acpnews

March / April 2012

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Alberta College of Pharmacists

Healthy Albertans through excellence in pharmacy practice

Weathering the storm:

10 tips to help you manage drug shortages

Most pharmacists and pharmacy technicians learn about a drug shortage the hard way – when the pharmacy fails to receive an ordered product from a wholesaler or manufacturer.[1] Here are 10 ideas to help you limit the effect these "surprises" can have on your patients and your practice.

1 Identify drug shortages

Determine who will be the key person or people to track drug shortages. Be alert to potential signs of an impending shortage, such as partially filled orders or specific strengths of drugs that are difficult to obtain. Social media, collegial networks with professional organizations, wholesalers*, and purchasing groups may also serve as resources about impending and new drug shortages.

** Some wholesalers distribute lists of drug shortages from manufacturers, but it is important to note that the wholesaler may still have an ample supply. The list is a good indicator and when combined with other indicators can identify drug shortages.*

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1 ISMP, "ISMP survey on drug shortages", ISMP Medication Safety Alert! 2010;15(15):4.

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Weathering the storm
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2 Learn more about drug shortages

Once an impending or actual shortage has been identified, look for more details about the shortage, its estimated duration, and directions for ordering drugs for emergent situations. Manufacturers, wholesalers and purchasing groups may be a good source of information about drug shortages and alternatives.

Listings of drug shortages in Canada:

- Saskatchewan Drug Information Service (SDIS) http://druginfo.usask.ca/healthcare_professional/canadian_drug_shortages.php
- Rx&D Canada's Research-Based Pharmaceutical Companies listing www.canadapharma.org/shortage/index.asp?l=en

Note: You may have to look by both generic and brand name to locate information. For example, on SDIS, looking for ApoSulfatrim pediatric suspension yields no results because the information is filed under cotrimoxazole.

3 Assess inventory of drugs on hand

Assess the impact of the shortage by counting your inventory on hand and estimating how long the supply will cover your needs based on historical usage of the drug.

4 Research the drugs in short supply

Identify clinically appropriate uses of the drug, the lowest optimal dose for current indications, and strategies to decrease drug waste and inappropriate/unnecessary prescribing.

5 Identify potential therapeutic alternatives early

Create and employ a standard, formal process for identifying and approving therapeutic alternatives to shortage drugs. Obtain suggestions for therapeutic alternatives from the literature, professional websites, prescribers who order the product, and local hospitals (to promote consistency for prescribers who practice at multiple sites).

Note on generic substitution and therapeutic interchange: determining appropriateness

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

Pharmacists must notify the original prescriber if they adapt a prescription by therapeutic interchange. (Refer to Standard 11.9 for the required components.) They do not have to notify the original prescriber when they perform generic substitution.

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

6 Develop guidelines for safe substitution

Select alternatives early so an education plan can be developed in case implementation is needed. When appropriate, develop and approve guidelines for use of the alternative drugs. Make sure all pharmacists on your team know the correct dosage range and dosing frequency of the alternative drug, and how it is prepared, stored, and administered. Are there untoward side effects that require patient monitoring? Be prepared for that. Is it a drug that should not be discontinued abruptly? Be prepared to work out a gradual transition to the alternate

product. Also conduct an inventory of the current supply of approved therapeutic alternatives that will be used.

Resources for assessing suitability of substitution

- Drug Shortages – A guide for Assessment and Patient Management www.pharmacists.ca/cpha-ca/assets/File/cpha-on-the-issues/DrugShortagesGuide.pdf
- American Society of Hospital Pharmacists' Current Drug Shortage Bulletins www.ashp.org/menu/PracticePolicy/ResourceCenters/DrugShortages/CurrentShortages.aspx
- PADIS www.albertahealthservices.ca/5423.asp

7 Prioritize patients and place limitations on use

Based on the extent of the shortage forecast and the availability of alternatives, develop temporary therapeutic guidelines that reduce waste and tailor the drug's use to groups of priority patients for whom the alternative drug may be unsafe, ineffective, or undesirable. Practically, a pharmacist might run a report to identify patients needing the shorted medication and what supply they currently should have remaining. At this point they would also examine the patients' profiles to identify contraindications to alternatives. Reassess how long the drug will be available to priority patients after conservation measures have been implemented. When appropriate, remove shortage drugs from regular stock and dispense the drugs as needed to better control use and waste.

8 Do not hoard shortage or alternative drugs

Stockpiling a medication may lead to an artificial shortage where the drug might otherwise be available in adequate supplies to meet patient needs.

9 Establish ongoing communication with clinicians

Using the most effective means possible (e.g., staff meetings, newsletters, email, website, Intranet, phone calls), regularly share information with affected staff in your pharmacy and your patients' prescribers about:

- the drug shortage, causes, and expected duration (if known);
- assessment of current drug availability (don't forget to check with wholesalers in other cities);
- temporary therapeutic guidelines, including use limitations for the shortage drug;
- alternative products and how they will be supplied;
- dosing, preparation, and administration guidelines for alternative products;
- error potential with alternative products and how to reduce risk; and
- additional patient monitoring and safety steps that may be required when using an alternative drug and who will take those steps.

10 Proactively monitor adverse events associated with drug shortages

Use error and adverse event reporting systems (e.g., ACP's *The Systems Approach to Quality Assurance*, the Canada Vigilance Adverse Reaction Reporting Form and MedEffect Canada) as well as a hotline, chart review, or other means to learn about hazardous conditions, near misses, and adverse events associated with drug shortages so actions can be taken to limit further risk and harm.

