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Updated additional prescribing authorization process introduced



An upgraded application process, guide, and forms for obtaining additional prescribing authorization are now available on the ACP website!

As reported in the July / August 2012 **acpnews**, a review of the process for granting the authorization was completed and council approved changes to clarify and streamline the process. A group of pharmacists, including those who assess applications, reviewed and more clearly defined the key activities and indicators. The application form has been revised and the *Guide to Receiving*

Additional Prescribing Authorization has been updated to reflect the changes. The revised guide includes a new self-assessment form and new information and tools to assist you in assembling your application. You can link to the new materials through the Bulletin Board section on the ACP website homepage.

What remains the same?

Criterion-based peer assessment

Feedback from stakeholders, and analysis of the process and the results,

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Updated additional prescribing authorization process introduced
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Key activities of pharmacist practice	
Form and maintain professional relationship with patient	The pharmacist identified the patient's expectations and goals of therapy. <i>Std. 2.1(b)</i>
	The pharmacist took reasonable steps to provide the patient (and/or patient's agent) with enough information to participate in the decision-making process or made it clear why this was not appropriate. <i>Std. 11.8(b)</i>
Patient assessment	The pharmacist gathered sufficient information about the patient to allow the pharmacist to work with the patient to optimize the patient's health and drug therapy. <i>Std. 3.4, 3.5</i>
	The pharmacist considered appropriate information to assess the patient's signs and symptoms. <i>Std. 4.2</i>
Develop care plan and follow-up	The actual and/or potential drug therapy problems were prioritized appropriately by the pharmacist. <i>Std. 5.1, 5.2</i>
	The pharmacist considered appropriate actions to respond to drug therapy problems. <i>Std. 5.1, 5.2</i>
	The pharmacist considered appropriate actions to address actual or potential drug therapy problems as identified. <i>Std. 14.8, 14.9</i>
	The pharmacist took appropriate steps to monitor. <i>Std. 14.8(a)</i>
Collaboration	The pharmacist's follow-up plan identified appropriate timeframes. <i>Std. 14.8(a)</i>
	The pharmacist's follow-up plan identified expected outcomes. <i>Std. 14.8(a)</i>
	The pharmacist's follow-up plan identified who will be responsible for the monitoring. <i>Std. 14.8, 14.9</i>
	The pharmacist's care plan identified who will be responsible for the monitoring. <i>Std. 14.8(b)</i>
Documentation	The pharmacist identified or has taken reasonable steps to identify other health professionals who are providing care to the patient. <i>Std. 14.8(a), 3.5(c), 1.4(c)</i>
	The pharmacist obtained diagnostic and other relevant health information from other health professionals with providing care to the patient. <i>Std. 14.8(a), 1.4(d)</i>
	The pharmacist communicated required information to the health professionals whose care of the patient may be affected by further recommendations/decisions. <i>Std. 1.4(c), 1.7(d), 1.9, 14.8(b), 14.10</i>
	The pharmacist appropriately involved other health professionals in the care of the patient. <i>Std. 5.3(e), 11.5(c), 14.5(b)</i>
Judgment	The pharmacist documented information provided by the patient and other reliable sources in the patient record. <i>Std. 18.2, Appendix A</i>
	The drug therapy problems (actual and/or potential) identified by the pharmacist were documented in the patient record. <i>Std. 18.2(b), Appendix A</i>
	The pharmacist documented the rationale for further recommendations/decisions in the patient record. <i>Std. 1.8(a), 11.11(a-b), Appendix A</i>
	The pharmacist's documentation in the patient record was adequate to facilitate ongoing care. <i>Std. 18.2, Appendix A</i>
	The pharmacist responded appropriately based on the results of the monitoring plan. <i>Std. 14.8</i>
	The pharmacist based recommendations/decisions on evidence and/or best practices. <i>Std. 6.1(b), 11.4(b)</i>

supported continued use of a criterion-based peer assessment of applications. The assessment is based on the framework of key activities, each of which is grounded in the standards of practice.

