

## IN THIS ISSUE...

### Notes from Council

- 3 ■ Council meeting highlights
- Council priorities for 2012
- 4 ■ Survey says...
- 5 ■ Propose a New Year's (practice) resolution
- 6 ■ Council elections: Is this the year for you to step up?

### Competence

- Manager's duties when hiring
- 7 ■ Clarifying ACP's role in practice development

### Complaints Resolution

- 8 ■ Disciplinary report summary

### Partners in Practice

- 10 ■ Nostalgia and inspiration all in one event
- In memory

### Quality Pharmacy Practice

- 11 ■ Unannounced pharmacy assessments
- 13 ■ Licensee support pilot program launched
- 14 ■ Schedule change for large packages of ibuprofen
- 16 ■ Test your memory



Alberta  
College of  
Pharmacists

*Healthy Albertans  
through excellence  
in pharmacy practice*

## New Year's message from the President

# What does the next century hold for pharmacy in Alberta?



*Because things are  
the way they are,  
things will not stay  
the way they are.*

Bertolt Brecht

Last year, pharmacists in Alberta celebrated their first century as self-regulated professionals. What will this next century hold for pharmacy in our province? Alberta pharmacists can access and order lab values, adapt, prescribe, and inject. Pharmacy technicians are now regulated. The stage is set for pharmacy teams in Alberta to engage in patient care in new and innovative ways. Now,

knowing things "will not stay the way they are," pharmacists and pharmacy technicians are looking to incorporate these new opportunities into their practices. Sometimes, however, it's hard to know where to start.

When I ask pharmacists how they manage to change their practice, they most often say that they do not do it alone. We know from studies and

*continued on page 2*

acpnews is published six 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/April issue is Feb. 2, 2012. Information about content and length of articles can be obtained from Karen.

**Alberta College of Pharmacists**  
1100, 8215 - 112 Street NW  
Edmonton AB T6G 2C8  
780-990-0321 / 1-877-227-3838  
Fax: 780-990-0328

President: Anjali Acharya  
President Elect: Kaye Moran  
Vice President: Kelly Olstad  
Past President: Donna Galvin

Councillors:  
Wilson Gemmill, District 1  
Clayton Braun, District 2  
Chelsey Cabaj, District 3  
Ahmed Metwally, District 3  
Krystal Wynnyk, District 3  
Kelly Olstad, District 4  
Anjali Acharya, District 5  
Kaye Moran, 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 Consultant:  
Jennifer Voice  
Operations and Finance Director:  
Lynn Paulitsch  
Registry Leader: Linda Hagen  
Communications Leader: Karen Mills

#### New Year's message from the President *continued from page 1*

experience that practice change rarely happens in isolation. Therefore, I encourage you to connect with other pharmacists and technicians who are incorporating change. Invite your colleagues from other disciplines into the conversation; let them know what you can do and how it will support patient care.

And remember that the college is here to support you in providing better care to Albertans. ACP has increased practice visits to mentor pharmacy staff, and introduced new licensee support and quality assurance programs. Tools such as "Chat, Check, and Chart" give you practical steps to turn the standards into practice. The Link, *acpnews* and the college website put resources at your fingertips. And, as always, we welcome your feedback on these efforts.

We also want you to tell us what other supports you need. As you'll read in the *Notes from Council* section, ACP council's first priority this year is to develop an engagement strategy. We want more two-way dialogue and less one-way communication. Your feedback and "front line" insights and

experiences are important considerations in council's decisions.

ACP council will continue to engage with stakeholders to educate them about your expanded scope and remind them of the vital role you play in patient care. With our new provincial government came new opportunities to establish how patient care is delivered in Alberta. In 2012, we will continue to work with pharmacy partners to shape a vision of the role of pharmacists in the delivery of primary care in Alberta.

***Pharmacists are medication management specialists and primary care providers who play an integral role in the delivery of patient care. This is a message I want our politicians, our healthcare colleagues, and Albertans to truly appreciate.***

Pharmacists are improving direct patient care today in ways we never have in the past. With pharmacy technicians ably handling the technical dispensing activities, pharmacists are more available to patients. Each time a pharmacist comprehensively assesses patients and their prescriptions, conducts a medication review, and takes time to counsel thoroughly, they demonstrate their value to Albertans. Thank you for your commitment.

It is my pleasure to continue to work with you and I wish you and your families the very best this New Year.

