're celebrating! It will be a year of celebration, recognition, and recommitment to the innovation and high standards that have made Alberta a world leader in pharmacy practice.

The Centennial Committee, jointly supported by the Alberta College of Pharmacists (ACP) and the Alberta Pharmacists' Association (RxA), is lining up a year that will truly do the profession proud. At no other time will the achievements of pharmacists and their partners be made so visible, both to the profession and the public.

We invite you to join us in creating the celebration of a century. To get in on the fun, you can:

■ Submit pictures and stories –

Go to the centennial website (<http://pharmacy100.ab.ca/>) or Facebook page (www.facebook.com/AlbertaPharmac)

or post your pictures and stories (or email or mail them to ACP or RxA). Tell us about a proud family of pharmacists, a funny pharmacy incident, or how pharmacy has made a difference in your life, your community, or the life of one of your patients.

■ Answer the Question of the Month –

Each month we'll publish a new question on the centennial website, the Facebook site, and in The Link to help us uncover your insights into pharmacy in Alberta.

■ Register for the centennial conference –

One of the highlights of this extraordinary year will be the centennial conference at the Jasper Park Lodge, hosted by ACP and RxA. Join your colleagues in this picturesque setting to share stories, reflect on the changes witnessed,

continued on page 2

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 March 2011 issue is February 3, 2011. Information about content and length of articles can be obtained from Karen.

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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 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
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Pharmacy Practice Consultants:

E. Randy Frohlich
Vic Kalinka
Jennifer Voice

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



Let the celebrating begin!
continued from page 1

and set the direction for the next 100 years. Last year’s conference sold out before the early bird deadline; we’re sure this one will be the same! To register, go to <http://pharmacy100.ab.ca/conferen ce.html>

■ **Leave a legacy for the future –**

A student award which recognizes community leadership has been established at the U of A Faculty of Pharmacy and Pharmaceutical Sciences to inspire and recognize practitioners of the future. Our goal is to establish an endowment that would generate interest equivalent to at least one year’s tuition per annum. We are personally asking each and every pharmacist in Alberta to contribute a minimum of \$100 – \$1 for each of the profession’s one hundred years – towards this legacy. Help make this the LARGEST Faculty of Pharmacy award available! Donate today by going to www.pharmacy.ualberta.ca.

■ **Be a local champion –**

Have an in-store display or presentation. Host a lunch for your fellow health care professionals. Enter a pharmacy team in a local sporting event (with the centennial logo on your team shirts to let everybody know!). Then share your tales of adventure with everyone via the centennial Facebook page.

Want to do something locally, but need ideas or support? Contact Karen Mills, ACP Communications Leader (karen.mills@pharmacists.ab.ca, 780-990-0321 or 877-227-3838). She would be happy to lend a hand and help get your party started.

This is a year to trumpet all the contributions and achievements of the profession. The more voices we have telling the stories, the better the celebrations will be. Happy 100 years!

Pondering council elections: is this the year for you to step up?

It’s a new calendar year and a new century of pharmacy. Consider making this the time you step up for your profession by running for ACP council. Elections will be held in:

- District 2 (southern Alberta) – Wayne Smith (incumbent)
- District 3 (Edmonton) – Krystal Wynnyk (incumbent)

Who can be a candidate?

You are an ideal candidate if you:

- are motivated to advance public safety;
- want a hands-on role in advancing pharmacy practice in Alberta;
- model safe, effective, responsible pharmacy practice;
- have demonstrated leadership skills; and
- are able to commit 12 to 15 days per year over a three-year term.

When considering the criteria of a good councillor, review the responsibilities and councillor code of conduct under *About ACP/Council* and the college bylaws under *About ACP* at <http://pharmacists.ab.ca>.

A call for nominations will go out in late January. Nominations will be due at the end of February.



What do Albertans think about pharmacy?

In October, ACP commissioned a telephone survey of 1200 Albertans to measure:

- expectations of pharmacists;
- public importance/satisfaction with current pharmacy service;
- comfort and satisfaction with, and importance of pharmacists prescribing (including adapting) and injecting; and
- awareness of ACP.

ACP also sought to identify gaps in patients' healthcare expectations that pharmacists could fill.

Following is a summary of the findings, compared with those from the 2007 benchmarking survey. Results provide a margin of error no greater than $\pm 2.8\%$ at the 95% confidence level or 19 times out of 20.

Pharmacists' key strengths

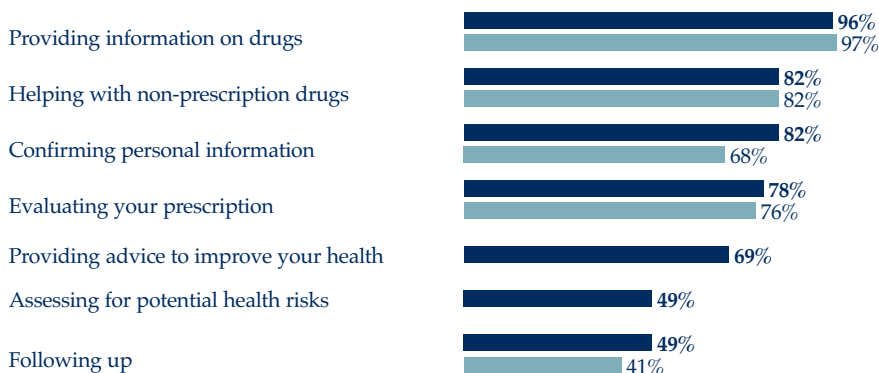
- Providing you with enough information to know how to properly take/use your drugs.
- Evaluating your prescription to ensure that you are getting the right drug, for the right reason, in the right dose, and in the right amount.

Three greatest opportunities for improvement in pharmacist practice

- Assessing individuals for potential health risks.
- Providing advice to improve health.
- Following up to monitor patient response to drug therapy.