Credit: Much of the information in this article is based on "Weathering the storm: Managing the drug shortage crisis", ISMP Medication Safety Alert, Oct.7, 2010 issue, www.ismp.org/newsletters/acutecare/articles/20101007.asp (Feb. 2), reprinted with permission.

Dealing with drug shortages: a Standards refresher

The Standards of Practice for Pharmacists and Pharmacy Technicians sets out the minimum acceptable standard of practice for pharmacists and pharmacy technicians. They are mandatory.

Here is a reminder of some standards that may affect your actions as you develop your plan for dealing with drug shortages.

Standard 3 – Consider appropriate information

Before making any drug substitutions, the pharmacist must assess the patient, the patient's health history and the patient's history of drug therapy.

Standard 4 – Determine whether there is a drug therapy problem

Mitigate any adherence barriers, adverse reactions, or drug interactions. Remember, non-adherence (failure to take a drug) is a drug therapy problem.

Standard 8 – Release of drugs and providing patients with sufficient information

A pharmacist must enter into a dialogue with a patient when a Schedule 1 drug is dispensed to the patient for the first time (s8.3). This dialogue is especially important if a patient is being switched to a new regime.

Standard 10 - Compound according to written formula and process

If you do not regularly compound, consider entering into an agreement with a compounding pharmacy. The potential for unsuccessful therapy and patient harm from improperly compounded suspension solutions and products is too great to take a chance.

A note on compounding vs. manufacturing

A compounding and repackaging licence and agreement authorizes you to compound a drug for or on behalf of the community pharmacy ***only*** *if the community pharmacy holds a valid prescription for that drug or has a reasonable expectation of receiving a valid prescription for a patient for that drug in the immediate future.*

This does not include preparing bulk compounds that are diluted or further compounded at the community pharmacy before dispensing (e.g., diluting 10% diclofenac gel to 5%). Preparation of products for which there is no prescription or no reasonable expectation of a prescription is considered manufacturing. Manufacturing is a commercial activity that is regulated under the Food and Drugs Act *and its Regulations,* Good Manufacturing Practices *(GMP) and other federal legislation.*

Pharmacies may purchase a quantity of a product based on what they reasonably anticipate they will receive prescriptions for, and package into smaller quantities to dispense in the prescribed amount. However, based on the Health Canada definitions of prescribing vs. manufacturing, it would be prudent to be conservative in what you order and to make the decision based not only on the anticipated prescriptions but issues such as how often you can order and receive product from the compounding and repackaging pharmacy, the delivery time required, etc. We recommend that quantities be limited to a 10- to 14-day supply at most.*

**See Policy on Manufacturing and Compounding Drug Products in Canada at http://hc-sc.gc.ca/dhp-mps/compli-conform/gmp-bpf/docs/pol_0051-eng.php*

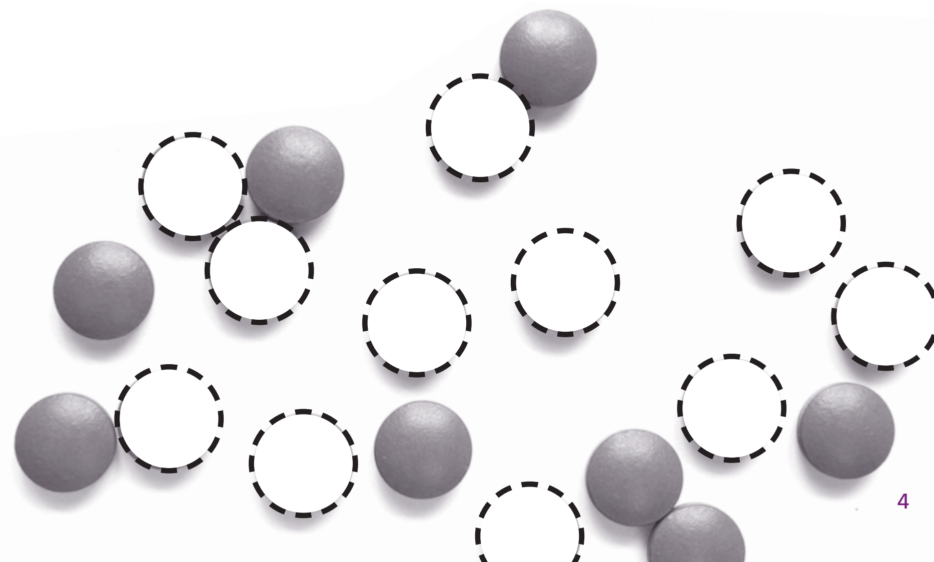
Standard 11 – Comply with regulatory framework if prescribing

Adapting a prescription is a form of prescribing. Standard 11 outlines the limitations and requirements that apply when you adapt.

Standard 12 – Follow proper procedures when adapting a prescription

In addition to helping you determine whether it is appropriate to adapt, including therapeutic interchange, this standard also outlines restrictions on altering dosage and documenting.

In addition to following the Standards, remember that you must also adhere to the Code of Ethics and, as directed by the *Health Professions Act*, you must always practice within the limits of your personal competence.



Edmonton Journal, December 6, 2011

Edmonton druggist fined $15,000 for snooping, posting health records

January 19, 2011, CBC

Pharmacist arrests disgraceful: N.L. official

We judge ourselves by our best acts and most noble intentions, but we will be judged by our last worst act.

