

alberta college of
pharmacists



acp *news*

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CELEBRATING
PHARMACY
A CENTURY OF EXCELLENCE



CENTENNIAL CONFERENCE

Keynotes and galas and PD – oh my!

One of the highlights of this landmark year will be the Centennial Conference at the Jasper Park Lodge on May 20-21, 2011. It is the May long weekend and that's barely enough time to fit in all the great events, education, and celebrating we have planned! To "whet your whistle" here are a few inside peeks at what will be waiting for you at Jasper Park Lodge.

Start your conference experience early by attending one of the **three pre-conference sessions**. Look into the future with Mark Snaterse as he outlines where mental health is going in Alberta, and what opportunities exist for pharmacists. Or, become the "MacGyver of Medicine" at the session presented by Professional Compounding Centres of America. Or, learn about the crucial role you can play in preventing the devastating effects of Fetal Alcohol Spectrum Disorder (FASD) at the "kick off" session of what will become a province-wide education program.

On Friday evening, be prepared to be inspired. First, be drawn into **Bill Strickland's mesmerizing story** of how he, a kid from Pittsburgh's ghetto would go on to lecture at Harvard, serve on the board of the National Endowment of the Arts, and grow a near-bankrupt community center into one of the most acclaimed social organizations in the world. He will inspire you to dream bigger and achieve the extraordinary. (Go to www.bill-strickland.org for more.) Then be inspired by our own **homegrown heroes** – the APEX Award winners.

Saturday morning has lots of excitement in store: **Kevin Newman**, former Global National anchor; the unveiling of the commissioned **centennial artwork** (go to www.pharmacy100.ab.ca to see the finalists); and the recognition ceremony for the Alberta Pharmacy Centennial **Award of Distinction recipients**.

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Healthy
Albertans
through excellence
in pharmacy practice

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Krystal Wynnyk, District 3
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Anjali Acharya, District 5
Kaye Andrews, District 5
Donna Galvin, District 5

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Pat Matusko
Joan Pitfield

Pharmacy technician observers:
Robin Burns
Teresa Hennessey

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

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Jasper Park Lodge

Kenotes and Galas and PD – oh my! *continued from page 1*

Next, fill up on **tips and tools** you can take back to your practice at the professional development sessions. Tune in to some takeaways from the PPMI project. Suss out patient safety systems. Quell your curiosity about competence assessment. (Note: There have been some changes to session offerings. Check the advance program online for the most up-to-date listing.)

Then, take everything you've learned in the day and see how it might fit into the practice of the future. Kevin Newman will moderate four panelists from community, hospital, PCN and academic settings as they discuss **"What will the value of pharmacists be ten years from now?"** Panelists will discuss and debate if pharmacy has lived up to its potential and where the promise is for the next century. Bring your notebook and your opinions!

We'll wrap up the evening with a spectacular **gala reception and banquet**. Enjoy the company of your colleagues, great food, live entertainment, and reflections of how the province and the profession have changed over the last 100 years.

But wait! You're not done yet. Attend the ACP annual general meeting on Sunday (9:30 – 11:30 a.m.) and be the first to hear a **very exciting announcement**.

View the advance program at <http://pharmacy100.ab.ca/conference.html>. Register at www.buksa.com

See you there!

ACP bylaws amended

Council approved several bylaw amendments at their Feb. 24 meeting. Amendments that came into effect March 1:

- redefine the council year as July 1 to June 30, rather than from one annual general meeting to the next.
- redefine the structure of council, eventually to include seven elected pharmacists, two elected pharmacy technicians, and three appointed members of the public. To accommodate this change, the bylaws now:
 - redefine the electoral seats for pharmacists, by transitionally

rescinding one seat in District 5 (Calgary) in 2011 and one seat in District 3 (Edmonton) in 2014;

- redefine Schedule D, providing a transition schedule for council elections up to 2014; and,
- remove direction for the publication of names in disciplinary decisions from the authority of hearing tribunals, leaving this a responsibility of the registrar.

Additional bylaws consequential to the election of pharmacy technicians to the council were approved, to come into effect when amendments to the Pharmacists Profession Regulation

accommodating the regulation of pharmacy technicians come into effect.