Awareness of pharmacist responsibilities

■ 2010 ■ 2007

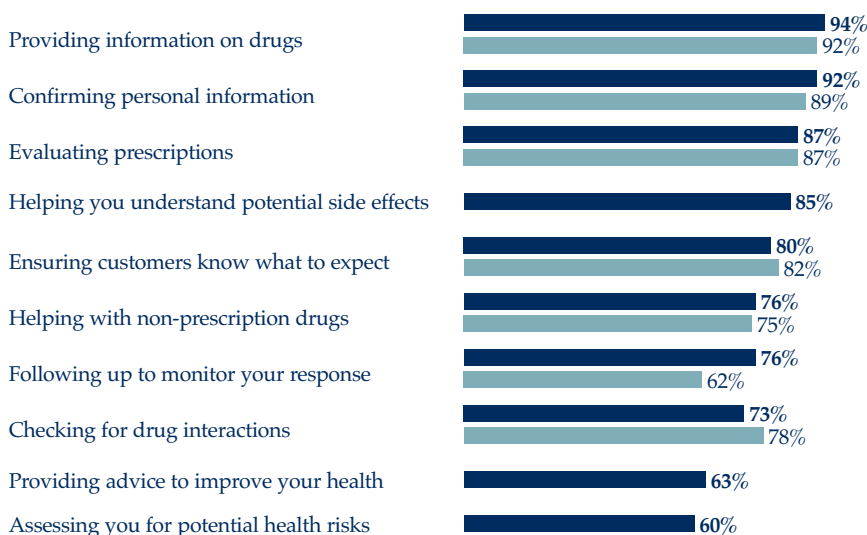


Would you seek your pharmacist's advice on ... ?



Satisfaction with pharmacists' roles in terms of ...

■ 2010 ■ 2007



Complete survey results are available on ACP's website under *About ACP/Council/Policy development*.

Regional meetings

Pharmacists and technicians from all areas of practice participated at the Nov/Dec town hall meetings in Calgary, Lethbridge, Red Deer, and Edmonton.

ACP staff appreciate participants taking the time to share their issues, concerns and hopes for the profession.

The evenings included discussions about:

- what comprises good patient assessment, documentation, and follow up;
- practice barriers/challenges and possible solutions; and
- ACP's efforts to enable better pharmacy practice.

What did we hear?

Time, money, technology, technician regulation, and expanding scopes were common discussion themes among all groups. However, opinions on the impact of these factors on practice varied between communities.

Participants did a quick SWOT analysis of pharmacy practice as it stands today. Following is a summary of the common insights.

Strengths:

- Established, positive relationships with patients
- Knowledgeable practitioners
- Great accessibility
- High trust and reputation
- Practitioners want to offer good care



Weaknesses:

- Access to electronic health records is cumbersome
- Software doesn't support good documentation or team-based care
- Lack of remuneration for patient-care services
- Pharmacists have trained patients that care will be immediate and free

Opportunities:

- Patients have needs that aren't being met elsewhere, that can be met by pharmacists
- Patients are becoming more receptive to the idea of making appointments
- Patients can be empowered to undertake some of their own follow up
- Regulated technicians can free pharmacists to spend more time with patients
- Technology evolving to improve workflow and patient care
- Have a lot of data that can be used, just needs to be collated
- Pharmacists are being invited to participate with practitioners from other disciplines

Threats:

- It may be some time before there are enough regulated technicians to positively impact pharmacy workflow
- Expectations of corporate owners may conflict with a desired pharmacy practice model
- Even with funding, pharmacist uptake of new roles may be low (as experienced in other jurisdictions)
- Inability to access information and data to make fully informed care decisions
- Few individual pharmacists or technicians feel empowered enough to change current systems

What is ACP doing?

ACP Registrar Greg Eberhart reviewed ACP's progress on its six strategic priorities for 2010.

Priority 1: Pharmacists embrace their full scope of practice

- 40% increase in pharmacists with additional prescribing privileges
- Over 25% of pharmacists authorized to administer injections

Priority 2: Expectations of pharmacy practitioners are understood

- Conducted two public media campaigns and one survey of Albertans

Priority 3: Optimize pharmacy workforce

- Implemented technician bridging programs; still awaiting regulation amendments
- Proposing bylaw amendments in spring to incorporate elected technicians on ACP council

Priority 4: Ensure pharmacists are competent to perform authorized roles

- Piloted knowledge assessment and professional practice portfolio
- 100 pharmacists selected as the first cohort to be evaluated

Priority 5: Accountable for informed decisions and actions

- Redeveloping practice consultants' tools and processes
- Have added two new practice consultants to enhance frequency and capacity of pharmacy consultations
- In planning stages of new programs to evaluate performance and potential risk

Priority 6: Effective policies and efficient processes

- Mapping ACP processes to identify redundancies and potential gaps

Council meeting highlights

Council met on Dec. 9, 2010. Given the many changes in health care, there was much to discuss. In the course of the day, council:

- Reviewed the 2011 budget and business plans, and projections for 2012-13. A 1.29% increase in fees was approved; this increase corresponds with the estimated cost of living increase in Edmonton in 2010 projected by the Conference Board of Canada.
- Conducted a second review of proposed amendments to the Standards for Pharmacist Practice and Standards for Operating Licensed Pharmacies. Council supported the amendments in principle and asked for them to be forwarded to legal counsel for review and drafting. In the spring, final approval will be

sought and an effective date established.

- Reviewed draft amendments to the bylaws for the purpose of defining new terms for council members, introducing the election of pharmacy technicians to council, and rescinding the voluntary register for pharmacy technicians. Consultation on the proposed amendments will occur in the New Year.
- Received the results of ACP's tri-annual "Survey of Albertans". Refer to the article on page 3 for highlights.
- Discussed with representatives from the College and Association of Registered Nurses of Alberta (CARNA) their proposal for registered nurses to be granted prescribing privileges. Some



registered nurses have identified prescribing privileges as an opportunity for them to address patient needs and some of the gaps in the health system. Examples that were shared were in travel medicine, STI clinics, and family planning clinics. Details about the scope of nurse prescribing, qualifying requirements, and ongoing competence assessment are not yet defined.