Requirement for three cases*

Applicants must submit cases as evidence of the care they have provided to three patients within the past two years. Assessors agree that this establishes a reliable framework by which to rate an applicant's readiness to initiate or manage ongoing drug therapy; psychometric evaluation of the process confirms validity and reliability; and pharmacists who have completed the process indicate that, although it is challenging, it has positive outcomes.

**A case is the package of information you compile as evidence of the care you provided to the patient. Each case must contain copies of your documentation in the patient record and supplemental information such as notes, correspondence, laboratory results etc. In the past the term "care plan" was used to denote this package of information but experience revealed that the term did not clearly convey the scope of information to be submitted. In actuality, the care plan is but one component of the case.*

The application fee

The application fee has not changed since 2008. The fee does not cover the full costs of assessing the application; however, council chose not to increase the fee so as to not deter pharmacists from applying. Council will continue to assess the fee annually.

What has changed?

Identification of areas of practice for prescribing and relevance of education eliminated

The practice areas, and education and training fields have been removed from the evaluation. These have been replaced by a section in the application form that asks you to describe your readiness to incorporate additional prescribing authorization into your practice. You will be asked to describe what you have done to achieve the knowledge and skills required when using this authorization, and how your practice environment and patient care processes have been arranged to support you in performing the key activities and indicators.

Requirement for two years of direct patient care experience reduced to one

Applicants must have a minimum of one year of direct patient care or equivalent before they can be granted additional prescribing authorization.

Requirement to submit letters of collaboration eliminated

Assessment of collaboration continues to be part of the assessment; however, letters from collaborators are no longer required. You will be asked to describe



the process you use to collaborate with other health professionals in the application form. In addition, collaboration has been added to the list of key activities for assessing each case.

Key activity indicators have been revised

The key activities and indicators have been reviewed and revised to provide a more valid, reliable and acceptable method of assessing cases. The revision was completed in consultation with a group of pharmacists via comparison to the *Standards of Practice for Pharmacists and Pharmacy Technicians* (2011). Each key activity and the indicators are referenced to the applicable standard(s).

Assessment process has been streamlined

Each application will now be assessed by two peer assessors trained in criterion-based assessment. In the past, three assessors reviewed each application. In the unlikely event that ratings of the two assessors vary widely, a third assessor will be asked to review the application. Assessor training on the new criteria will occur early in 2013.

When do the changes come into effect?

The revised application process is in effect now. Please use the new guide and forms to compile your application.

Will the old forms still be accepted?

ACP will continue to accept applications submitted as per the 2007 process until February 15, 2013. Pharmacists who are using the previous system may continue with the 2007 application form, but those who are in the initial phases of their application should use the new process. Please note the criterion and assessment rubrics for the two processes are independent of one another. **You may not mix and match the two processes.** For example, if you submit a 2007 application form, you must also submit two letters of collaboration as per the 2007 version of the guide.



Registrant survey highlights differences between pharmacists, technicians, and students

ACP surveys its key audiences – registrants, the public, or stakeholders – through a three-year cycle. This year, we emailed and phoned registrants to collect their views on the college, practice issues, and their hopes for the future.

You can view the full report on the ACP website on the News page. The report details findings for each question, breaks down responses by register, and, where possible, compares this year's results with those from 2009. For now, here's a snapshot of what we heard.

Participants

- 1,050 ACP registrants completed the survey (of 6,312 registrants in the ACP database).
- Of those who completed the survey:
 - 742 are pharmacists
 - 186 are pharmacy technicians
 - 122 are students/interns.

Based on the total population and sample size, the maximum margin of error for the total sample is $\pm 2.8\%$, 19 times out of 20.

Perceived role of the Alberta College of Pharmacists

Overall, responses reflected a fair understanding of the college's mandate. The top three top-of-mind responses when asked to describe the college's role were:

1. To regulate the practice of pharmacy,
2. To ensure competency and adherence to the rules, and
3. To protect the public.