Council deferred rescinding the voluntary pharmacy technician register until Jan. 1, 2012. The membership year for the voluntary register expires on Dec. 31, and this will provide a transition period for candidates to register on the new provisional register to be established under the Pharmacists Profession Regulation.

Council election results

Voting for council elections in Districts 2, 3, and 5 closed on April 14. This was the first year in many that elections ran in all three districts and the levels of engagement by both candidates and voters was excellent. Thank you to everyone who participated.

Kaye Andrews (District 5, Calgary) and Krystal Wynnyck (District 3, Edmonton) have been re-elected for three year terms. Clayton Braun of Lethbridge was elected in District 2 (Southern Alberta) to replace the seat currently held by Wayne Smith. Congratulations to all!

ACP is well positioned with strong leaders to move forward next year. As Past President, Donna Galvin will continue to provide a breadth of experience that is so important to supporting council and executive members as they take on new roles.

New councillors will begin their terms on July 1. To learn about or contact your councillor, go to *About ACP/Council/Current Council* on the ACP website.



Kaye Andrews



Krystal Wynnyck



Clayton Braun



ACP annual report posted

The ACP 2010-11 annual report and ACP/RxA APEX Award winner profiles were posted on the ACP website on April 20. Look for it under *About ACP/Annual reports*.



Competence assessment is rolling full steam!

To date, 500 pharmacists have been randomly selected to undergo competence assessment – 100 in 2010 and 400 in 2011. Another 10% of pharmacists will be selected in January 2012. All selected pharmacists have 14 months from the time their notification letter is sent out to complete their competence assessment. Forty-seven pharmacists have already completed their competence assessment.

New online tutorial

ACP has developed an online tutorial on the RxCEL Competence Assessment Program. The tutorial is based on the Competence Assessment Handbook. You can find both the tutorial and the handbook on the Competence Assessment page of the Continuing Competence section of the ACP website.

The tutorial fully describes the two assessment options: Professional Portfolio and Knowledge Assessment. It can even help you decide which option is best for you, in the section “Making the Competence Assessment Choice.”

You can review the entire tutorial or, using the menu links, skip to sections within the tutorial. For example, if you must complete a Professional Portfolio because you have additional prescribing authorization, you can go directly to the section on Professional Portfolio.

Please note: The tutorial includes an audio component, so be sure to have your speakers turned on.

The bottom portion of the webpage may not display on widescreen monitors, so select the “Full Screen” view on your Internet browser if you cannot see the “Audio/Text” toggle button and the media player buttons.

What is RxCEL?

RxCEL is the umbrella name for all competency programs offered by the college. It stands for Pharmacist, Competence, Evaluation and Learning.

Audits of Professional Declarations results

In 2010-2011, almost 500 Audits of the 2010 Professional Declarations were completed. Six files were forwarded to the Competence Committee for review and three individuals were deemed to be non-compliant with the audit criteria. Seventy Education Letters were sent to pharmacists, detailing how to improve their documentation of their learning activities.

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

Retiring committee members

Our sincere thanks go to the following individuals. The profession has benefitted from your involvement!

Competence Committee:

Anita Warnick
Thomas Schadek
Josiah Akinde

Knowledge Assessment Panel:

Jennifer Dunkin

CPD Log Tips

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. This year we have a new online resource available for you – Using Your Online CPD Log. Look for this guide in the Bulletin Board section of the ACP homepage.

You can also check out the Competence Program FAQs, the Competence Program Rules on the Continuing Competence section of the website.



It's spring ... it's annual permit renewal time

PHARMACISTS

Notices for online annual permit renewal were mailed in April. Be sure to go online to renew or give our office a call or if you have not received your renewal notice yet.