– Michael Josephson, whatwillmatter.com

Pharmacists have been making the news lately, but not always in a good way. We have all heard the reports of pharmacists violating patient privacy, diverting drugs, or otherwise acting in ways that damage the profession's credibility. It would be great to say that these things only happen somewhere else, but that isn't true.

First, some facts. The number of complaints ACP receives is still very small relative to the number of licensed practitioners (45 formal complaints in 2011, with over 4200 pharmacists practising). ACP also employs mandatory continuing education requirements, knowledge assessments, audits of professional declarations, and pharmacy assessments to ensure Albertans receive excellent pharmacy care. Pharmacists' compliance with these measures is extremely high, as are their success rates. However, there's one more fact we can't overlook.

It takes countless positive actions to build a good reputation, but only one to ruin it.

The actions of one taint the reputation of many

In an annual poll recently released by Ipsos Reid Canada, pharmacists were once again ranked as the most trusted profession in Canada.

... those within a similar profession have been painted with the same brush as their colleagues who have landed in the negative news headlines, regardless of their own record ...

"It's not surprising to see these top professions because these are people who are entrusted with the security and well-being of others," said John Wright, Ipsos Reid's senior vice-president, in an interview in the Montreal Gazette.[2]

However, he noted that 25 of the 26 professions listed in the poll have experienced a steady decline since 2003.

"What we have now is a public which questions, demands and wants scrutiny of these professions and they are judging them far more harshly now than before," he said.

"With the digital world, the Internet, the constant stream of news ... some of (the crimes people in) these professions have been accused of or committed, people have made vastly different judgments," he said. This has meant that those within a similar profession have been painted with the same brush as their colleagues who have landed in the negative news headlines, regardless of their own record, Wright added.

How can you protect your professional reputation?

As professionals, pharmacists and pharmacy technicians are expected to abide by a higher standard of conduct. Where are the guidelines to help you meet these high expectations? In the ACP Code of Ethics.

Abiding by, and holding colleagues to, the Code of Ethics is the responsibility of every pharmacist and pharmacy technician. As Principle 12 of the Code points out, "self-regulation of the profession is a privilege and each pharmacist and pharmacy technician has a continuing responsibility to merit this privilege."

While it must be read in conjunction with the Standards and legislation, the Code of Ethics really lays the groundwork for practitioners. As it says in the Code's preamble, "ethics are the foundation for professional behavior, actions and attitudes. … Consistent ethical behavior

continued on page 6

2 Sheila Dabu Nonato, *"Pharmacists most trustworthy"*, Jan. 4, 2012, Montreal Gazette

President's Message
continued from page 5

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."

The objective of a Code of Ethics is to establish a culture in which it's easier to do the right thing than the wrong thing, and where concerned co-workers and vigilant supervisors repress illegal or improper conduct that can potentially endanger or embarrass their business and the profession.[3]

By following the 12 principles of the Code of Ethics, you will be well on your way to building your good reputation, the trust and health of your patients, and the credibility of the profession.

Anjli Acharya
President, Alberta College of Pharmacists

3 Michael Josephson, "Can corporate ethics programs do any good?", *What Will Matter*, http://whatwillmatter.com/2012/01/commentary-760-2-business-ethics-can-corporate-ethics-programs-do-any-good/ (Jan. 30, 2012)

ACP CODE OF ETHICS

Principles

The responsibility that comes with being an essential health resource is significant. As professionals, pharmacists and pharmacy technicians are challenged and expected to abide by a higher standard of conduct.

Pharmacists and pharmacy technicians use their knowledge, skills and resources to:

- Serve patients,
- Contribute to society, and
- Act as stewards of their professions.

As a pharmacist or as a pharmacy technician, I must:

Patients	1	Hold the well-being of each patient to be my primary consideration
	2	Respect each patient's autonomy and dignity
	3	Maintain a professional relationship with each patient
	4	Respect each patient's right to confidentiality
	5	Respect each patient's right to health care
Society	6	Advance public health and prevent disease
	7	Use health resources responsibly
	8	Serve as an essential health resource
Profession	9	Ensure that I am competent
	10	Act with honesty and integrity
	11	Demonstrate responsibility for self and other health professionals
	12	Nurture the profession

Notes from Council

Make a resolution to improve pharmacy practice

Resolutions are practice change ideas proposed by ACP registrants and voted on at the AGM (May 24 this year). All resolutions carried at the AGM are then forwarded to council for consideration and decision. Resolutions are a way ACP registrants can shape the direction of pharmacy practice in Alberta.

Resolutions should relate to ACP's mandated areas of responsibility: public safety, effective pharmacy practice, and health policy. Past resolutions have focused on tablet splitting, the scheduling of codeine-containing products, and the storage of refrigerated biologicals and pharmaceuticals.

Submission process

Resolutions proposed for this year's AGM must be submitted by **4:30 p.m. on March 23, 2012**.

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 Street NW
Edmonton, AB T6G 2C8

Council election opens March 15

Voting for new ACP councillors will open at 8 a.m. on March 15.
All voting will be online, at http://pharmacists.ab.ca/vote2012.
Voting will close April 12 at 4:30 p.m.

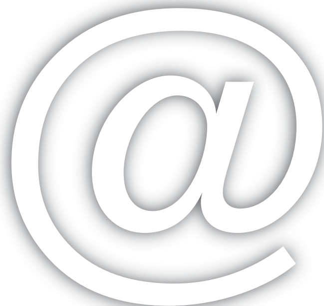
A biography of each candidate will be posted on the election site, so voters can learn about each candidate to make a more informed decision when casting their ballot. All candidates will also have the opportunity to have ACP send two emails on their behalf to voters in their district. Watch your inbox for those messages.