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Registrant survey highlights

continued from page 3

ACP's mission statement puts the college's role this way:

The Alberta College of Pharmacists governs pharmacists, pharmacy technicians, and pharmacies in Alberta to support and protect the public's health and well-being. We take responsibility for pharmacy practice by setting and enforcing high standards of competence and ethical conduct.

Essentially, ACP is responsible for quality pharmacy practice in Alberta. We:

- develop and enforce pharmacy practice standards and guidelines;
- ensure that only qualified pharmacists and pharmacy technicians are licensed, all pharmacists and pharmacy technicians maintain their knowledge and skills at the highest level possible, and all pharmacies provide a practice environment that supports quality practice and patient safety;
- manage the complaints resolution process related to pharmacists,

pharmacy technicians and pharmacies;

- participate in local, provincial and national forums when health policy is debated; and
- promote patient-centered, collaborative health care that best uses the skills and knowledge of all health care professionals.

Perceptions of the Alberta College of Pharmacists

Registrants were asked to indicate their level of agreement with each of the statements below.

Generally speaking, pharmacy technicians have the lowest levels of agreement with statements about ACP, especially "understands the needs of its registrants" (36% agree), "I am happy with ACP" (36%), "ACP is realistic in its expectations" (45%), and "ACP treats people fairly and justly" (45%). These are also among the lowest-rated statements overall. Given that the relationship between ACP and technicians is very new, as are the

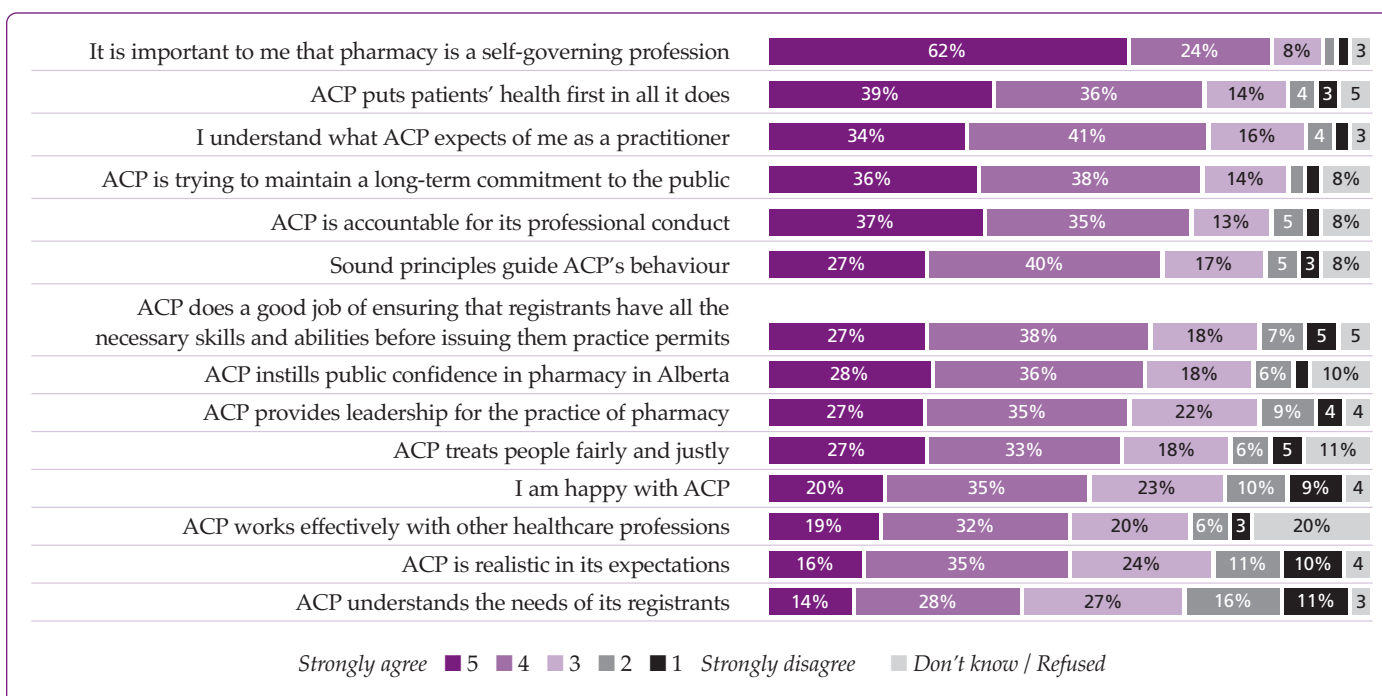
requirements for technician regulation, some technician uncertainty and dissatisfaction was expected.