1. Registrants must renew by **May 31, 2011**. Your current permit expires on June 30, but your renewal and payment must be submitted by May 31. **For clinical pharmacists**, a complete practice permit renewal means the submission of:
 - a Continuing Professional Development (CPD) Log indicating completion of a minimum of 15 CEUs between June 1 of the previous year and May 31 of the current year;
 - a completed declaration of compliance with insurance requirements, and
 - the applicable fees for permit renewal.
2. If **any** portion of a clinical pharmacist's permit renewal remains outstanding as of June 1, they will be assessed a \$79.80 **non-compliance fee** (\$76.00 + \$3.90 GST) in addition to their annual permit renewal fees.
3. Pharmacists whose renewal remains outstanding as of **July 1, 2011**, will be **immediately suspended** and will be assessed a \$260.40 **reinstatement fee** (\$248.00 + \$12.40 GST) in addition to their annual permit renewal fees.

Professional liability insurance

The pharmacist renewal fee does **not** include professional liability insurance. Professional liability insurance

coverage is a personal responsibility of every pharmacist who wishes to be registered on the clinical register. If you wish to remain on, or reinstate to the clinical register, you must maintain professional liability insurance coverage **even if you are not working AND/OR not living in Alberta.**

Don't get caught unprepared!

Ensure you have completed your CEUs prior to May 31 and have entered them on your online CPD Log in preparation for mandatory online practice permit renewal in 2011.

PHARMACIES

Pharmacy licence renewal packages were mailed in April to each pharmacy. Be sure to contact our office if you have not received your pharmacy renewal package yet.

1. **Completed pharmacy licence renewal forms and payment are due**

by June 15, 2011. The pharmacy's current licence expires on June 30, but the renewal form and payment must be received by June 15.

A complete pharmacy licence renewal form includes:

- an undertaking statement signed by the licensee;
- an undertaking statement signed by the proprietor's agent;
- a statutory declaration sworn and signed by the licensee;
- a statutory declaration sworn and signed by the proprietor's agent;
- a copy of the corporation's last annual return listing directors and shareholders;
- completion of a review of the ownership and pharmacy staffing information;

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It's annual permit renewal time
continued from page 5

- provision of the pharmacy's hours of operation;
 - responses to questions regarding methadone dispensing, lock and leave, sterile compounding and practical training sites;
 - submission of applicable fees for the pharmacy licence category selected.
2. If any portion of a licensed pharmacy's licence renewal remains outstanding as of June 16, the pharmacy will be assessed a \$111.30 **non-compliance fee** (\$106.00 + \$5.30 GST) in addition to the annual licence renewal fee.
 3. Pharmacies whose licence renewal is outstanding as of July 1, 2011, will have their licences **immediately suspended** and the pharmacy will be closed. A \$260.40 **reinstatement fee** (\$248.00 + \$12.40 GST) will be assessed in addition to the annual licence renewal fees prior to reinstating the pharmacy licence.

ATTENTION LICENSEES AND PROPRIETORS

Pharmacy renewal forms are due at ACP by **June 15, 2011**. However, if your pharmacy is paying the renewal fees for your employees as well as for your pharmacy, remember that the payment for your pharmacists must reach our office by **May 31, 2011**.

–
If you have questions about the pharmacy licence renewal process, please contact:

Linda Hagen
(linda.hagen@pharmacists.ab.ca),

Toni Bos
(toni.bos@pharmacists.ab.ca)

Cheryl Serna
(cheryl.serna@pharmacists.ab.ca),

Or telephone 780-990-0321 or
1-877-227-3838.

Development Course Participants

Congratulations to all the pharmacists who participated in Practice Development courses in 2010!

The following courses were produced through a partnership between ACP and the U of A Faculty of Pharmacy and Pharmaceutical Sciences:

**Practice Skills:
Boot Camp**

February

Mohamed Shakeel Bhatti
Jasbir Bhui
Tracie Der
E. Randy Frolich
Lorna Gordon
Brendan Ihejirika
Vic Kalinka
Marilyn Kopp
Val Langevin
Shao Lee
Rita Lyster
Sonia Manfrin
Andreana Marcinkow
Cherryl Pacheco
Linda Psutka
Roberta Stasyk
Erica Wang

September

Oluseyi Adeola Oyeboode
Karilee Fenrich
Taria Gouw
Lori Jordens
Tammy Langill
Lois Lindgaard
June Man Ting Wong
Darsey Milford