Anjali Acharya  
President, Alberta College of Pharmacists





## Council meeting highlights

Council met on Nov. 24, 2011. The priority of the day was the review of ACP's business plans and budget for 2012. Council:

- reviewed the 2012 budget and business plans, and projections for 2013-14. Council approved a 2.65% fee increase for 2012. This increase mirrors the 2012 Cost of Living Allowance calculated by the Conference Board of Canada for Edmonton. Based on the same data, increases of 2.29% for 2013 and 2.01% for 2014 are projected.
- approved a policy statement on ACP's role in practice development. See page 7 to learn more.
- was briefed on the programs and research being conducted by ACP's Professional Practice department.
- received the results of ACP's tri-annual stakeholder survey. Highlights of the survey are summarized for you on page 4.

## Council priorities for 2012

ACP council and staff will be focusing on the following five priorities this year. All are designed to support the college's mandate – protecting the health and well-being of Albertans – through its strategic plan, which is summarized in the graphic. You can review the complete strategic plan on the college website under *About ACP*.



## Survey says...



The results of ACP's 2011 stakeholder survey confirm that stakeholders are confident in the work of the college. Specifically, stakeholders understand the role of the college and they recognize its value. It is sought out as a valued partner and resource (91 points\*) and it is seen as a reliable source of knowledge (91 points\*).

ACP is viewed as an essential organization (94 points\*) that acts ethically (91 points\*) and professionally (89 points\*). Overall, the college earned scores that make it a model of excellence.

*\*All scores out of a possible 100 points. Index scores were used to transform a 5-point scale (where 5 is 'strongly agree' and 1 is 'strongly disagree') into a single score with a range of 100 points. An index score is not a percentage. Higher scores indicate a higher level of agreement or satisfaction.*

### Survey methodology

In October, ACP commissioned an online survey of its stakeholders to:

1. measure stakeholder confidence, with particular focus on stakeholder awareness, and credibility and trusting relationships; and

2. seek feedback on other important topics such as the role of pharmacists, communication with the college and perspectives about reward programs.

High-level leaders from provincial government, Alberta health groups and colleges, national pharmacy organizations, national health

organizations (non-pharmacy), corporate pharmacy, pharmaceutical manufacturers and police participated. In all, 64 percent (53 out of 83) of the invitees responded.

### Result highlights

#### Overall satisfaction increased

Overall stakeholder satisfaction increased from an average of 68 points in 2008 to 78 out of 100 points in 2011. Scores ranged from a high of 83 points from government and health organizations to a low of 62 for corporate organizations.

#### Relationship with ACP valuable

Stakeholders regard the college as a valuable partner with whom they are proud to associate. See Table 1.

#### Stakeholders value pharmacists

A large majority of stakeholders strongly agree that pharmacists play an important role in ensuring the quality and safety of drugs, making the best drug therapy decisions and preventing the abuse of prescription drugs. Most stakeholders consider pharmacists to be valuable health

**Table 1**  
What is your level of agreement with each statement about the college?  
The Alberta College of Pharmacists is...

Attribute	Health			Average*
	Government	Organization	Corporate	
Index Scores				
A. An organization that is/would be valuable as a partner	95	94	73	91
B. A reliable source of knowledge	93	91	83	90
C. An organization we are/would be proud to be associated with	93	91	83	90
D. Accountable for its actions	88	87	75	84
E. In step with current trends	85	86	63	83
F. Realistic in its expectations	75	71	57	68

\* weighted average



care team members who contribute to the overall health care of individuals. See Table 2.

### Nix reward programs

About two-thirds of stakeholders feel it is inappropriate to issue points, rewards or incentives (e.g., Air Miles, Optimum Points, coupons) in return for professional goods or services rendered from a health professional. These results are similar to those obtained in the 2008 stakeholder survey.

**Table 2**

**How important are pharmacists with respect to each activity or role?**

Activity or Role	Health			Average*
	Government	Organization	Corporate	
A. To ensuring the quality and safety of drugs	92	95	88	93
B. To making the best drug therapy decisions	97	92	85	91
C. As members of health care teams	89	91	87	89
D. To preventing the abuse of prescription drugs	89	89	87	88
E. To an individual's overall health care	78	85	88	85

\* weighted average

## Would you like to propose a New Year's (practice) resolution?

As a registrant of the Alberta College of Pharmacists you can submit a resolution for consideration at the annual general meeting on May 24, 2012. The deadline for resolutions to be received at the college office is **4:30 p.m. on March 23, 2012.**

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.

Submit your resolution in writing, accompanied by the signature of 10 voting registrants in good standing, to:

Leslie Ainslie, Executive Assistant  
 Alberta College of Pharmacists  
 1100 - 8215 112 St. NW  
 Edmonton, AB T6G 2C8

### Guidelines for preparing resolutions

1. All resolutions must be consistent with the mission, vision and value statements of the college. You can find these on the ACP website under *About ACP.*
2. A resolution should deal only with one subject.
3. A resolution should be factual and include the proposed disposition of the motion approved. (e.g., a notice to change the bylaws of the college, refer to a committee, inform a department of government).
4. A resolution should present a positive position to help resolve a negative situation. (A resolution should not be entirely critical and a person or group should not be named in it).
5. Statistics and statements should be supported by primary reference sources and must be supplied by those submitting the resolution.
6. Resolutions will not be accepted from the floor at the Annual Meeting.