Eligible members in election districts will receive voting instructions by email at the email address they have registered with ACP.

Need to update your email @ddress?

You can do this online at any time by following these steps:

1. Click on *Registrant profile login* on the purple menu on the left of the ACP homepage (pharmacists.ab.ca).
2. On the login page, 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 Registrant 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.

Attention pharmacists! Your registration renewal time is just around the corner ...

Can you answer "yes" to these four questions?

1 | Have you recorded enough CEUs?

You must apply to renew your practice permit by May 31, 2012. Have you already recorded all of your continuing education activities on your CPD Log or will you be scrambling?

The online registration renewal system will not let you apply to renew your practice permit if your online CPD Log does not record at least 15 CEUs in the 2011-12 CE year. All pharmacists who want to apply to renew their practice permits must report at least 15 CEUs earned between June 1, 2011 and the date of registration renewal in 2012. The only exception is those pharmacists who first registered with ACP on or after July 1, 2011. They have until registration renewal in 2013 to earn the minimum 15 CEUs.

Remember, the CE year is not the same as the registration year. Even though your practice permit doesn't expire until June 30, 2012, all CEUs earned in June 2012 apply to your 2012-13 CE year. You cannot carry over CEUs you did not claim on your 2011-12 CPD Log.

2 | Do you know 3 ways to ace your Audit of Professional Declarations?

ACP concluded the 2011 Audits of Professional Declaration in December. While most pharmacists met the requirements of the audit, three issues kept popping up that prevented seamless processing for pharmacists. To make sure your audit process goes smoothly, follow these three steps.

a. **Make sure you have the proper personal liability insurance coverage.**
   All pharmacists who hold a practice permit from ACP must carry at least $2 million of personal liability insurance at all times. This is required even if you are on maternity or paternity leave, medical leave, living outside Alberta or outside Canada, or not practising pharmacy, e.g., selling real estate. If you have a practice permit, you must have personal liability insurance.

b. **Make sure your certificates for accredited CE courses exactly match the entries on your CPD log.**
   That includes the name of the participant, the title of the course, the accreditation file number, the number of CEUs, and the date. While a discrepancy of a few days on the date might seem like a small detail, it has the potential to be a 'big deal' if the date discrepancy falls over the CE year end, as that could result in the CEUs being recorded in a CE year other than the year in which they were earned. Just as in all areas of your practice, accurate documentation of your learning activities is very important.

c. **Complete a non-accredited learning record for each non-accredited learning activity you claim.**
   The non-accredited learning record is evidence to the college that the learning activity was meaningful and relevant to your pharmacy practice.

   If you are selected for a professional declarations audit, you will be required to submit:

   - copies of course certificates for all accredited CEUs you claimed, and
   - non-accredited learning records for all non-accredited CEUs that you have submitted as part of your online renewal.

   If you do not have a certificate from an accredited CE program, or if the program was not accredited by CCCEP, ACPE or ACP, do not claim it as accredited learning.

3 | Have you cleared up any outstanding competence requirements?

Have you received communication from the ACP competence department about either an audit of professional declarations or a competence assessment? Have you complied with the request? If you have not, you may be jeopardizing your upcoming annual renewal.

If compliance with an audit or assessment results in your renewal being delayed past May 31, 2012, you will also be assessed a non-compliance fee in addition to the annual permit renewal fees.

4 | Do you know about the annual return requirement for a corporation-owned pharmacy?

If your pharmacy is owned by a corporation, a copy of the corporation's most recent annual return that has been filed with corporate registries must be included with the pharmacy renewal. The copy must show the name and address of the corporation, the name(s) and address(es) of each shareholder and the percentage of shares held by each.

Are you authorized to administer injections?

Then you need to know about these CPR and First Aid requirements

If you are authorized to administer injections, you must maintain current certification in CPR and First Aid. The current council policy requires that you have CPR Level C, so if it's time to renew your CPR certification make sure it's Level C. Go to *Practice Resources |Practice References| Administering Drugs by Injection* on the ACP website for more information about CPR certification, including which programs meet the requirements established by council.

At the time of applying for injections authorization you made a professional declaration that you will maintain valid first aid and CPR certification (at minimum, Level C) for the duration of your authorization, and that if you are unable to provide proof of certification, your authorization to administer subcutaneous and intramuscular injections will be cancelled.

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 2010-2011 CE year.