November

Stephanie Morton
Bradley Gregor
Kathleen Gullon
Jessica Hadfield
Karen Hee
Maria Imasa
Judy Lorenz
Christianne Ng

**Women's Health:
Menopause:
A short course on
assessing and
managing the
menopause
transition**

Jordan Allen
Sharon Beaudry
Vanda Bilous Kinshella
Shamima Chattoo
Donna Elgert
Michael Kinshella Kelly
Laforge
Linda MacKay
Chedrick Nichyporuk
Anna Simeckova
Lindsay Torok-Both
Betty Wishloff

**Primary Care:
Providing patient-
centered care in
a new practice
environment**

Brian Abernethy
Eric Campbell
Paula Elgar
Kimberly Fitzgerald
Shannon Glover
Michelle Henry
Debbie Hruday
Mark Jackson
Katherine James-Fairbairn
Wanda Lindberg
Linda MacKay
Maryanne McDonald
Ingrid Meier
Andrea Pickett
Penny Thomson
Betsy Thomas


**Practice Skills:
Monitoring drug
therapy using
laboratory values**


Silvia Adamson
David Andersson
Melissa Bowie
Maryann Chmilar
Candice Edgecombe
Terri Ericksen
Bradley Gregor
Jamie Kwok
Leslie Leontowich
Fay Liew
Paulise Ly
Rita Lyster
Maxine Mitchell
Kara Mohr
Jillian Pan
Sarah Piggott
Louise Sharren
Jason Spicer
Darcia Wasarab-Rolland
Teryn Wasilevko
Michael Wilson
Betty Wishloff

**Not all participants are listed; some declined to have their names published.*



In memory...

 **Dr. Bernard E. Riedel**, C.M., Ph.D., D.Sc., Professor and Dean Emeritus, died on April 6, 2011, at the age of 91. His dedication and significant contributions to Canada's pharmaceutical and health sciences, to the Universities of Alberta and British Columbia, and to agencies including the Canadian Lung Association and BC Transplant Society were recognized with an Honorary Doctor of Science degree from the University of Alberta (1990) and his induction as a Member to the Order of Canada (1996).

 **Dr. James (Jim) Rogers** died suddenly on April 1, 2011 at the age of 70. Jim practiced pharmacy during graduate studies while earning a Masters and PhD in Pharmaceutical Sciences Technology. He enjoyed a rewarding career of 28 years as a Professor in the Faculty of Pharmacy and Pharmaceutical Sciences at the University of Alberta, retiring as Professor Emeritus in 1997.

Disciplinary report summary

An investigation into the professional conduct of a registrant has recently concluded. Following is the **summary** of the hearing tribunal report. You can view the full report on ACP's website under *Complaints Resolution/Investigating & hearing tribunal reports*.

On March 1, 2011, a hearing tribunal made a finding of unprofessional conduct against Mr. Philip Leung when the following allegations were all proven to be well-founded.

Allegations

1. On at least two occasions, Philip Leung stole large quantities of OxyContin and other narcotics from the pharmacy at which he was employed for the purposes of illegal distribution.
2. On various occasions, Mr. Leung manipulated the computerized inventory system at the pharmacy to trigger orders of OxyContin and to conceal his thefts.
3. Mr. Leung did not properly cooperate with the investigation conducted by the ACP Complaints Director into the alleged theft of narcotics. Mr. Leung showed a pattern of unresponsiveness to and not co-operating with requests from ACP staff. Mr. Leung's prolonged and blatant failure to co-operate with the Complaint Director's investigation demonstrates Mr. Leung's disregard for the authority under which he practises as a pharmacist.

Orders

The hearing tribunal ordered:

- a. immediate cancellation of Mr. Leung's registration and practice permit;
- b. Mr. Leung pay a fine of \$10,000.00 for each of allegations 1, 2 and 3 ;
- c. Mr. Leung pay all of the expenses, costs and fees related to the investigation and hearing of this matter;
- d. a summary of this decision be published in the *acpnews*, including the name of Mr. Leung;
- e. a summary of this decision be immediately communicated to all licensed pharmacies in Alberta including the name of Mr. Leung;
- f. a summary of this decision be provided to all other pharmacy regulators in Canada by the Registrar of ACP with the suggestion they communicate this summary decision to their respective members; and
- g. the Hearings Director send a summary of this decision to the Minister of Justice and the Attorney General under section 80(2) of the *Health Professions Act*.