## Council elections: Is this the year for you to step up?

Make this the year you step up for your profession by running for ACP council. Elections will be held in:

- District 1 (northern Alberta)
- District 3 (Edmonton)
- District 5 (Calgary)

For the first time ever, a pharmacy technician will also be elected to ACP council.

### 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>.

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



## Manager's duties when hiring

A little time spent before hiring can save a lot of grief, time, and cost after the fact. For any pharmacy staff hires:

1. require a resume;
2. contact past work references; and
3. consider requiring a criminal records check for any staff that will have access to drugs.

When hiring a pharmacist:

1. **view the pharmacist's practice permit.**

Just asking if they have a permit is not good enough. View the permit to confirm if there are any conditions on the pharmacist's practice. Standard 20 of the Standards of Practice for Pharmacists and Pharmacy Technicians requires that you ensure that unauthorized individuals do not engage in or supervise restricted activities. You cannot 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.



# Clarifying ACP's role in practice development

The knowledge, skills, and behaviors of ACP registrants is important to ACP's mandate of protecting Albertans' health and well-being. Sources for quality learning experiences are changing, and it is important that ACP clarify its role in professional development in context with its strategic plan.

## Policy statement

ACP has a responsibility to provide tools and processes for its registrants to incorporate continuous learning and quality improvement within their practices. ACP's primary role in *practice development* is to provide access to learning experiences that prepare and enable its registrants to meet the Standards and Code of Ethics approved by ACP's council, and ancillary federal

and provincial standards that they must comply with. ACP has a secondary responsibility to facilitate access to broader *professional development* experiences through other organizations and academia that prepare pharmacists and pharmacy technicians to take on new roles and provide new solutions that better respond to the needs of patients and our health system.

## Background

The responsibilities of ACP are framed in the *Health Professions Act* and its business is framed through the strategic plan approved by council. Central to each is the competence of ACP registrants and the extent to which each registrant applies their knowledge and skills in meeting the needs of patients

and Alberta's health system by complying with the Standards and Code of Ethics approved by ACP council.

Patient experiences from pharmacists and pharmacy technicians are largely determined by the competence of these professionals, the extent to which their practice environment supports their practice, and the extent to which competencies are consistently demonstrated in practice (performance).

The following excerpt from the preamble to ACP's Code of Ethics, in conjunction with Principle 9 from the Code, correlate the importance of professional development to professionalism, and the personal responsibilities of each registrant to maintain and grow their knowledge and skills.

*continued on page 8*





**Clarifying ACP's role ...**  
*continued from page 7*

**Preamble**

*Pharmacists and pharmacy technicians play pivotal roles in the continuum of health care provided to patients. The responsibility that comes with being an essential health resource is significant. To retain the high level of trust and respect that is given to pharmacists and pharmacy technicians by patients, the public and other health professionals, pharmacists and pharmacy technicians must be both competent and professional in all they do. As professionals, pharmacists and pharmacy technicians are challenged and expected to abide by a higher standard of conduct.*

*Ethics are the foundation for professional behaviour, actions and attitudes. The ACP Code of Ethics reflects what the pharmacist and pharmacy technician professions stand for and reinforce what is unique about the contributions of pharmacists and pharmacy technicians to patients, to society and to their professions. Ethics reflect the soul of each profession. Consistent ethical behaviour creates a positive image of the individual that extends to the image of the professions. In contrast, unethical practices and decisions create a negative image of and diminish trust and credibility about the individual and raise suspicion about the professions.*

**Principle IX.**  
**Ensure that I am competent**

To uphold this principle, I:

1. Continuously improve my level of professional knowledge and skill.
2. Take responsibility for maintaining a high standard of professional competence.
3. Evaluate my individual practice and assume responsibility for improvement.
4. Keep informed about new pharmaceutical knowledge.
5. Respond constructively to the outcomes of competence assessments and practice visits, as well as other appraisals and reviews of my professional performance and undertake further training when necessary.
6. Restrict my practice within the limitations of my personal competence.

While ACP must recognize and promote the broad *professional development* needs of its registrants, it must prioritize its finite resources to ensure that behaviours and practices that it has foremost responsibility for are addressed. This is captured in the context of *practice development*, a subcomponent of professional development.