- Approved terms of reference for an Ethics Committee. The committee will provide a forum through which ethical conduct by pharmacists and pharmacy technicians can be nurtured.

Council priorities for 2011

PRIORITY	ACTIONS TO REACH GOAL
1. Ensure pharmacists are competent to perform authorized roles	<ul style="list-style-type: none"> ■ Select 400 pharmacists in Feb. 2011 who will be required to complete a competence assessment before applying for their annual permits in May 2012. <ul style="list-style-type: none"> • Each will be required to complete either a knowledge exam or a practice portfolio through which they are able to demonstrate to peers their competence to practice. ■ Introduce a web-based tool to help registrants better understand assessment process and decide which evaluation alternative to choose.
2. Begin regulating pharmacy technicians	<ul style="list-style-type: none"> ■ Amend the Standards of Practice, the Standards for Operating Licensed Pharmacies, and ACP's bylaws. <p><i>Note: ACP's goal was to begin regulating technicians by the end of 2010; however, the draft amendments returned by government have not provided the clarity required by council.</i></p>
3. Enhance public and stakeholder awareness about pharmacy practice through our centennial celebrations	<ul style="list-style-type: none"> ■ See the cover story for details on centennial plans and projects.
4. Rebrand ACP and create greater awareness amongst registrants, the public and stakeholders about the important role that the college plays in Alberta's health system	<ul style="list-style-type: none"> ■ Make clear that the mandate of ACP is to govern pharmacy practice and protect the public. ■ Make distinct the separate roles of ACP (regulator and protector of the public) and RxA (advocacy and member support).
5. Relocate the ACP office	<ul style="list-style-type: none"> ■ Secure a more cost-effective location, while preserving a professional presence and access to key partners and stakeholders.

Call for resolutions

Registrants may propose resolutions for consideration at ACP's annual general meeting. Greg Eberhart, ACP Registrar, must receive your resolution in writing, accompanied by the signatures of 10 voting members in good standing, **by 4:30 p.m. on March 18, 2011**. Resolutions should be focused on topics relating to the college's mandated areas of responsibility: public safety, effective pharmacist and pharmacy practice, and health policy.

Send submissions to:
Leslie Ainslie, Executive Assistant
Alberta College of Pharmacists
1200, 10303 Jasper Avenue
Edmonton, AB T5J 3N6

APEX Bowl of Hygeia Deadline for nominations extended

The deadline for nominations was December 10, 2010, but it is being extended until **January 31, 2011** for the **Pfizer Consumer Healthcare Bowl of Hygeia**.

The Bowl of Hygeia is awarded annually to a pharmacist who has compiled an outstanding record of community service which, apart from his/her specific identification as a pharmacist, reflects well on the profession.

If this sounds like you or a pharmacist you know, nominate today at <https://pharmacists.ab.ca/nForms/BowlOfHygeia.aspx>

Questions? Contact:
Khean Murphy,
ACP Communications Coordinator
Khean.Murphy@pharmacists.ab.ca
Phone: 780-990-0321
or toll-free at 1-877-227-3838

Competency Profile and CPD Plan updated!

ACP is pleased to announce that the Competency Profile for Alberta Pharmacists and the RxCEL Continuing Professional Plan have been updated.

The Competency Profile is available to registrants through the Continuing Competence section of the ACP website. Registrants may obtain a hard copy or a CD-ROM of the Profile by calling the ACP office.

The Continuing Professional Development Plan is now available only as the electronic version. We chose to not print hard copies of the CPD Plan this time. ACP registrants can find the online CPD Plan by signing in to Registrant profile login on the ACP homepage and then clicking on CPD Plan. You will be re-directed to a separate website that is not accessible by ACP staff. Because it is a separate website you will be asked to login again.

In your plan, you can:

- track what learning needs you identified for this year and for the future,
- check if your learning plans are on track,

- complete your CPD log as you complete your courses,
- store this information electronically,
- view it whenever you like, and
- update it as needed.

You can also print out your learning plans to keep track of the status of your learning plans.

Transition timeline

The 2007 version of the CPD Plan and Competency Profile will remain on the website until Dec. 31, 2011 to allow you time to transition your current self-assessment and learning plans over to the 2010 version of the CPD Plan. Select which version of the CPD Plan you wish to work on by selecting the correct version in the drop down menu.

The online CPD Plan contains a Help section and a page of instructions. If you have further questions about how to use the online CPD Plan, please contact a member of the Competence department.

Phone: 780.990.0321
Toll-free 1.877.227.3838
Email:
competenceinfo@pharmacists.ab.ca



More Competence Assessment selections in February

Early in February 2011 we will be selecting the next group of pharmacists to participate in the RxCEL Competence Assessment program.

In July, 100 pharmacists were randomly selected for assessment. In February, we will randomly select 400 pharmacists (about 10% of pharmacists on the clinical register). Watch your mailbox for this important notification!



Congratulations Super Learners

The Alberta College of Pharmacists is pleased to recognize the following pharmacists for their commitment to their continuing professional development. These pharmacists reported 50 or more CEUs on their CPD logs in the 2009-2010 CE year.