Pharmacists get green light to order lab tests

In April, pharmacists who have a PRAC ID were invited to register with labs to begin ordering lab tests for their patients. The process is now open to all clinical pharmacists with a PRAC ID.

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*.

The area of the province where you live and where you work will determine which lab(s) you need to register with. Each lab has created registration/information packages for pharmacists. A link to the lab registration packages for community pharmacists is available on the ACP website. Alberta Health Services employees will receive information on how to register from AHS Pharmacy Services. Labs indicate that processing of registrations will take approximately a week.

ACP standards

Before registering with the appropriate lab and ordering lab tests, please take some time to consider the ACP standards for the ordering of lab tests, the best method for you to receive results for the tests you order, and how you will provide 24/7 coverage for critical results.

ACP council approved amendments to Standard 2 of the Standards for Pharmacist Practice regarding ordering of lab tests. These standards and the accompanying guidelines are available on the ACP website under *Pharmacist Resources/ACP Practice Guidelines*. **It is your responsibility to become familiar with the standards and guidelines before you begin ordering lab tests.**

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 on how results can be received in your workplace.

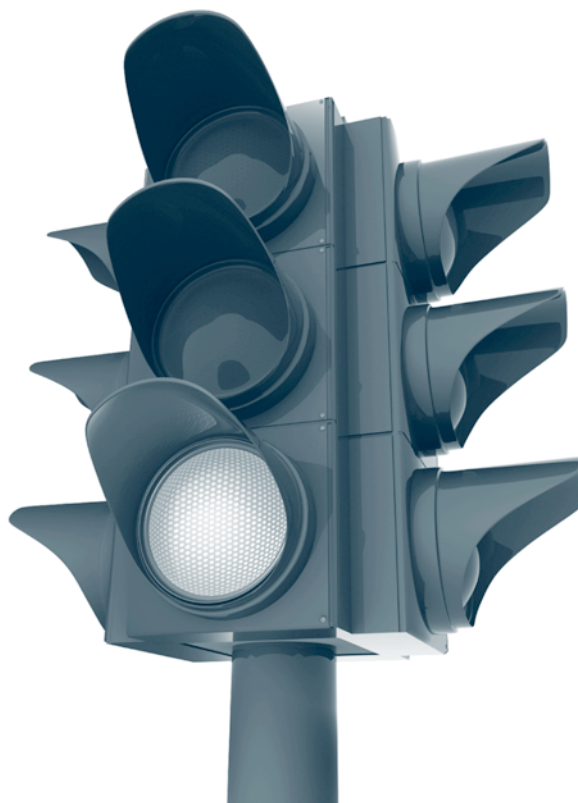
- If you work in an AHS facility, a PCN or a physician's office where other health professionals are already receiving results, you can likely receive results for the tests you order via the same method as other health professionals. It is your responsibility to consult with your work location to determine 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 must make arrangements with the lab to have results delivered.

For additional information, or if you need assistance in determining how you will receive results, please discuss with representatives of the lab you are registering with.

Providing 24/7 coverage a must

Pharmacists who order lab tests must have a system in place to ensure appropriate follow-up of critical results for lab tests they order on a 24-hour, 7 day/week basis. You may feel that you are able to provide 24/7 coverage; however, there are times when all of us are indisposed or unavailable. For this reason you are encouraged to consider developing agreements such as on-call groups with other pharmacist or physician colleagues to meet this requirement.

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 representative will not leave information regarding critical results on answering machines or voicemail.





Notes from the field

Here are two situations that ACP Practice Consultants have recently encountered. We are sharing them to remind pharmacists and pharmacy licensees of their role and responsibilities when providing care to patients.

Note special storage requirements

ACP Pharmacy Practice Consultants have come across several situations where pharmacists were not aware of the unique storage and handling requirements of some drugs (e.g., Micardis, Losec capsules, Aggrenox, Pradaxa). There are several products that need to be kept in their original packaging. Always read the information regarding drug storage and the box/bottle labelling before dispensing into another container or compliance package to prevent product breakdown and loss of potency.