ACP recognizes *practice development* as learning experiences that prepare and enable pharmacists and pharmacy technicians to meet the Standards and Code of Ethics approved by ACP's council, and ancillary federal and provincial standards that they must comply with. Some examples include learning experiences that support registrants:

- comply with changes in legislation,
- comply with guidelines and program requirements (e.g., opiate dependency programs),
- incorporate new standards into their practices (e.g., documentation),
- fulfill the responsibilities of being a pharmacy licensee, and
- meet minimum competence requirements (e.g., remedial learning, re-entry to practice)

ACP's investment in broader *professional development* opportunities that prepare pharmacists and pharmacy technicians to take on new roles and provide new solutions to better respond to the needs of patients and our health system are secondary to its core responsibilities. ACP is committed to working with other pharmacy organizations and academia to identify professional development needs of its registrants that prepares them to be relevant and valued in Alberta's evolving health system. It will facilitate access to quality *professional development* alternatives for its registrants through organizations and academia whose expertise and business is the development and delivery of professional development.

## Disciplinary report summary

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

**Case 1:**

The hearing tribunal accepted Bryan McIntyre's admission of unprofessional conduct and found that, by virtue of the following allegations proving to be well founded, the registrant's conduct constituted unprofessional conduct. The allegations proven were:

- diversion of large quantities of narcotics, including OxyContin, oxycodone and methadone.
- knew or should have known that the narcotics were not for the personal use of a single patient and were being distributed to others. The volume of medications given to an individual by the registrant was not consistent with the therapeutic guidelines for pain management and was beyond the amount an individual could logically consume.
- practising outside his scope of practice. Mr. McIntyre admitted that he provided an individual with narcotics in an attempt to treat his pain and opioid dependency. He tried to wean the individual off OxyContin by providing him with Metadol and Percocet. In the case of the Metadol, Mr. McIntyre was providing a medication that only a select group of physicians are able to prescribe, due to extra safety



issues associated with this medication. Attempting to treat the individual's pain with narcotics and attempting to treat the individual's apparent opioid dependency was clearly outside the registrant's scope of practice.

- engaging in conduct that harmed the integrity of the profession and had the potential to place the public at risk and decrease public trust in the profession.
- abuse of position of trust and authority as pharmacy licensee. One of the main roles of a licensee is to oversee all aspects of pharmacy practice performed at the pharmacy. This position of additional responsibility made it easier for the registrant to conceal his actions. Hence, the registrant used his knowledge and position of access to the computer records to manually alter electronic inventory records.

The hearing tribunal ordered that:

1. the registrant pay a \$10,000 fine for the finding of unprofessional conduct.
2. the registrant's practice permit be suspended for a period of 30 months effective 30 days from the date of receipt of this decision with the latter 24 months stayed. The hearing tribunal further ordered that at the request of the registrant, the Complaints Director may agree to the suspension taking effect at a date earlier than 30 days from the date of receipt of this decision.  
*(Mr. McIntyre's practice permit was suspended on Sept. 9, 2011.)*
3. at the end of the first six months of the suspension, prior to commencing the stayed suspension period, the registrant must:
  - a. challenge the college's jurisprudence exam and provide proof to the college that he has passed it; and

- b. comply with the current registration requirements of the college.
4. the registrant pay to the college all the costs, expenses, and fees attributed to this hearing (\$16,871).
5. commencing 30 days from the date of receipt of this decision, the registrant shall provide a copy of this written decision to all his pharmacy employers for five years and provide written proof to the college that employers have reviewed the decision.
6. it will be a condition of the registrant's practice permit that, following reinstatement of the registrant's practice permit, he will only be employed at a pharmacy that has agreed to submit to a quarterly audit of all narcotics for a period of 24 months. The college will be responsible for arranging and coordinating these audits. The costs and expenses of these audits will be the registrant's responsibility.

On Sept. 23, 2011, in accordance with s.87 of the *Health Professions Act*, the Complaints Director appealed the hearing tribunal's decision to ACP council, requesting that they:

1. overturn the more lenient sanctions developed by the hearing tribunal for pharmacists practising in a rural community; and
2. vary the order of the hearing tribunal to:
  - a. increase the period of the actual suspension of Mr McIntyre's practice permit; and
  - b. impose the following additional conditions subsequent to the expiry of the suspension of the practice permit:
    - i. Mr. McIntyre is not permitted to act as a pharmacy licensee for a period of time specified by council; and

- ii. Mr. McIntyre must, for the period of time for which he cannot act as a licensee, provide the licensee of the pharmacy where he is employed with a copy of the hearing tribunal's decision as varied by the decision of the council.

The appeal was heard by the council of the Alberta College of Pharmacists on Dec. 12, 2011. Council's written decision on the appeal is expected in due course. The orders of the hearing tribunal remain in effect pending the decision of council.