Ghada Abdul Razaq	Dianne Donnan	Carin Jensen	Bernard March	Gail Smith
Najah Abdul-Hussain	Leslie Dunn	James Johnston	Maya Mathews	Roberta Stasyk
Brian Abernethy	Candice Edgecombe	Larry Karsch	Kara May	Karen Steinbring
David Andersson	Paula Elgar	Sharon Kelly	Fern McNaughton	Michael Thompson
Nyanza Austin-Bishop	Michelle Ewen	Sheilah KostECKi	Erin Moore-Kirkland	Penny Thomson
Margaret Baril	Kimberly Flunder	James Krempien	Stephanie Morton	Lorrie Verspeelt
Amy Becker	Athena-May Flynn	Rosalinda Labar	Kathleen Nicholson	Riyaz Virani
Catherine Biggs	Michelle Foisy	Jeffrey Lanz	John Philp	Cheryl Waldbauer
Maria Bizecki	Randy Frohlich	Cecilia Lau	Elaine Radulski	Margaret Walker
Rita Bowron	Ruth-Ann Gingrich	Nancy Lawrence	Noorani Ramji	Carol Wei
Danielle Caffaro	Phamie Gotaas	Lorraine Lawton	Daniel Reich	Gladys Whyte
Eric Campbell	Bradley Gregor	Helen Lee	Dixie Richardson	Lana Wierzba
Susan Casey	Lisa Gromnisky	Kevin Lehmann	Safder Rizvi	Laurel Wittwer
Kristen Chelak	Debora Gysler	Jeanette Leong	Darlene Rowe	Anita Wong
Christopher Chilibeck	Gillian Hansen	Fay Liew	Ebrahim Sabbagh	Jill Yates
Jennifer Cuthbertson	Sara Hanson	Wanda Lindberg	Jeffrey Schlotter	Marilyn Youngmans
Nandini Desai	Debbie Hrudey	Judy Lorenz	Gisele Scott-Woo	Eldon Zaretski
Patricia Dimock	Denise Idibiye	Chandel Lovig	Debra Seminowich	Elena Zee
Olga Dmytrisin	Rekha Jabbal	Rita Lyster	Brenda Sexsmith	
Emanuela Doan	Patricia Jacobsen	Khadija Mangalji	Queenie Shum	



Watch your CE course numbers – Technician courses cannot be claimed as accredited learning

We have noticed a few pharmacists claiming participation in pharmacy technician CE programs as accredited learning. While these courses may be accredited by CCCEP, they cannot be claimed by pharmacists as accredited learning.

You can recognize courses accredited by CCCEP for technicians by the "T" suffix at end of the file number.

Learnings from audits of professional declarations

We are just completing the audits of professional declarations made at the time of registration renewal in May 2010. Following are tips for you, based on the findings from our audits:

- Pharmacists on the clinical register must hold personal professional liability insurance of at least \$2 million. “Personal” liability insurance means that it is in the pharmacist’s name (not the pharmacy’s name or the corporation’s name).
- Pharmacists may only claim as accredited learning those learning activities accredited by ACP, the Canadian Council on Continuing Education in Pharmacy (CCCEP), the Accreditation Council on Pharmacy Education (ACPE), and other provincial pharmacy accrediting bodies. Continuing Medical Education cannot be claimed as accredited learning but it may be claimed as non-accredited learning. All non-accredited learning must be supported by a non-accredited learning record form, which must be submitted to ACP if you are selected for Audit of Professional Declarations.
- Pharmacists must complete their CPD logs accurately in all components, i.e., name of course, accreditation file number, and actual date of completion as stated on the certificate of course completion. Entering a date other than the date on the certificate may look like you are trying to claim a learning activity in a different CE cycle than when it was earned. It’s a good idea to confirm your CPD log entries against your certificates of course completion to ensure you have documented your learning activities accurately.



- During Audit of Professional Declaration, pharmacists must provide supporting documentation for all learning activities claimed on the submitted CPD log. ACP is not auditing whether pharmacists have at least 15 CEUs; we are auditing whether the submitted CPD log is a true and accurate account of the pharmacist’s learning activities. ACP staff cannot delete learning activities from the pharmacist’s CPD log if the pharmacist is unable or unwilling to provide proof of participation in those learning activities.
- Pharmacists may only claim participation in a particular learning activity once. “Double dipping” is not permitted. If the online CPD log will not let you enter a particular course ask yourself if you might have previously entered this course on your CPD log. You can check all previous online CPD logs in your registrant profile.
- The CE cycle goes from June 1 to the following May 31. All pharmacists who wish to renew their clinical pharmacist status must complete at least 15 CEUs by May 31. CEUs earned after May 31 will be applied to the next CE cycle.

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:

Investigation regarding the conduct of a registrant

Note that although pharmacy is now governed by the Health Professions Act, at all times relevant to this case, the Pharmaceutical Profession Act and its regulation applied.

An Investigating Committee made findings of professional misconduct in the hearing into the conduct of Mr. Mohammad Farooq. Mr. Farooq was trained outside of Canada. He successfully wrote the Pharmacy Examining Board of Canada (PEBC) Qualifying Examination and, in Nov. 2000, received his Certificate of Qualification. He entered ACP’s internship program in Dec. 2001 and completed the required hours of internship in 2002.

In 2001, PEBC instituted the Objective Structured Clinical Examination (OSCE) and ACP adopted it as a requirement for licensure. Accordingly, the college’s internship examination was no longer available when Mr. Farooq completed his internship in April 2002. Mr. Farooq was given the option either of passing the OSCE as a pre-requisite to registration, or of registering and undergoing an on-site assessment within six months of registration. He elected the latter and was registered as a pharmacist in July 2002.

The first on-site assessment in March 2003 resulted in Mr. Farooq scoring below peer mean and a referral of his results to the Practice Review Committee (PRC). The committee referred the matter to the registrar as it was concerned that Mr. Farooq's practice might constitute the unskilled practice of pharmacy.

The registrar referred the matter to the Infringement Committee, which appointed the college's Complaints Director to investigate. The Complaints Director scheduled a second on-site assessment with Mr. Farooq. Again, Mr. Farooq scored below peer mean in seven out of eight areas. The Complaints Director referred the results to the PRC for assessment. The PRC recommended a further assessment in six months, noting that "the passage of time combined with continued mentorship may well provide the tools Mr. Farooq needs to improve to a satisfactory level."

The Complaints Director requested Mr. Farooq submit to a third assessment. At the third on-site assessment in June 2004, Mr. Farooq again performed poorly, although somewhat better than before. The Complaints Director requested the Practice Review and Infringement Committees review the results of this assessment. It was requested that Mr. Farooq register for the PEBC OSCE before June 30, 2005.

Mr. Farooq failed the OSCE and the matter was referred to an Investigating Committee. The initial notice of hearing was issued on Jan. 13, 2006. Adjournments occurred and the hearings did not commence until June 11, 2007. Arguments about jurisdiction were made and a decision on jurisdiction was issued on Sept. 27, 2007. Proceedings in the Court of Queen's Bench followed, resulting in a hiatus in the hearing.