Double-check dosages

A hospital pharmacist reviewing the medications on Netcare for a new admission came across the situation where a pharmacy had on two occasions dispensed Risperdal Consta injection 25mg/2ml vial to the patient with the directions of “give 12.5mg (1/2 syringe) intramuscularly every 2 weeks as directed”.

Because of the pharmacokinetics of the microsphere technology, a half syringe full does NOT equate to a half dose. The company monograph and CPS both state in the administration directions that the entire syringe must be injected. The suspension settles extraordinarily quickly, so what happens with only half a syringe is that it generally injects the smallest microspheres while the larger ones are

left in the syringe. This alters the release pattern of the drug, perhaps leading to therapeutic failure. In addition, there aren't graduations on the syringe, which could result in over- or underdosing. (There IS a 12.5mg dose readily available on the market.)

ACP recognizes this is a specialty drug that is not commonly dispensed in the community. However, it serves as a reminder that attention to detail is critical in dosing. The dosing mechanisms, labelling, and patient counselling must all align to ensure proper drug therapy and patient safety. Any pharmacist dispensing any drug has an obligation to dispense it properly.

Congratulations Centennial Award of Distinction recipients!

The Centennial Committee, jointly supported by ACP and RxA, extends congratulations to the 103 outstanding recipients selected for the Alberta Pharmacy Centennial Award of Distinction. This once-in-a-century award recognizes the outstanding contributions of the individuals who helped advance pharmacy in Alberta to the leadership position it holds today.

Recipients of this award include nominated individuals from all decades and all parts of the province over the past 100 years. These individuals have contributed to the advancement of pharmacy in Alberta through their practice, be it with direct patient care, by teaching future pharmacists, in developing products or supports for pharmacy practice, or expanding the scope and opportunities for pharmacy practice in Alberta.

Their contributions, practice settings, and methods vary, but all recipients share common features. They are skilled professionals and innovators who have improved the profession and who ensured Albertans benefited from safe, effective, responsible pharmacy practice.

T. H. (Ted) Aaron*
Margaret Ackman
Erin Albrecht
Eli Ambrosie
John Bachynsky
Rosemary Bacovsky
Judy Baker
Margaret Baril
Mary Bell
Catherine Biggs
Rosemarie Biggs
Walter Boddy
Fred Boyle
Cynthia Brocklebank
Tammy Bungard
Donald Cameron
Susan Casey
Dale Cooney
Ron Coutts
Stan Dabisza
Herb Dixon
Greg Eberhart
Edmonton Ladies
Pharmaceutical
Auxiliary*
Iris Evans*
Noel Farrow
Michael Faulkner*
Borys Ferbey
Bunny Ferguson*
Michelle Foisy
Val Fong
Erwin Friesen
Susan Fryters
Halley Gaetz
Margaret Gray
George Graydon
Joe Gustafson
Doreen Hagen
Peter Hamilton*
Bob Heim
Teresa Hennessey*
John Higinbotham
Gail Hufty*

Christine Hughes
Merv Huston
Fakhreddin (Mo) Jamali
Kathy James Fairbairn
N. Gordon Johnson
Jeff Johnson
Sheila Kelcher
Donna Kowalishin
Doug Levy
Richard Lewanczuk*
Stan Lissack
Steve Long
Ron MacLean
Elaine MacPhail
Walter Maday
Tracy Marsden
Elizabeth (Bette) Matheson
A. Whitney Matthews
Paddy Meade*
Charles Meagher
Sharon Mitchell
Richard Moskalyk
Gordon Myers
Herman Neufeld
Antoine (Tony) Noujaim
Larry Ohlhauser*
Franco Pasutto
Glen Pearson
Ken Penley
Clarence Pickup
Donna Pipa
Joan Pitfield*
Ron Pohar
Linda Poloway
Diane Reeder*
Lori Romonko-Slack
Cheryl Sadowski
Alan Samuelson
Dwayne Samyia
Terri Schindel
Heidi Schulz*
Larry Shipka
John Shipley*
William Shores*

Rick Siemens
Annie Simpson
Scot Simpson
Marlene Slipp
Roberta Stasyk
Joseph Stepa*
Joe Tabler
Marilyn Thornton
Ross Tsuyuki
Deb Van Haaften
Clarence Weppler
Jeff Whissell
Margaret Wing
Dale Wright
Nese Yuksel
Doreen Zinyk

* Not a pharmacist.