Twenty-one percent of all registrants disagreed with the statement "ACP is realistic in its expectations." When asked what expectations are not realistic, 28% mentioned competency exams and reviews for pharmacists being unfair.

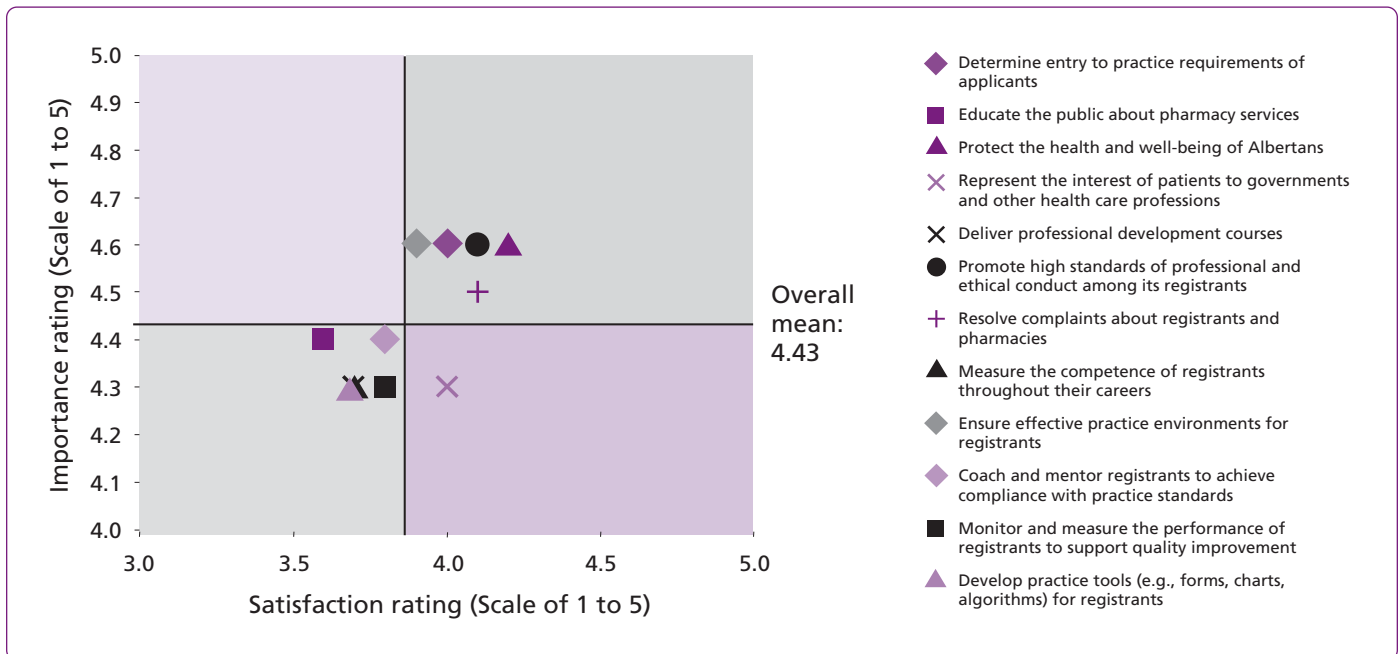
Importance versus satisfaction with various aspects of ACP's mandate

Overall, satisfaction ratings are very high (mean: 4.43/5) (see graph on page 5). Aspects with higher than average satisfaction and importance include: protecting the health and well-being of Albertans, promoting high standards of professional and ethical conduct among registrants, determining entry to practice requirements of applicants, ensuring effective practice environments for registrants, and resolving complaints about registrants and pharmacies.