Najah Abdul-Hussain
Brian Abernethy
Margaret Baril
Max Beairsto
Catherine Biggs
Maria Bizecki
David Brewerton
Anita Brown
Janet Campbell
Kimberly Chapman
Christopher Chilibeck
Joann Chow
Blaine Colton
Catherine Cornfield
Jonathan Cummings
Jennifer Cuthbertson
Lisa Devos
Olga Dmytrisin
Paula Elgar
Abeer Elzainy
Jennifer Fookes
Janelle Fox
E. Randy Frohlich
Martine Giguere
Amanda Goodwin
Karen Jean Gossen
Taria Gouw
Bradley Gregor
Kimberly Gunderson
Sarah Gutenberg
Debora Gysler
Michelle Henry
Lorraine Herlein
Keith Hopkins
Sherilyn Houle
Susan Howlett-Wise
Debbie Hrudey
Sandra Huber
Rekha Jabbal
Aileen Jang
Linda Janzen
Valerie Kalyn
Larry Karsch
James Krempien
Barry Kushner
Rosalinda Labar
Jeffrey Lanz
Cecilia Lau
Shawn Lee
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Amy Leung
Terrie Lim
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Chandel Lovig
Karen Lusty
Rita Lyster
Florrie MacDougall
Joanne Mah
Erin Manchuk
Khadija Mangalji
Bernard March
Ronald Marcinkoski
Jennifer McKinney
Darsey Milford
Stephanie Morton
Susan Mullaney
Ivy Mung
Christine Ondro
Glen Pearson
Ihor Pecuh
Luay Petros
Kerri Pezzente
Nasir Pirbhai
Pauline Pizzey
Natasha Pylypchan
Noorani Ramji
Daniel Reich
Darlene Rowe
Ebrahim Sabbagh
Ayman Salameh
Kimberly Schiltroth
Gisele Scott-Woo
Roxanne Seiferling
Olivier Semonis
Louise Sharren
Anna Simeckova
Rhonda Skinner
Debbie Sluchinski
Leanna St. Onge
Joanne Stafford
Roberta Stasyk
Randall Stevens
Lindsey Stilling
Lesia Stringer
Victor Sue
Kelly Sutherland
Borys Sydoruk
Joe Tabler
Anne-Marie Taylor
Michael Thompson
Penny Thomson
Cindy Tomat
Cynthia Ully
James Unterschultz
Richard Walter
Gladys Whyte
Michael Wilson
Laurel Wittwer
Elaine Wong
Mandy Wong
Esmond Wong
Keith Woo
Krystal Wynnyk
Jill Yates

These pharmacists received a certificate of achievement in recognition of their commitment to lifelong learning in pharmacy. ACP acknowledges that many pharmacists do more learning than they report on their CPD logs. However, the submitted CPD logs are the only way ACP has to determine achievement of this milestone.

We apologize if we have inadvertently missed someone's name. If you believe your name should be included, please contact Anne Rothery at 780-990-0321 or by email at Anne.Rothery@pharmacists.ab.ca.

Farewell to Roberta Stasyk

Roberta Stasyk, ACP's original competence director, has left the college for new opportunities.

Since she joined the college in 2000, there have been many changes in pharmacist practice and the way professional competence is assessed. Roberta ensured that ACP not only kept up with the changes, but led the way in helping practitioners and the public be confident in the skills of Alberta pharmacists.

Roberta led the development and implementation of the Competency Profile for Alberta Pharmacists and its recent update. Her introduction of the RxCEL Continuing Professional Development course in 2005 was a critical component in supporting pharmacists as they prepared for changes in the practice of pharmacy and ongoing professional development. She also introduced the RxCEL learning portfolio and the competence assessment programs at ACP.

Roberta also had a leading role in continuing education for pharmacists. She led ACP's accreditation process for continuing education, personally reviewing and accrediting hundreds of submissions to ensure that Alberta pharmacists were offered quality, unbiased learning opportunities.

She is recognized for her expertise and shared it as a speaker at provincial, national and international conferences; as an organizer of the inaugural National Continuing Competence Conference; as a member of the Continuing Competence Interest Group; as a board member of Canadian Council on Continuing Education in Pharmacy (CCCEP); and as a member of several national pharmacy committees.

Roberta's pride in the profession was constantly evidenced by the high standards she set for pharmacists and for herself.

We thank Roberta for her commitment and contributions to the success of the college and to the profession, and we wish her all the best in her future endeavours.

Competence Assessment resources

ACP has created lots of resources to help pharmacists prepare for a Competence Assessment. On the Continuing Competence section of the ACP website, you will find:

1. an overview of the RxCEL Competence program
2. the Competence Assessment Handbook
3. RxCEL Competence Program Rules
4. a link to the online Competence Assessment e-tutorial
5. Competence Program FAQs
6. resources for Competence Assessment
7. Professional Portfolio tips
8. sample Practice Enhancement Records for the Professional Portfolio
9. a new webinar! Following the successful Competence Assessment "road show", done in partnership with RxA and various corporate pharmacies, we now offer a Competence Assessment webinar.

Update on Competence Assessment

The first group of pharmacists has now completed their assessments. The second group – those selected in February 2011 – will complete their assessments by April 15. That means it's time to select another group of pharmacists! Watch your mailbox – selection notifications will be mailed at the end of March. No need to call our office to check if you've been selected, as you will receive a notification letter by Canada Post and a follow-up email.

This year we are assessing 320 pharmacists. We had 9 brave pharmacists volunteer, so we will randomly select the other 311 pharmacists.

Have you been working on projects to enhance your competence and your practice? Would you like to volunteer for competence assessment? We are accepting up to 40 volunteers for each year's cohort. You may volunteer for the 2013 cohort (to be selected and notified in the spring of 2013) by contacting:

ACP competence department
780-990-0321, toll-free 1-877-227-3838
competenceinfo@pharmacists.ab.ca.

The deadline to volunteer for competence assessment in 2013 is November 30, 2012.

Disciplinary reports summaries

Investigations and hearings into the professional conduct of two pharmacists 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:

A hearing tribunal made a finding of unprofessional conduct against Allan Zan when he admitted to the following allegations:

During the period when he was dispensing large and frequent quantities of OxyContin 80 mg tablets and oxycodone 20 mg IR tablets to three individuals:

- he did not access Person A's prescription records available from Pharmacare, the Triplicate Prescription Program or Netcare;
- he did not consult with any pain specialists, and only two of the six general practitioners who were allegedly involved in Person A's pain management or prescribed his narcotics;
- he never consulted with the prescriber regarding the narcotic prescriptions for Persons B and C and did not access the prescription records of either these individuals from Pharmacare, the Triplicate Prescription Program or Netcare;
- he relied on information from a non-healthcare professional and Person A to form the basis for his judgment to dispense the narcotics; and
- he did not document records of care corresponding to his dispensing of these extreme quantities, strengths, and frequencies of narcotics in respect to any of these three patients with the exception of one record of care for Person A.