## Case 2:

A hearing tribunal made a finding of unprofessional conduct against Trent Walsh when he admitted that he:

- diverted narcotics and controlled substances from his employer for his own use; and
- failed to comply with the requirements of his Aftercare Agreement, and breached the requirements of his Professional Undertaking Agreement with the Alberta College of Pharmacists that had been established in resolution of a previous complaint.

The hearing tribunal ordered that:

1. the suspension of Mr. Walsh's practice permit shall continue to Dec 31, 2011;
2. the following conditions be imposed on Mr. Walsh's practice permit:
  - a. he not hold the position of licensee for five years;
  - b. he provide a copy of this hearing tribunal's written decision to any employer in the field of pharmacy for five years;

*continued on page 10*

**Disciplinary report summary**  
Case 2 ... continued from page 9

- c. effective immediately and for five years after Mr. Walsh obtains his practice permit, Mr. Walsh will enter into a mandatory monitoring and recovery program with an acceptable organization approved by the Complaints Director. Non-compliance will be reported to the Complaints Director. Mr. Walsh will be responsible for the costs of this program. The period of five years may be shortened at the discretion of the Complaints Director on the recommendation of the program;
- d. for three years after Mr. Walsh obtains his practice permit, narcotic audits will be conducted at least quarterly with the agreement of the licensee(s) under which Mr. Walsh is employed in a manner approved by the Complaints Director. Mr. Walsh will be responsible for any costs associated with these audits; and
- e. Mr. Walsh will be responsible for the costs of the investigation and hearing (\$12,487).



## Nostalgia and inspiration all in one event

Recapture the enthusiasm of your student days and welcome your new colleagues at this year's White Coat Ceremony. This annual ceremony formally inducts first-year students into the pharmacy profession and celebrates their role as health care professionals.

**Thursday, January 26, 2012**  
5:30 p.m., with hors d'oeuvres  
reception to follow  
Myer Horowitz Theatre  
Students' Union Building  
University of Alberta



## In memory...

✿ **Jeffrey Beitel** died in May at the age of 42. Jeff had several academic achievements, including Bachelor of Science degrees in Pharmacy and Psychology and a medical degree with specialization in Psychiatry. He was a psychiatrist at Alberta Hospital Edmonton and a clinical lecturer with the Dept. of Psychiatry at the U of A Hospital.

✿ **Myrna Getty** passed away on July 5 at the age of 71 years. Myrna was born in Fairview, AB and raised primarily in Edmonton. She graduated in pharmacy from the U of A in 1960 and worked a long and dedicated career as a pharmacist in Calgary until her retirement from Zellers pharmacy in 2006.

✿ **Walter Hladun** died on Sept. 11 at the age of 83 years. Walter received his BScPharm from the U of A in 1954. He went on to lead a rewarding career in community pharmacy in the province.

✿ **David McRitchie Jr.** died on Jan. 6, 2012 at the age of 84. He graduated in pharmacy from the U of A in 1950 and practiced pharmacy until he was 80. Dave was an APhA councillor and served as president in 1975-76.

✿ **Michael Shysh** died on June 5 at the age of 84. Michael was born on a farm at Stry, AB. He attained his B.Sc. in Pharmacy at the U of A in 1952. He then purchased a drugstore in Vilna and operated it until his retirement in 1990.

## Unannounced pharmacy assessments: What are the voices of experience saying?

What can you expect from the revised, unscheduled pharmacy assessment process? What's it like to work with a Pharmacy Practice Consultant (PPC)? We talked to pharmacists Linda from Edmonton, Stu from Brooks, Stephen from Coleman, and Loa from Lethbridge to find out what they thought and how they felt about their pharmacy assessment experiences in 2011.

First, a bit of context. ACP aims to conduct routine assessments of each Alberta pharmacy once every three years. When a pharmacy opens, renovates, relocates or changes owners, the college also assesses the pharmacy. The purpose of the assessment is to help elevate pharmacist practice to meet and/or exceed the minimum standards, to improve patient care, and to ensure patient safety.

In 2011, the Professional Practice department added two new policies:

1. pharmacy assessments are no longer scheduled, and
2. the pharmacy practice consultant does not need to conduct the assessment with the licensee and can speak with any licensed pharmacist present during the assessment.

Now, let's hear what our four pharmacists had to say.

**ACP: You've recently been through an unscheduled pharmacy assessment. How do you feel about the assessment process now, as compared to how you felt before the assessment?**

**Linda:** The stress has lifted now that the assessment is over. Having had numerous assessments before, I was not overly apprehensive as I knew the process was a learning tool and not



meant to intimidate or discourage the pharmacist from being able to understand the protocol that is required.

**Stu:** It wasn't bad at all. I think it went really well, actually. The yellow Pharmacy Operations Assessment Reply form was intimidating, but the assessment was not bad. I think it went better than I expected.