Perceptions of the Alberta College of Pharmacists



Importance versus satisfaction



SWOT analysis

A brief review of the opportunities and threats facing pharmacy in Alberta found these results.

Key threats

- Availability of continuing education
- Blurry lines between pharmacist and technician roles (with change to technician scope)
- Loss of independents in favour of corporate/chain pharmacies
- Heavy workload/staff shortages
- Remuneration/salary concerns
- Concerns or difficulties in expanding scope of pharmacy roles

Key opportunities

- Expanding the scope of practice
- Ability to prescribe and order lab tests
- Specialization opportunities
- Ability to charge fees for consultation or counselling
- Focusing on patient counselling
- Continuing education

Registrant profiles

Finally, NRG Research Group, the group commissioned to conduct the study, analyzed all the data by sub-groups and put together the following snapshots of registrants.



Pharmacists

- Aware of ACP's legislated mandate with a good understanding of ACP's responsibilities to their registrants and to the public
- Likely to feel it is important that pharmacy is a self-governing profession and that ACP has the best interests of the public at its core
- Less likely than students/interns to be optimistic about their relationship with ACP, as seen in low agreement with statements such as "ACP is

realistic in its expectations" and "ACP understands the needs of its registrants"

- Likely to consider the elements of ACP's mandate to be important, and quite likely to be satisfied with ACP's performance in meeting these elements
- Concerned with threats to their practice such as busy workloads and prescription volumes
- Also concerned about an increasingly "corporatized" pharmacy industry being a major threat to the practice of pharmacy in Alberta
- Enthusiastic about the opportunities allowed by the expansion in scope of pharmacist roles which they see as allowing them to take more of a primary care role in their patients' lives
- Less certain about the expansion in the scope of technician roles, likely due to general confusion around the division between pharmacist and technician job descriptions

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Registrant survey highlights

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- In need of some reassurance and clarity regarding pharmacy roles going forward
- Open to receiving communications from ACP, particularly through familiar channels (such as email, **aφnews** and The Link newsletters, and the ACP website) but not very interested in engaging through meetings, reports, or social media channels
- Particularly interested in making the public more aware of what pharmacists can do and encouraging cooperation with other health care professionals
- Overall, mostly satisfied that ACP is meeting its mandate



Pharmacy technicians

- Still building a relationship with ACP – for some this has gotten off to a rocky start as seen in the low proportion who agree that they are happy with ACP
- Less aware than other registrants of ACP’s legislated mandate and with a still-developing understanding of ACP’s responsibilities to their registrants and to the public
- Less likely than other registrants to agree that it is important that pharmacy is a self-governing profession, as well as to agree that ACP is acting on the best interest of the public and based on sound principles
- Likely to consider the elements of ACP’s mandate as important, though less likely than other registrants to be

satisfied with ACP’s performance on these elements

- Generally perplexed and often upset about the call for pharmacy technicians to be certified and regulated, as indicated in open-ended comments as well as in email replies to the survey invitation insinuating that ACP was responsible for driving technicians out of jobs
- Looking for continuing education opportunities that are low-cost and attainable, and in particular, hoping to make the transition to certification simpler
- Interested in learning more and expanding their roles, though they are concerned about the lack of clarity surrounding the definition of pharmacist/technician job roles going forward
- Like pharmacists, in need of reassurance and clarity regarding the delineation of pharmacy roles going forward
- Somewhat unlikely to consider ACP communications to be important or satisfactory, and less interested in receiving communications from ACP
- Not as connected online as other registrants, whether generally or specifically with ACP
- Not particularly interested in engaging with ACP on key topics of interest
- Overall, only moderately satisfied that ACP is meeting its mandate