The Investigating Committee determined that Mr. Farooq:

1. displayed a lack of knowledge or of skill or judgment in the practice of pharmacy;

2. did not comply with several of the standards of practice;
3. acted in a manner contrary to the best interests of the public; and
4. acted in a manner that harms or tends to harm the standing of the profession.

On April 21, 2009, the Investigating Committee made the following orders.

1. Mr. Farooq must complete and pass the OSCE within a 15-month period starting from April 30, 2009. If he fails to pass the OSCE during that period of time, his practice permit and registration will be suspended. The cost of the OSCE will be paid 50% by ACP and 50% by Mr. Farooq.
2. If Mr. Farooq's registration and permit are suspended pursuant to the order in Paragraph 1, his registration and practice permit will be cancelled unless he undertakes and passes the OSCE within 12 months from the date his registration and practice permit were suspended. If this is the case, Mr. Farooq will bear the entire cost of this exam.
3. In the 15 month period provided in the order in Paragraph 1, Mr. Farooq's entitlement to engage in the practice of pharmacy shall be subject to the following conditions.
 - a. Mr. Farooq shall not function as a licensee at any pharmacy licensed by the college.
 - b. Mr. Farooq shall not engage in the sole practice of pharmacy other than his current employment.
 - c. If Mr. Farooq seeks to practice or is practicing as a pharmacist at any location in Alberta other than his current employment, he shall only do so under the supervision of a registered clinical pharmacist who is aware of these orders and who confirms to the satisfaction of the Complaints Director that the registered clinical pharmacist agrees to supervise Mr. Farooq's practice of pharmacy and to report

any concerns that arise to the Complaints Director.

- d. Mr. Farooq shall provide a copy of the Decision of the Investigating Committee Regarding Conduct, dated Oct. 5, 2008, and this Decision of the Investigating Committee regarding penalty, to his current employer and to another supervisor. Mr. Farooq will provide written confirmation from his employer within 30 days to the college confirming that they have received the Decisions and that they will continue to support Mr. Farooq in his practice.
4. Mr. Farooq pays a total of \$40,000 over five years as his portion of the costs associated with this hearing. This is repayable under a schedule set by the college.
 5. That this decision not be published in the college's news or posted on the college's website.*

Mr. Farooq appealed the decision of the Investigating Committee to the council of the college. The council dismissed the appeal on Nov. 23, 2009. In its July 22, 2010 decision on costs, council reduced the costs from \$40,000 to \$20,000 (including costs of the appeal), ordering Mr. Farooq to pay over a four-year period by equal monthly payments.

Mr. Farooq then appealed the decision of council to the Court of Appeal of Alberta. The appeal was heard on Sept. 9, 2010. In the Memorandum of Judgment issued Oct. 20, 2010, the Court of Appeal dismissed the appeal. All orders were upheld and ACP has suspended Mr. Farooq's registration and practice permit.

*All of the proceedings are now public record as a result of the Court of Appeal proceedings. To preserve the transparency of the complaints review process and remain accountable to Albertans, the college is publishing this summary and posting all related documents on its website.

(continued on page 10)

Disciplinary report summaries

continued from page 9

Case 2:

Unprofessional conduct by registrants

A hearing tribunal made findings of unprofessional conduct in the hearing into the conduct of Tuyen Huynh and Calgary Medical Pharmacy and Loi Nguyen and Saigon Pharmacy (also located in Calgary).

The hearing tribunal found that:

- from Nov. 1, 2003 to June 30, 2005, there were substantial discrepancies between the quantities of several drug products billed to Alberta Blue Cross by the two pharmacies and the inventory available to the pharmacies to dispense prescriptions for these drugs;
- Ms. Huynh failed to cooperate in a professional manner with the Alberta Blue Cross audit; and
- the pharmacies and Mr. Nguyen and Ms. Huynh failed to maintain adequate and complete records of the drug products acquired by the pharmacies and failed to maintain records sufficient to provide verification and reconciliation of the quantities of the drug products acquired by the pharmacies with the quantities of the drug products shown as dispensed to patients and submitted to Alberta Blue Cross for payment.

The conduct of the members constituted unprofessional conduct and the hearing tribunal made the following orders.

Mr. Nguyen

- A written reprimand;
- A fine of \$2,000, to be paid within 60 days of receiving the decision;

- Direction to pay, jointly with Ms. Huynh, 50% of the expenses, costs and fees (\$41,938.77) related to the investigation and hearing over a four-year period; and
- An order that unless Mr. Nguyen successfully passes the ACP's jurisprudence exam within four months from the date he receives this decision, he will not be allowed to act as the licensee of a pharmacy for a minimum four months. He must pass the ACP's jurisprudence exam before he is eligible to act as a licensee at the expiry of the four-month period.

Ms. Huynh

- A written reprimand;
- A fine of \$3,500, to be paid within 60 days of receiving the decision;
- Direction to pay, jointly with Mr. Nguyen, 50% of the expenses, costs and fees (\$41,938.77) related to the investigation and hearing over a four-year period; and
- An order that Ms. Huynh shall not act as the licensee of a pharmacy for a minimum of two years from the date she receives this decision and that she must pass ACP's jurisprudence exam before she is eligible to act as a licensee at the expiry of the two-year period.

From the faculty

The **University's reunion weekend** was held Sept. 24-26. The Faculty hosted an inaugural "Tailgate Party" for the Golden Bears football game and an open house. The Classes of 1985 and 1960 celebrated their 25th and 50th reunions. Two Faculty alumni award recipients were also recognized: **Sara Houlihan** (BSc{Pharm} 2007) received the Honourable Dr. Lois E Hole Student Spirit Award and **Elaine Semkuley** (BSc{Pharm} 1962), along with her husband **Myron Semkuley** received the highest honour, the Distinguished Alumni Award.

The **PharmD program**, in response to consultations with government, has been re-crafted into a 12-14 month post-BSc model that will both track in current students and engage practising pharmacists. It is moving through the university and government approval processes with the expectation of enrolment beginning September 2012.