**Stephen:** Really positive experience. The PPC was very helpful; he gave us a lot of useful pointers. He wasn't overbearing. I'd say it was a positive interaction.

**Loa:** I feel comfortable with it. The PPC was very nice and calm, and if we get another assessment, we won't be worried that we will be "punished" or get in trouble if we have things we need to change now that we have had an assessment with our PPC. I think there is a stigma that if you are getting assessed, you will be scrutinized, and will have lots of work to do to live up to the standards of the assessor.

**ACP: How did the unscheduled assessment fit into your regular daily workflow?**

**Linda:** This was the most disruptive part of the assessment. I strongly believe that the assessment should be a scheduled appointment whereby appropriate pharmacists and technicians can be made available for the consultation. I found that I could not devote myself entirely to the assessor as I was the only pharmacist on duty and had to tackle many other immediate tasks (e.g., dispensing prescriptions, consultations, OTC recommendations, counseling). This was very disruptive to my patients and I could not spend the amount of necessary time to be of any professional value to the assessor as I would have preferred. This short-changed everyone involved, and placed undue stress and constraints on me. I found the assessment to have been much more time-consuming and less constructive than if we would have had a scheduled appointment as I was continuously having to "stop and start" due to the phone ringing, a new Rx, etc.

**Stu:** It was less disruptive than I thought. I think that the PPC was practical about it. If there is any way it could be scheduled, that would be better.

*continued on page 12*



## Unannounced pharmacy assessments... *continued from page 11*

**Stephen:** It was less disruptive than we thought. The PPC was really good about it. He was patient.

**Loa:** It was less time consuming than I thought, and the PPC was very good about stopping if I had to help a customer. I didn't have any extra pharmacists on for the assessment; we just worked as normal, and worked around interruptions.

**ACP comment:** Practice consultants understand that the assessment may be interrupted, and they will allow the pharmacist to catch up on his/her work during the assessment. The process isn't designed to be one-on-one, and is as minimally disruptive as possible.

ACP believes that every pharmacy team member is important to the practice and operations of the pharmacy. Therefore, the unscheduled assessment allows us to interact with as many pharmacists and pharmacy technicians as possible to discuss continuous quality improvement. All staff pharmacists should be aware of the operating procedures of the pharmacy.

By not having scheduled visits, consultants can spend the time required to address the concerns of the pharmacy team instead of having to rush off to their next appointment. We have also seen that this helps pharmacy staff teams implement quality assurance and quality improvement measures and sustain them to enhance patient safety and your practice.

### ACP: What was the experience of working with your practice consultant like?

**Linda:** I enjoyed talking with her, and she was very amiable and understanding under the circumstances, but this was of little comfort to me as I was also trying to dispense prescriptions at the same time.

**Stu:** It was not horrifying, actually!

The PPC has a good personality. He realized that there are things to be done – very professional. He realized that every day is different. He was very patient; he would wait patiently if I was busy with a customer.

**Stephen:** Fantastic. He gave us lots of positive tips and hints to make our business better, which is better for the public, too.

**Loa:** Great, I learned a lot, and he was very non-judgmental.

### ACP: How do you feel about the feedback you received during your assessment?

**Linda:** The feedback was genuine and well-documented by the assessor about what she expected of my pharmacy. She answered any questions we had, and was very knowledgeable as to what she needed and wanted from us. The feedback was very valuable, and we started a few of her recommendations immediately after she left the pharmacy.

**Stu:** I think the feedback was valuable. We all work in a busy, rushed environment. Sometimes you think you are doing things right, or as best as you can, but there are ways to do some things better.

**Loa:** Yes, we changed a few things permanently after the assessment, and it was a good reminder that, despite being busy, it is important to remember to document, document, document!

### ACP: How did the feedback change your operations or your practice?

**Linda:** There were a few recommendations that we implemented immediately, and we very much appreciated input from another voice.

**Stephen:** It brought us up to speed. It wasn't just "do this, do that" – our PPC explained *why*. He explained the reasoning behind the standards and

policies, rather than just telling us to change things.

**Loa:** We got a subscription to *Natural Medicines* database, and started a log for compliance packs to have an audit trail of who was checking packs and who was making them.

### ACP: What advice would you give a pharmacist who may be nervous about an assessment?

**Linda:** Do not be nervous. The PPC can often give new viewpoints on how to manage certain situations / documentation, dilemmas, etc.

**Stu:** It's not that bad! It's not terrible! Every day is unpredictable, but the PPC was very patient.

**Stephen:** As long as you go through the pre-assessment package, you'll be fine. It's not like the police are knockin' on your door, and they're going to throw you in jail or something if everything isn't right. It's a positive, helpful interaction.