Mr. Zan further admitted that he:

- unknowingly dispensed on at least four occasions based on prescriptions that were not authentic and failed to undertake steps to reasonably determine the authenticity of the prescriptions.
- dispensed medications on at least two occasions that were based on prescriptions that were not current and that he could have undertaken more steps to reasonably determine the currency of the prescriptions.
- failed to exercise reasonable professional judgment in determining the clinical appropriateness of dispensing the OxyContin and oxycodone prescriptions.
- failed to properly document the records of care related to the OxyContin and oxycodone prescriptions he dispensed in the treatment of Persons A, B, and C.
- created an environment through his actions and his inactions that allowed large quantities of OxyContin and oxycodone to possibly be diverted; and
- failed to exercise the clinical and professional judgment required of a pharmacist and failed to meet the standards of practice reasonably expected of a pharmacist.

The hearing tribunal made the following orders.

1. Effective December 1, 2011, Mr. Zan's practice permit be suspended for four months with the final three months of the suspension to be stayed on the following conditions:
   a. Mr. Zan must pass the college's jurisprudence examination within three months from the date of this decision;
   b. If there are any further incidents of similar nature which arise within one year from the date of the panel's decision in this matter, then the stay of the final three months of the suspension will be lifted and Mr. Zan must serve the remaining three months of the suspension. *[Mr. Zan's suspension is currently stayed.]*
2. Mr. Zan's practice permit shall be subject to a condition that for one year following the date of this written decision, he may serve as a pharmacy licensee only for Walmart Canada Corp. at the Westbrook Walmart Pharmacy location in Calgary.
3. Mr. Zan pay all of the expenses, costs and fees related to the investigation and hearing of this matter to a maximum of $18,000.00. [The costs were $29,165.62.]
4. For one year following the date of this written decision, Mr. Zan shall be required to provide a copy of the decision of the hearing tribunal to any licensee or employer at the pharmacy or pharmacies where he is currently employed or where he may become employed.
5. For one year following the date of this written decision, Mr. Zan shall notify the Complaints Director within ten days of becoming employed by any pharmacy in any capacity and provide the name and address of the pharmacy.

Case 2:

A hearing tribunal made findings of unprofessional conduct and professional misconduct against Michael Tweedy when the following allegations from four complaints were proven to be true.

As a pharmacist and as the licensee and proprietor of Hilltop Pharmacy in Red Deer, Alberta, Mr. Tweedy:

Complaint 1 – physician group complaint

1. purported since January 2009 to dispense all medications for patients

continued on page 12

Disciplinary report summaries
continued from page 11

at Kentwood Place (a transitional residence for patients with mental illness that was owned by Hilltop Pharmacy) daily rather than the weekly or monthly basis prescribed;

2. continued in this practice without verbal or written authorization from the physicians to change the dispensing period and continued despite requests from the physicians that he follow their prescriptions;
3. was dispensing prescriptions daily to increase the dispensing fees paid to Hilltop Pharmacy; and
4. was following this practice in an attempt to force Alberta Health Services to enter into a formal agreement concerning the operations of Kentwood Place;

Complaint 2 – ABC complaint

1. from June 1, 2007 to January 31, 2009 billed Alberta Blue Cross for dispensing medications daily for 29 Kentwood Place residents although the medications were delivered to Kentwood Place by the pharmacy weekly and administered by the nursing staff daily;
2. received significant payments from Alberta Blue Cross that the pharmacy was not entitled to receive and breached Section 3.10 of the Alberta Blue Cross Agreement with Hilltop Pharmacy as a result of this billing; and
3. failed to conduct himself professionally and demonstrated aspects of ungovernability with regard to the authority of the Alberta College of Pharmacists and the investigation by showing a pattern of unresponsiveness to and failing to cooperate with requests from the investigator;

Complaint 3 – auditor complaint

1. failed to conduct himself professionally and demonstrated aspects of ungovernability with regards to the authority of the Alberta College of Pharmacists and the investigation by an Alberta Blue Cross investigator by showing a pattern of unresponsiveness to and failing to cooperate with requests from the investigator.

Complaint 4 – ACP complaint

As a pharmacist, Mr. Tweedy:

1. failed to cooperate and respond on a timely basis to the Competence Committee audit and the inquiries made by Roberta Stasyk, ACP Competence Director, on behalf of the Competence Committee;
2. failed to cooperate with the investigation of the complaint by failing to respond to numerous inquiries made in writing and by telephone, by failing to contact the investigator as he had indicated he would do, and by failing to provide a written response to the complaint despite numerous written requests and various assurances that he would do so; and
3. demonstrated aspects of ungovernability and an ongoing pattern of unresponsiveness and lack of cooperation with the requests of Alberta College of Pharmacists staff.