On Nov. 19, 2010, the Faculty held their annual **Research Day** which provides graduate and undergraduate students, and postdoctoral fellows an opportunity to present their research findings to a panel of judges. **Dr. Ed Knaus** was the day's keynote speaker. Dr. Knaus has retired from the Faculty after 38 years of service.

Planning for the **annual golf tournaments** is already underway. The Alberta South tournament will be held at the Gleneagles Golf Course in Cochrane on Aug. 29, 2011. The date for the Alberta North tournament is yet to be finalized, but it will again be at the Blackhawk Golf Club in Edmonton. More information will be provided as planning continues.





In memory...

Reuben Hashman died on Oct. 17, 2010 at age of 82. Reuben was born in Calgary, graduated with a Bachelors Degree in Pharmacy from the U of A and established a number of successful pharmacies. In particular, he will best be remembered for Briar Drugs, a familiar N.W. Calgary landmark, which he ran up until his retirement.

Friederich (Fred) Kinas died suddenly at his home on Sept. 25, 2010 at the age of 52 years. Fred graduated with a Degree in Pharmacology from the U of A in 1981. He started working at Lynnwood Drugs shortly thereafter, and has been respected in that community for the past 29 years.

Keith Stewart, former RxA Chief Executive Officer, passed away on Oct. 29, 2010. During his time with RxA (April 2007 – September 2009), Keith worked tirelessly to build and strengthen relationships between RxA and key stakeholders. He will be remembered for his dedication to the Association and the profession.



Practice skills: Monitoring drug therapy using laboratory values

This Practice Development course focuses on helping you to integrate laboratory results in the management of your patients' medication. It runs from mid-February to mid-May 2011 and includes a one day workshop (February 26, 2011), online modules (activities, presentations, and discussions), and a four-part assignment.

Registration deadline: February 1, 2011

For more information, visit the Practice Development Practice Skills webpage at http://www.pharmacy.ualberta.ca/PD/courses/lab_values/lab_values_mainpage.htm.

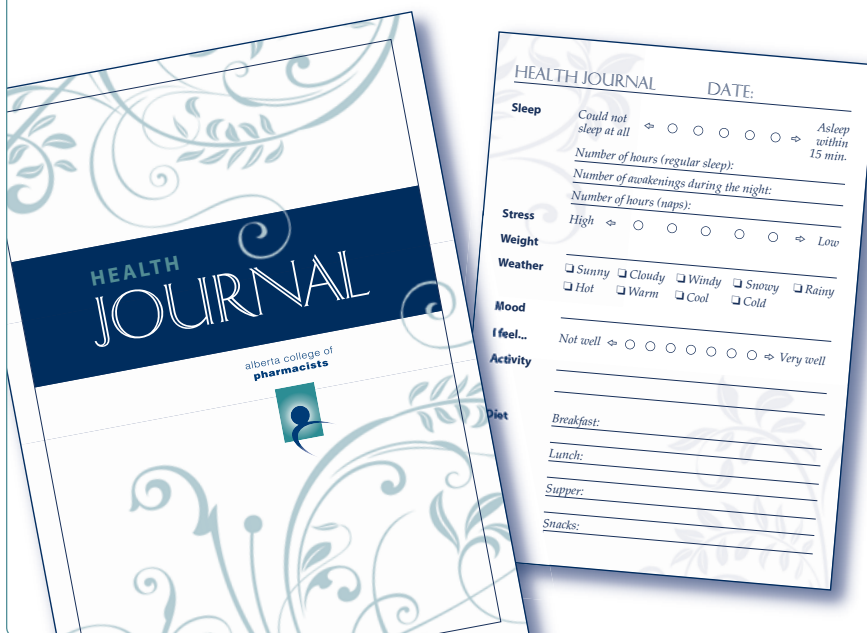


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Over 1000 pharmacists with authorization to inject!

Recently, ACP asked three pharmacists to talk about their experiences with applying for the authority to administer drug by injection, and how they've incorporated this new authority into their practice.

We spoke with **Kit Poon**, Main Street Home Health Pharmacy Manager in Stony Plain; **Betty Golightly**, Pre-Travel Health Consultant and Clinical Pharmacist with Preventous Collaborative Health in Calgary; and **Aron Walker**, pharmacist at the University Health Centre Pharmacy at the University of Alberta.

What motivated you to apply for the authority to inject?

Kit: I wanted to ensure that I was staying current with the ever expanding role of the pharmacist. I also wanted to do my part in helping to shift the public's opinion on what a pharmacist does. In addition, I felt that being able to give patients another vaccination site to choose from would be a welcomed convenience.

Betty: Immunizations are a key element in the specialty of travel medicine. I felt that having a better understanding of the practice of injecting vaccines would facilitate my learning in this field.

Aron: It seemed like an exciting way to embrace the expanded scope of practice for pharmacists in our province. I work in a university dispensary and we have a more transient patient base than your average pharmacy. We would get enquiries from patients on where they could complete their vaccination series if the first one or two doses were given in another city or province by a different health care provider. It seemed to be a waste of time and money to have them see a local physician and then have a nurse administer it; they had already been assessed and prescribed the vaccine. I figured that there was nothing to lose by taking the course, even if I wasn't able

to ultimately incorporate the skills into my current practice.

How was the application process?

Kit: It was very simple and straightforward. The process has a very good turnaround time.

Betty: For me, the application went smoothly. As an instructor of the RxA Injection Course for Pharmacists, I have found that if a pharmacist has any trepidation, it is 'harming' their patients; this concern is all but eliminated by the end of the course.

Aron: The application process was extremely easy and I was able to find all of the information on the ACP website. In fact, I went ahead and took the injections course before I even knew how to apply or exactly what other criteria I would need to receive the authority to administer drugs by injection. After successfully completing the injections course, I took the appropriate CPR/First Aid training and then it was as simple as filling out the form and faxing it in with [the] relevant documents.

How have you incorporated this authority into your practice? Were there any challenges?