**Loa:** Don't be worried, the assessor is very approachable, and if you have missed a few things, they give you the chance to fix them and then send in a write-up of what you've fixed.

–

*ACP's approach to pharmacy assessments is educational. We want to support and help sustain change. Your PPC is always available, should you require assistance in implementing changes.*

*We appreciate the feedback we've received from pharmacists and pharmacy teams, and encourage more feedback once you have been assessed.*

*If you have any questions about the pharmacy assessment process, please contact:*

*Jennifer Shuman,  
Professional Practice Administrator  
jennifer.shuman@pharmacists.ab.ca  
780-990-0321 / 1-877-227-3838*

# Licensee support program pilot launched

Over the past six months, the Professional Practice department has been evaluating the implementation of unannounced assessments that can be conducted with any licensed pharmacist present during the assessment.

ACP made the move to unscheduled visits to allow pharmacy practice consultants to more efficiently and comprehensively support licensees and their pharmacy teams.

Licensees are responsible for ensuring that all pharmacy staff, especially the regular and relief pharmacists, are familiar with the pharmacy systems, operations and practices. While we find the vast majority of licensees are meeting that responsibility, we have also heard some concerns from licensees about not being present at the assessment. In response, we have launched a six-month licensee support program pilot to enhance our support for licensees and their pharmacy teams in the assessment process.

## How does the licensee support program work?

If a pharmacy receives an on-site assessment that is conducted with the pharmacist on duty instead of the licensee, the pharmacy practice consultant will phone the licensee within 10 days of the assessment to offer additional clarification and support about any identified deficiencies and recommendations.

The goals of this pilot are to address and resolve concerns by:

- improving licensees' access to pharmacy practice consultants;
- determining and supporting the licensee's need for additional discussion to clarify any noted deficiencies and recommendations; and



- increasing ACP's reach with all members of the pharmacy team to ensure quality practice and patient safety.

Additionally, when the practice consultants arrive for the on-site assessment, they will remind the pharmacist on duty that they are welcome to contact the licensee, if available, to join the assessment in progress.

We look forward to feedback on this pilot. If you have any questions about the licensee support program pilot or the pharmacy assessment process, please contact:

Jennifer Shuman,  
Professional Practice Administrator  
jennifer.shuman@pharmacists.ab.ca  
780-990-0321 / 1-877-227-3838



## Schedule change for large packages of ibuprofen

Effective Feb. 17, 2012, ibuprofen and its salts containing 400 mg or less per oral dosage unit when sold in package sizes exceeding 18,000 mg will move from Unscheduled status to Schedule III.

The scheduling change follows a review by the National Drug Scheduling Advisory Committee of non-prescription non-steroidal anti-inflammatory drugs (NSAIDs) available on the Canadian market (excluding ASA and acetaminophen). Following the review, there was consensus that potential for inappropriate use of NSAIDs exists.

Some individuals, particularly the elderly and those who have co-morbid diseases or those with cardiovascular and gastrointestinal risk factors may be at particular risk of adverse events from inappropriate use of oral NSAIDs. These individuals could benefit from pharmacist advice and clarification on appropriate selection and use of NSAIDs.

For more information on scheduling, go to *Practice Resources/AB drug schedules* on the ACP website

### Summary of NSAID scheduling

<i>Medication</i>	<i>Package size/ concentration</i>	<i>Schedule</i>
Ibuprofen and its salts containing 400 mg or less per oral dosage unit	Up to 18,000 mg	Unscheduled (no change)
Ibuprofen and its salts containing 400 mg or less per oral dosage unit	Exceeding 18,000 mg	Schedule III (from Unscheduled)
Naproxen sodium 220 mg per oral dosage unit, in products labeled with a recommended maximum daily dose of 440 mg	Up to 6,600 mg	Unscheduled (no change)
Naproxen sodium 220mg per oral dosage unit, in products labeled with a recommended maximum daily dose of 440 mg	Exceeding 6,600 mg	Schedule III (no change)
Diclofenac diethylamine in preparations for topical use on the skin	Not more than the equivalent of 1% diclofenac	Unscheduled (no change)



# Test your memory – Answers

Continued from page 16

**Q1.** Never, at the moment. All prescriptions, including computer generated versions, require a prescriber's "hand" signature. There are insufficient security measures available to ensure the validity of prescriptions sent electronically. In the case of a computer generated prescription with a scanned signature, the prescription must be initialed by the prescriber generating it.

## NOT acceptable

- Prescriptions emailed to you.
- Prescriptions produced by computer but not signed by the prescriber, or has an electronic signature and is not initialed by the prescriber.