Students and interns

- Quite aware of ACP’s legislated mandate with a firm understanding of

ACP’s responsibilities to their registrants and to the public

- Likely to agree that it is important that pharmacy is a self-governing profession and to feel that ACP acts in the best interests of the public
- Very likely to consider the elements of ACP’s mandate to be important, as well as more likely than other registrants to be satisfied with ACP’s performance on these elements
- Enthusiastic about the new practice framework and the recent expansion in the scope of pharmacist roles (including an enhanced focus on patient care, prescribing authority, and injecting authority) with the expectation that these new roles will be solidified by the time they become licensed pharmacists
- Optimistic about the expansion in the scope of technician roles, more so than either pharmacists or pharmacy technicians, perhaps as a result of their unique perspective as relative newcomers without a frame of reference for “the way things are” historically
- Eager to receive communications from ACP on a number of topics of interest, through a variety of channels
- More likely than other registrants to be actively involved in non-traditional media such as social media, blogging, and podcasts
- Much more likely than other registrants to be interested in engaging with ACP, representing an important opportunity to recruit these registrants as ambassadors of ACP’s future directions to the public and other registrants
- Overall, quite satisfied that ACP is meeting its mandate

Bylaw amendments welcome newest professionals and keep ACP running smoothly

Following a consultation with registrants, ACP council approved four amendments to the bylaws. The amendments came into effect on January 1, 2013. What changed?

Pharmacy technicians may now be named as retired and honorary life members

The council wanted to ensure that the language in the bylaws explicitly allowed for pharmacy technicians to become retired members and honorary life members.

The position of *Vice President* will be replaced by that of *Executive Member at Large*

Many council members felt that the Vice President position inferred an

expectation to proceed to the position of President Elect, which is not the case. Further, council believes this title will be more inviting to public members and pharmacy technicians elected to council.

Council may now differentiate between types of fees and has fee change discretion for fees other than registration, annual permits and pharmacy license fees

The council wished to differentiate registration, annual permit, and pharmacy licensing fees from other fees established in Schedule A of the bylaws. Many of the other fees may be categorized as service-oriented and are of a nominal amount. In many cases, annual increments as determined by rate of inflation are minimal, and not always

feasible to recognize. Despite this, over a number of years, accrued increases may warrant an increase in the fee. Therefore, council maintained the current provisions for registration, annual permit, and pharmacy license fees but amended the bylaw to accommodate greater discretion by council to set other fees currently listed in Schedule A.

Minor edits were incorporated to keep the bylaws current and correct

Council adopted *Robert's Rules of Order Newly Revised, 11th ed.* as their rule reference, corrected one typo, and updated the references to the "Pharmacists Profession Regulation" to the "Pharmacists and Pharmacy Technicians Profession Regulation."



ACP business priorities set for 2013

Priority	Actions to reach goal	Aligns with which strategic objectives?*
<p>Enhance the Competence Program Model, the administration of assessment tools, and all supporting communications to reflect the philosophy, principles and amended rules for the program approved by council.</p>	<ul style="list-style-type: none"> ■ New terms of reference for Competence Committee approved ■ New philosophy and guiding principles approved ■ In-depth review of program and tools, involving ACP staff, Competence Committee, registrants and stakeholders 	<ul style="list-style-type: none"> ■ Competent and responsible practitioners ■ Credibility and trusting relationships
<p>Pursue the regulation of inducements and loyalty programs provided in return for professional goods and services, as determined by council.</p>	<ul style="list-style-type: none"> ■ Actions will depend on the scope of the prohibition and the preferred mechanism (i.e., contract, legislation, regulation, standard of practice, code of ethics amendment) ■ Educate the public about the roles of pharmacists and pharmacy technicians 	<ul style="list-style-type: none"> ■ Competent and responsible practitioners ■ Public and stakeholder awareness ■ Credibility and trusting relationships ■ Effective governance and strong leadership
<p>Increase ACP's engagement with registrants, the public and stakeholders through more channels for interaction.</p>	<ul style="list-style-type: none"> ■ Refer to registrant survey results for engagement and communication preferences ■ Upgrade ACP website to include blogs, reader comments, and a greater variety of video and audio files and test with registrants and the public ■ Introduce social media networking tools 	<ul style="list-style-type: none"> ■ Accessible care ■ Public and stakeholder awareness ■ Credibility and trusting relationships
<p>Develop a performance management matrix to support council, the registrar, and program directors make informed decisions necessary to carry out ACP's strategic plan.</p>	<ul style="list-style-type: none"> ■ Review of current indicators and measures completed ■ Develop logic models and assess performance measures for each college program ■ Develop an appropriate index for each key success factor and for an overall Corporate Performance Index ■ Develop a reporting system and cycle 	<ul style="list-style-type: none"> ■ Effective governance and strong leadership ■ Workplace of choice ■ Credibility and trusting relationships
<p>Complete an enterprise reporting needs analysis, explore the potential of an e-learning platform to support ACP's competence program, and begin analysis of our Association Management System (AMS) needs.</p>	<ul style="list-style-type: none"> ■ Engage contractors and relevant ACP program directors for discovery processes for reporting needs, e-learning systems, and AMS needs 	<ul style="list-style-type: none"> ■ Effective governance and strong leadership ■ Competent and responsible practitioners ■ Workplace of choice