Kit: I have since done a large number of vaccinations ranging from being part of the H1N1 vaccination program, to administering Zostavax. While there was some initial difficulty in raising public awareness that pharmacists could administer injections, there has since been a very positive response from my patients. There is now no doubt in my mind that we are providing a much needed service. At the end of the day,

I feel rewarded knowing that each injection I have administered is one less patient who has to access other parts of the health system.

Betty: I work in a medical clinic and have administered well over 1000 injections. I think that having the appropriate facilities is the biggest challenge.

Aron: I am now at the point where I provide injections to patients regularly (about five injections per week – not including influenza vaccination). I have found patients to be very satisfied with the convenience that it provides and they don't mind paying a fee.

There were very few challenges. The first was to clarify the services that I was able to provide with my colleagues at the University Health Centre. Once the physicians and nursing staff were aware of what I was able to provide, what my limitations were, and what I was charging for the service, I found I was receiving more and more referrals from them.

An ongoing challenge I experience is that I am currently the only pharmacist at my pharmacy authorized to administer injections. It is unfortunate when a patient comes in for an injection and, for some reason, I am not in the pharmacy that day and they must return a later date.

A recent opportunity I embraced was to work together with the Faculty of Pharmacy and the University Health Centre to deliver a two-day Influenza Vaccination Clinic. Fourth year pharmacy students provided influenza vaccinations for the staff and students at the U of A. This clinic was an overwhelming success.

Several community pharmacists generously gave their time to act as instructors for the clinic. We were able to provide the students valuable, practical experience using their new skill of administering injections, and we were



able to provide influenza vaccine to staff and students of the university (and for some curious ACP staffers!).

What have the benefits for your patients been? How have they responded to this new authority?

Kit: The response has been overwhelmingly positive, and was especially evident during the H1N1 period. Patients typically comment on the convenience of such a service as well as the diminished likelihood of contracting a virus while waiting in a room full of sick patients.

Betty: Being able to immediately receive a service, so the patient does not have to go to another point in the health system has been a benefit. Without exception, my patients have been supportive of pharmacists providing injections.

Aron: Although this is not a skill I use every day, it is a skill that patients find convenient and helpful. As time passes and the public gradually learns that pharmacists can offer injections, I get fewer and fewer surprised looks. When a patient asks where they can have their medication injected, I respond, "I can do that for you."

I am now receiving referrals from prescribers and nurses from the University Health Centre and through word of mouth.

I have not received any negative feedback from patients about the fee for the service or that a pharmacist is giving them an injection. In fact, patients gladly pay for the service, even though they have the option of returning to their physician's office to receive the injection free of charge.

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If you haven't received your authorization to inject yet, learn how by clicking on the *Applying for authorization to administer drugs by injection* link in the Bulletin Board section on the ACP website homepage.



Manager's duties when hiring

It has come to ACP's attention that some employers are not being as diligent as they should be when hiring pharmacy staff. Unfortunately, this lack of diligence has resulted in public complaints, criminal charges, and the compromising of patient care, security and the reputation of the profession.

For any pharmacy staff hires:

1. Require a resume.
2. Contact past work references.
3. For any staff that will have access to drugs, you may consider requiring a criminal records check.

When hiring a pharmacist:

1. View the pharmacist's practice permit.

Standard 13 of the Standards for Operating Licensed Pharmacies requires you to ensure that each staff member has the appropriate registration.

Just asking if they have a permit is not good enough. The permit will list any conditions on the pharmacist's practice.

Standard 16 requires that you ensure that unauthorized individuals do not

engage in or supervise restricted activities. You can not meet this standard if you don't know what an individual is authorized to do.

2. Notify the college within 14 days of any pharmacist staffing changes.

Section 20(2) of the Pharmacy and Drug Regulation requires you to notify ACP within 14 days if there is any change to pharmacist staffing.

This will act as a "double check" to your review of the permit and will allow ACP to make you aware of any new information.

The standards are in place to protect you and the public.

To protect Albertans, the drug distribution system and the good reputation of your pharmacy and the profession, it is critical that all managers comply with the standards and regulation when hiring pharmacists. Remember, a little time spent before hiring can save a lot of grief, time, and cost after the fact.

Pharmacists to begin ordering lab tests

ACP and RxA have worked with DynaLIFE_{DX} and Alberta Health Services (AHS) labs to identify requirements for registering pharmacists in lab systems, receiving pharmacist orders for tests, and providing results to pharmacists. In December, a group of community pharmacists with PRAC IDs from across the province were invited to participate in Phase One of this project by registering with the appropriate lab. The phase-in will be evaluated monthly and will be expanded to additional pharmacists early in 2011.

Community pharmacists, watch the ACP website and The Link for an invitation to register with the appropriate lab. Alberta Health Services (AHS) pharmacists will receive information from AHS Pharmacy Services about how to register.

To be sure you are ready when the invitation arrives, if you have not already done so:

- obtain a PRAC ID,
- become familiar with the standards and guidelines for ordering lab tests, and
- consider how you will receive results and provide 24/7 coverage for critical results.

How to get a PRAC ID

You will need a PRAC ID, the unique ID needed to order tests, before you can register with a lab to order lab tests. PRAC IDs are issued by Alberta Health and Wellness. The form to apply for a PRAC ID is available on the ACP website under *Pharmacist resources/Forms/PracIDApp*.



Standards and guidelines

The amended standards and guidelines for ordering lab tests are posted on the ACP website under *Pharmacist Resources/ACP practice guidelines/Ordering lab tests*. **It is your responsibility to become familiar with the standards and guidelines before you begin ordering lab tests.**

Providing 24/7 coverage

As indicated in the ACP standards and guidelines, pharmacists who order lab tests must have a system in place to ensure appropriate follow-up of critical results from lab tests they order on a 24 hour, 7 day per week basis. While you may feel that you are able to provide 24/7 coverage, there are times when all of us are indisposed or unavailable. For this reason you are encouraged to develop agreements, partnerships, or arrangements, such as on-call groups, with other pharmacist or physician colleagues to meet this requirement.