Continuing the conversation continued from page 12

contributed to this apathy that Brett described; however, pharmacists need to stop working for pharmacies that offer reduced dispensing fees. These businesses continue to treat pharmacy services as a loss leader which I consider to be an insult to my profession. Pharmacists need to stand up and say my skills and abilities are valuable.

Brad Steeves

“ I think the figures speak for themselves. You have to ask the question, “why is it that ten times as many pharmacists offer injections than prescribe?”

It is the application process that stops me prescribing. Give pharmacists an exam to pass and we will pass it. This is the case with the injections authorization and hey presto! lots of us took up the challenge. It is not just a question of getting the piece of paper for “prestige”, I have done 258 injections since passing the course in September 2010. I am sure that there are at least 1000 pharmacists out there that also want to prescribe.

The issue of who is going to pay [also] has to be addressed. I work for a large chain community pharmacy and they are not too keen on me doing things for nothing (except for blister packing – which I would gladly never do again). Why would a patient pay me, let’s say \$15, to write a Rx when they can get a Rx free of charge from a doctor?

Name withheld

“ Mr. Edwards is a 3rd year student that has not gotten his feet wet yet. His comment, “This apathy not only perpetuates the view of pharmacists simply as businesspeople rather than healthcare professionals,” is the “fund”amental problem our profession has. Healthcare is business!! Actually it’s BIG business, like it or not!! I would like to ask Mr. Edwards if he chose our profession on professionalism and patient care ALONE. Or maybe he also thought it was a nice, well paying job?

James Kitagawa

Where do we go from here?

This reader feedback shows just how complex pharmacy practice is now and how many different decisions practitioners face every day. At the centennial conference in Jasper, a four-pharmacist panel will conduct a mini SWOT analysis of the profession and ponder what value pharmacists will have ten years from now.

We’d like to give you a head start on the debate by giving you first crack at two of the questions panelist will tackle. Let us know how you would answer:

1. **What do pharmacists offer that makes them stand out from other health professionals?**
2. **How can pharmacists add value to patients and the health system now and in the future?**

Send your opinions to karen.mills@pharmacists.ab.ca by June 2 to be considered for inclusion in the next *acpnews*.



Continuing the conversation – Rolls Royce or family sedan?



In the last issue of *acpnews*, we published excerpts from a student essay questioning the lack of pharmacist uptake of the expanded scope of practice. We posed some questions for thought. What we have found is that *acpnews* readers are a thoughtful – and responsive – crew. Below are snippets from some of the responses we received.

“ My first thought is it would be wonderful to be so “bright-eyed and bushy-tailed” again as Brett is now and I was 18 years ago when I graduated. The future for pharmacy in this province is very bright; however, a reality check is in order.

I would like to invite Brett to my very busy rural pharmacy that services a 7000 km² area and see what type of pharmaceutical care services I provide to my patients every single day. I believe the “keys I have been handed to my professional vehicle” are already at the “Rolls Royce calibre” and I haven’t even started incorporating injections and additional prescribing into

my daily pharmaceutical care mix. So I cringe at the attitude that because many pharmacists are not seeking their additional prescribing authority and injection qualifications that they are not “embracing the gift given to them.” As pharmacists, we already have many “gifts” to share with our patients, fellow health care professionals and the health care system as a whole. Let us not forget where we have come from and what we already represent as health care PROFESSIONALS.

Taria Gouw

“ I believe that Brett hit the nail on the head when he stated “the profession has failed to unite as one entity.” Several pharmacies practice what I refer to as cutthroat pharmacy. Examples of this include reduced dispensing fees, bonus points for transferring prescriptions and doing billing for manual reimbursement plans. I must agree that a failure to introduce a reimbursement model has

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