The hearing tribunal ordered that:

1. Mr. Tweedy's registration and practice permit be suspended for a period of 36 months with the final 24 months of the suspension to be stayed on the following conditions:
   a. Mr. Tweedy must comply with all requirements of the ACP and must cooperate with and respond promptly to ACP;
   b. if there are further incidents of failure to respond to ACP or cooperate with requests from ACP staff that occur after receipt of this written decision, then the matter will be referred to a hearing tribunal and the stay of the final 24 months of the suspension may be lifted and Mr. Tweedy may be required to serve the full suspension of 36 months; and
   c. the suspension will commence 30 days from the date of receipt of this written decision by Mr. Tweedy [February 15, 2012];
2. once the period of suspension expires, before Mr. Tweedy can apply for the reinstatement of his registration and practice permit, he must first pass the ACP's jurisprudence examination and meet all requirements set by the Registration Department and the Registrar;
3. if Mr. Tweedy is issued a practice permit after his suspension, Mr. Tweedy will be prohibited from acting as a licensee for 48 months from the date that his practice permit is issued;
4. Mr. Tweedy pay a total of $15,000 in fines by April 16, 2012; and
5. Mr. Tweedy pay 75% of all the expenses, costs and fees related to the investigation and hearing of this matter to a maximum of $80,000.00 [total costs were $89,683.10; Mr. Tweedy is to pay $67,262.33].

PEBC assessors needed

The Pharmacy Examining Board of Canada (PEBC) invites interested pharmacists to be assessors for the PEBC Qualifying Examination – Part II (OSCE). The national exam will be held on Sunday, May 27, 2012 at sites in both Edmonton and Calgary.

For more information, see the PEBC website: www.pebc.ca/EnglishPages/OSCEAssrs/AssrHomePage.html.

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Pharmacy students welcomed to the profession

Family and friends, faculty, staff, and fellow students filled the Myer Horowitz Theatre to support the U of A's first-year pharmacy students in a significant ceremony that took place on January 25.

The White Coat Ceremony welcomed 131 first-year students as colleagues to the pharmacy profession. The annual event celebrates their role in becoming health care professionals, dedicated to patient care.

Guest speaker Neil Cameron, Alberta Pharmacists' Association president, spoke about what it means to be a professional. "As a professional you need to keep creating yourself, advancing yourself hence advancing the profession. We will be unified as a profession. Starting now, and after graduation, you will be saying, 'I am a professional; I am responsible for my new path.' This is what a professional is."

Greg Eberhart, Alberta College of Pharmacists registrar, led the students in a group recitation of the Pharmacist Code of Ethics. The class of 2015 then received their white coat, which is a symbol of the professional responsibilities that they will assume when they become a registered pharmacist.

The ceremony and reception were hosted by the Alberta College of Pharmacists, the Alberta Pharmacists' Association, and the Faculty of Pharmacy and Pharmaceutical Sciences.

Preventing accidents and promoting safety with one form

ACP introduces new Drug Incident Report Form

Healthcare practitioners have always been expected to maintain professional competence and exercise due care in their practice. Whenever errors happened, we historically focused on the actions of the individual(s) involved, rather than adopting a broader system perspective.

That way of thinking is changing. ACP has recently introduced *The Systems Approach to Quality Assurance*. The systems approach recognizes that as humans, we are not capable of performing perfectly. Accidents can be caused by flaws in the working environment (or system), and human errors should be an expected part of any working environment. To prevent accidents, we need to identify the potential human errors that can occur in a particular system, and rebuild it to mitigate them.

The new **Drug Incident Report Form** integrates the concepts of systems analysis. It will help your team investigate and document drug incidents as required by the Standards for the Operation of Licensed Pharmacies. Use this report to document a drug incident the next time one occurs in your pharmacy, and keep it handy so that your Pharmacy Practice Consultant can discuss it with your team during their next visit.

A tear-out copy of the form is included in both *The Systems Approach to Quality Assurance for Community Pharmacies* manual and the *Incident Analysis Process Summary and Quick Reference Guide*. It is also available as a PDF on the ACP website, at http://pharmacists.ab.ca/nPharmacistResources/SystemsApproachQA.aspx.

Drug Incident Report Form

acp Alberta College of Pharmacists

Drug incident - patient safety report

1. As per Standard 1.9 of the Standards of Practice for Pharmacists and Pharmacy Technicians, **each pharmacist and pharmacy technician must participate in the quality assurance processes** required by the Standards for the Operation of Licensed Pharmacies.
2. Use this form for all related drug incidents.
3. As per Standard 6.4(b), the regulated member involved in the drug error must document an account of the error as soon as possible after the discovery. If the regulated member involved is not on duty at the time of discovery, the regulated member or employee who discovers the drug error must initiate the documentation.
4. Notify all regulated health professionals and caregivers whose care for the patient may be affected by the drug error.
5. Attach **Rx & transaction record** – photocopies or originals are acceptable.
6. Retain this report for **10** years from discovery date.
7. This form is for drug incidents, drug errors and adverse drug events only; not adverse drug reaction reporting (ADRs).
8. All reports must be reviewed at least **quarterly** to evaluate success of changes implemented (Standard 6.6).

What is a drug incident? (Standard 6)

a. **Drug incident** means any preventable event that may cause or lead to inappropriate drug use or patient harm. Drug incidents may be related to the practice of pharmacists or the practice of pharmacy technicians, drugs, health care products, aids and devices, procedures or systems, and include:
   i. prescribing;
   ii. order communications;
   iii. product labeling, packaging, nomenclature;
   iv. compounding;
   v. dispensing;
   vi. distribution;
   vii. administration;
   viii. education;
   ix. monitoring; and
   x. use.

b. **Adverse drug event** means an unexpected and undesired incident related to drug therapy that results in patient injury or death or an adverse outcome for a patient, including injury or complication.

c. **Drug error** means an adverse drug event or a drug incident where the drug has been released to the patient.