- If you work in an AHS facility, a PCN or a physician's office where other health professionals are already receiving critical results you may be able to provide after hours coverage via the same method as other health professionals. It is your responsibility to consult with your work location to determine whether this is possible.
- If you work in a community pharmacy, you may need to establish an on-call schedule with other pharmacists who work with you. Alternately you may wish to develop partnerships or on-call groups with other pharmacists, other pharmacies or physician colleagues.

After hours emergency contact information must be made available to

the lab at the time of registration or must be available via a messaging service at your regular contact number. Lab representatives will not leave information about critical results on answering machines or voicemail.

Receiving results

Results for all lab tests ordered by pharmacists will be available via Netcare in the same way as results for tests ordered by other health professionals. However, to ensure timely responses and follow-ups for tests you have ordered, you will be required to provide the lab with information about how results can be delivered to and received in your workplace.

- If you work in an AHS facility, a PCN or a physician's office where other health professionals are already receiving results you can likely receive results for the tests you order via the same method as other health professionals. It is your responsibility to consult with your work location to determine whether results for the tests you order can be received and whether there are any additional workplace requirements to do so.
- If you work in a community pharmacy that is located in or adjacent to a physician's clinic, you may be able to receive results via the same method as the clinic. If you work in a community pharmacy in another location, you will be required to make arrangements with the lab to have results delivered.

Additional information and assistance in determining how you will receive results will be available from the lab you are registering with.

Pharmacist prescriber profile: Blaine Colton

Blaine Colton graduated from the U of A in 2003. Since 2006, he has worked as a clinical pharmacist at the Sylvan Lake Value Drug Mart. Blaine also does contract work for the Wolf Creek PCN. He lives in Lacombe with his wife, Alison, and their two sons, Alex and Eli.

Recently, Blaine took a few minutes to speak with ACP about gaining additional prescribing authority. We spoke about how he integrates additional prescribing authority into his practice, what benefits his patients are seeing, and how people have reacted to his decision to gain this authority.

How long have you had additional prescribing authority?

About one-and-a-half years now.

What motivated you to apply additional prescribing authority?

My involvement with the PPMI project. I saw it as a way to help maximize my activities with PPMI. [The Pharmacy Practice Models Initiative (PPMI) focused on providing patient health services and interventions to optimize drug-therapy outcomes. The Alberta Pharmacists' Association (RxA) administered the initiative, with funding provided by Alberta Health and Wellness.]

What were your expectations of the application process?

I didn't know very much about the process, so I didn't really have a lot of expectations.

How was the application process in reality?

It wasn't difficult; it did take a lot of time however. The biggest challenge was writing a formalized care plan. I hadn't done that in a few years!

What were some of your expected challenges for implementation?

My biggest concern was how I was going to be received by the other health care professionals, especially the

physicians. I wanted to create collaborative relationships, not start a turf war.

Were they the same, or were there any different (unexpected) challenges?

There actually wasn't a lot of implementation to do, and upon receiving authorization, I was well received by almost all the other health care providers.

I was already providing pharmaceutical care to patients, and I like that I am now able to make my own decisions and take responsibility for them.

What did you expect the benefits to your patients and practice to be?

I expected to be able to treat patients in a more timely manner. I could identify drug therapy problems and immediately implement a corresponding care plan. I saw it as an improvement to patient care.

I was also hoping to improve collaboration with other health care providers.

Have the actual benefits you've seen aligned with your expectations?

They have almost been exactly what I had expected.

How have you incorporated additional prescribing authority into your practice? How has it improved patient care?

I am involved with two big projects. I work with Lorie Carter, who also has additional prescribing authority. We provide anticoagulation management services for approximately 150 patients in Sylvan Lake and Lacombe. Since taking over this service, our patients are spending more time in therapeutic range and have improved their knowledge about anticoagulation.

We are also participating in the Rural RxAction study, which focuses on pharmacists working to improve hypertensive care.

What has been the biggest challenge for you?

I've had to become a lot more organized. I've got lots of patients that require ongoing follow-up, and it is important that I not forget anyone.

What has been the biggest reward for you?

I've gotten a lot of satisfaction. I am able to make my own decisions and I am responsible for the outcomes. I'm getting referrals from physicians for patients who aren't necessarily filling their prescriptions at the pharmacy. But through the local primary care network we've been able to agree on remuneration for service.

What has been the reaction from your peers, staff, patients, and other healthcare professionals?

It's all been quite positive from everyone, very positive.

What advice would you give to pharmacists contemplating additional prescribing authority?

There are a lot of changes going on right now. Most of us have no idea what community pharmacy practice might look like in five years. The more skills and abilities you have, the better prepared you are for the future.



Don't be the missing Link

ACP publishes an e-newsletter, The Link, every second Tuesday. If you are not reading it, you are missing key practice information such as:

- Resident prescribing rules (Dec. 14)
- TPP list updates (*Targin on list and For which drugs do vets need to use TPP forms?* – both in the Dec. 14 edition, *Ketamine added* – Nov. 16)
- Drug schedule updates (*Dukoral* – Dec. 14, *NPN ≠ Unscheduled* – Nov. 2)

- Practice tips (*FluMist®: Guidelines for administration* – Oct. 5, *Anaphylaxis management recommendations*, Sept. 21)

Plus professional development opportunities, deadline reminders, consultation notices, and free materials!

All editions of The Link are archived on the ACP website under *News & Events/ACP newsletters/The Link*.

The Link is emailed to the address you register with ACP.

You can update your email address online at any time. Follow these steps:

1. Click on *Registrant profile login* on the blue menu on the left of the ACP homepage.
2. Click on *Login/Logout* and then enter your user User ID (registrant number) and your password.*
3. Click on *View Profile*. Click on the *Edit* button in the appropriate section and update your information.
4. Click *Save*.
5. Your record is now updated.

Forgot your password? To reset your password online:

1. Click on *Registration profile login*. This will take you to the login screen.
2. Click on the *Click here if you forgot your password* link found below the login screen.
3. Follow the prompts to reset your password.



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.