## Acceptable

- Prescriptions produced by computer and hand-signed by the prescriber or with an electronic signature that is then initialed by the prescriber and delivered by the patient are acceptable. However, it is your responsibility to ensure the prescription is authentic, just as you would for a prescription which is handwritten.
- Prescriptions produced by computer and hand-signed by the prescriber, or with an electronic signature and initialed by the prescriber that are then faxed to the pharmacy.

This policy is also published on the College of Physicians & Surgeons of Alberta website, under *Physician Prescribing Practice FAQs*. ([www.cpsa.ab.ca/Services/Physician\\_Prescribing\\_Practices/PPP\\_FAQs.aspx](http://www.cpsa.ab.ca/Services/Physician_Prescribing_Practices/PPP_FAQs.aspx))

For best practices, refer to *Ensuring Safe & Efficient Communication of Medication Prescriptions* available on ACP's website under *Pharmacist Resources/ACP practice guidelines*.

(Taken from *The Link*, Jan. 11)

**Q2.** Yes. Use our new online reporting form found on the ACP website under *Prescriber Lists/Forgery alerts*.

(Taken from *Nov/Dec aϕnews*)

**Q3.** No, this is not an acceptable practice. Pharmacists are required by Standard 7.2 of the Standards of Practice for Pharmacists and Pharmacy Technicians to ensure that the dispensing procedure is hygienic and prevents cross contamination.

ACP Practice Consultants have also observed that when bottles are being reused, pharmacists are often just placing the current label over the previous label(s). Again, this is unacceptable, even if for the same patient.

(Taken from *Mar/Apr aϕnews [Standard reference and title updated]*)

**Q4.** True. Section 12(3) of the Pharmacy and Drug Regulation stipulates that records must be maintained at the pharmacy unless the licensee has applied to the registrar in writing to store them at another location. To apply to store records offsite, please complete and submit the Request to Maintain Records at a Location Other than the Pharmacy, found on the ACP website under *Pharmacist Resources/Forms/Pharmacies*.

(Taken from *Mar/Apr aϕnews*)

**Q5.** 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*. To read more about PRAC IDs and ordering lab tests, refer to page 8 of the *May/June aϕnews* or look to the ACP website under *Practice Resources/ACP practice guidelines/Ordering lab tests*.

**Q6.** July 1, 2011

(Taken from *July/August aϕnews*)

**Q7.** True. 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.

(Taken from *May/June aϕnews*)

**Q8.** Anjali Acharya is the ACP President. Read more about her in the *July/August aϕnews*. For a list of councillors, see page 2 of any edition of *aϕnews* or go to *About ACP/Council* on the ACP website.

**Q9.** Yes, Alberta veterinarians must adhere to all requirements of the Triplicate Prescription Program. Like physicians and dentists, they must use a triplicate prescription pad when writing prescriptions for all drugs on the current TPP medication list.

(Taken from *The Link*, Feb. 8)

**Q10.** A pharmacist must log or fill a triplicate prescription within 72 hours of it being written. Once the prescription has been logged, filling the prescription can be deferred. If a triplicate is not to be filled right away, enter the date it was received at the pharmacy, and write "deferred" on the prescription.

Send the triplicate prescription form to the College of Physicians & Surgeons of Alberta (CPSA) after it has been logged.

For TPP program information, go to *Practice Resources/Triplicate Prescription Program (TPP)* on the ACP website.

(Taken from *The Link*, July 26)

**Bonus question:** 2011!

(Taken from every edition of *aϕnews*, 16 editions of *The Link*, and the centennial website – [pharmacy100.ab.ca](http://pharmacy100.ab.ca))

# Test your memory

In 2011, ACP published 6 editions of *acpnews* and 25 issues of *The Link*. They were packed with useful bits of information on deadlines, changes to legislation, standards updates and practice change ideas. Take our quiz to see if you missed anything!

- Q1.** When is only an electronic signature on a prescription acceptable?
- Q2.** Can you report a forgery to ACP electronically?
- Q3.** Can you reuse bottles for methadone carries?
- Q4.** True or false: Records must be maintained at the pharmacy unless the licensee has applied to the registrar in writing and received approval to store them at another location?

- Q5.** Where can you find the PRAC ID application form?
- Q6.** On what date did pharmacy technicians become Alberta's newest regulated health professionals?
- Q7.** True or false: There is an online ACP competence assessment tutorial.
- Q8.** What are the names of the ACP President and your district councillor?
- Q9.** Do Alberta veterinarians have to use TPP forms?
- Q10.** What do you do with a triplicate prescription that is not filled right away?

**Bonus question:** When was the centennial of pharmacy in Alberta?

*See page 15 for the answers.*



Mark your calendars

for the Tri-Professional  
Conference



**Strengthening the Bond**

May 24 to 26, 2012

Rimrock Resort, Banff  
[www.buksa.com/strength](http://www.buksa.com/strength)

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.