Patient information

Name:

Address:

Phone:

Email:

Sex: **M** or **F** (circle)

D.O.B.: day / month / year

Other relevant demographic data:

Rx #:

New or **repeat** Rx (circle)

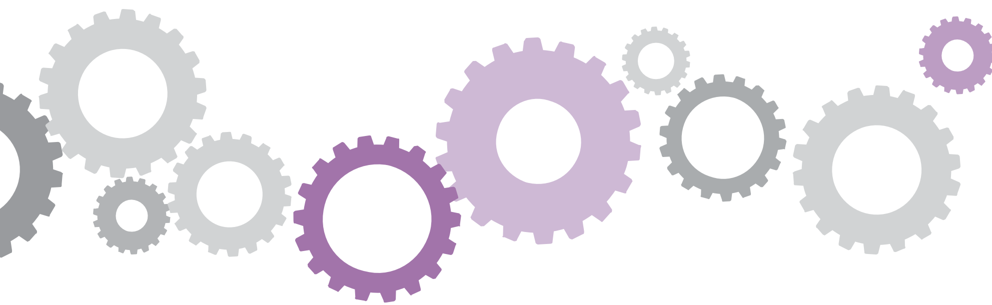
1

Pharmacy use only - retain for **10** years from discovery date.

Want to earn CEUs?

Review *The Systems Approach to Quality Assurance for Community Pharmacies* materials and watch the three audio/visual online presentations on ACP's website at pharmacists.ab.ca/nPharmacistResources/SystemsApproachQA.aspx.

You can document these activities using the Non-Accredited Learning Record template under *Continuing Competence/RxCEL learning portfolio*.



Tips for getting the most out of the form

Gather info, contributing factors, and triggering questions. You need to find out not only what happened, but why it happened.

To discover what happened, begin your incident analysis (page 9)[4] by developing an initial understanding (i.e., the information available at the outset of the review).

> **Did you know?**
>
> Review of the initial understanding often identifies information gaps that require additional follow-up by the team. It also provides a "bird's eye view" of the incident, and helps your team to begin to understand how the incident unfolded.

When all of the information is gathered, your team will be able to fill in the gaps identified in the initial understanding of the event to create a final understanding. This final understanding will help determine the underlying problems that may have contributed to the incident.

To discover why the incident happened, continue with your incident analysis to identify contributing factors. Contributing factors may be actions (short-lived) or conditions (exist over time). The following steps will help your team to complete a thorough analysis.

Step 1: Identify the problem (page 13)

- Work towards identifying system factors or causes that may have contributed to the incident. These factors may be related to management, regulatory factors, physical environment issues and organization culture. Use the triage and triggering questions (page 37) to help you identify contributing factors and underlying problems that may not otherwise be considered.

Step 2: Develop causal chains (page 14)

- Continue to ask "why" at each level of cause and effect until there are no more questions, knowledge becomes limited, or until the issues identified fall outside the scope of analysis.

Step 3: Identify root causes (page 15)

- Identify the root causes which are factors that are also typically things that are "actionable," i.e., concrete steps can be taken to correct them.

> **Did you know?**
>
> While many factors will be identified in the analysis, the team needs to identify those that, if corrected, would have either prevented the incident altogether or mitigated the patient harm form the incident. These factors are the **root causes**.

Now, you are ready to document your problem or causal statements on your incident report and move towards developing and implementing an action plan to prevent drug errors from occurring. For more information on completing an incident analysis, go to the ACP website, *Practice Resources/Practice References* and click on The Systems Approach to Quality Assurance.

4 All page numbers refer to *The Systems Approach to Quality Analysis for Community Pharmacies* booklet.

Pharmacy Practice Consultant roster changing

We regret to report that pharmacy practice consultants Vic Kalinka and Mark Palyniak have left ACP. Mark joined the college in February 2011. During his tenure here, he played a large role in developing materials for *The Systems Approach to Quality Assurance*. We wish Mark all the best in his new endeavours.

We'd also like to congratulate Vic Kalinka on his retirement. Formerly an assistant registrar at ACP, Vic returned to the college in 2008 as a full-time pharmacy practice consultant, covering southern Alberta. He will now be using his excellent mentoring skills and good humour with a new group – his grandchildren!

In memory...

Brian Nordbye died on Dec. 29 at the age of 66. He attained his B.Sc. in Pharmacy at the U of A in '67. Brian practised in Slave Lake.

Strengthening the Bond

Alberta's Tri-Profession Conference

May 24 to 26, 2012

The Rimrock Resort Hotel, Banff, Alberta

Join Alberta's pharmacists, physicians and registered nurses for an invigorating conference. You'll enjoy a full two-day program with speakers who are sure to inspire and energize, and opportunities to network during social breaks and poster sessions.

While each profession plays an important role in providing patient-centred care, health care can be fragmented and delivered in silos if there is not a focus on the patient perspective. The conference will provide delegates with insights into the critical role that integration plays in improving patient care, and new tools to take back to their practice.

Call for abstracts

For details, visit: www.buksa.com/strength/abstracts.htm

Abstract submission deadline
Monday, April 2, 2012

Registration

To view the complete program, register and book accommodation, visit www.buksa.com/strength.

Register before **April 26, 2012** to save $125 on the member and non-member fees.

Hosted by:

ACP emails and newsletters are official methods of notification to pharmacists and pharmacy technicians 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.

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