* View ACP's strategic plan on the ACP website under *About ACP*.

First changes from Competence Program review implemented

At their meeting on Dec. 6, ACP council considered three enhancements to ACP's Competence Program:

1. Updated philosophy and guiding principles
2. New terms of reference for the competence committee
3. Changes to the program rules

The changes are the start of an in-depth review of the program that will take place over the next year.

You can view the new terms of reference for the committee on the ACP website under *About ACP > Council > Committees*. Keep reading to learn the details of the updated philosophy and program rules.

Updated philosophy and guiding principles

Council has reviewed and updated the philosophy for, and the principles that will guide, ACP's Competence

Program. Together with the requirements of the *Health Professions Act*, the philosophy and principles will guide council, the competence committee, and the Registrar in the continuing improvement and delivery of the program. Most significant to the philosophy is a culture of quality improvement. All clinical pharmacists will be required to participate in the program when selected by the competence committee; however, the emphasis will be on quality improvement.

Council has approved a penultimate version of the philosophy and principles. We look forward to your review and comment on this DRAFT version prior to February 8, 2013. Tell us whether the philosophy and guiding principles are clear and meaningful to you, and whether there are any principles that you feel might have been overlooked.

To provide feedback,
please visit:
www.surveymonkey.com/s/competence_program

DRAFT Philosophy

ACP fosters professional growth that inspires and empowers pharmacists and pharmacy technicians to continuously enhance their practices and support Albertans' safe health and well-being. With a shared vision of excellent pharmacy practice, ACP and its registrants work together to identify competence goals and milestones signifying success, and ensure that learning transfers into practice.

DRAFT Guiding principles

The ACP Competence Program is:

Flexible

The program is relevant and adaptable to different practice settings and learning preferences, and addresses the full spectrum of learning (knowledge, skills and judgment).

Engaging

The program inspires career-long learning, and sparks peer-to-peer interaction through opportunities to connect with mentors, thought leaders, and subject matter experts.

Forward-looking

The program integrates with other ACP programs to help registrants meet requirements for practice and to build confidence in advancing their practices; and to help the college maintain a comprehensive view of practice in Alberta so that it can act in a way that best supports excellent pharmacy practice.

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First changes from Competence Program review implemented

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Sustainable

Program elements are replicable, scalable, and cost-effective.

Responsible

The program meets all legislative requirements and provides reliable measures by which practitioners, the college, and Albertans can be assured that pharmacy professionals are competent to provide safe and effective care.

Changes to program rules

To reinforce the new philosophy and guiding principles, council approved several changes to the Competence Program rules. These changes bolster the program's ability to support pharmacists, regardless of their learning style, education need, or practice setting. They allow pharmacists to use work done for other college initiatives (e.g., additional prescribing applications) as a means to demonstrate their competence.

Here is what has changed:

1. Remove redundancy

Pharmacists who have received additional prescribing authorization (APA) will be exempt from selection for competence assessment for five years following the granting of the authorization.

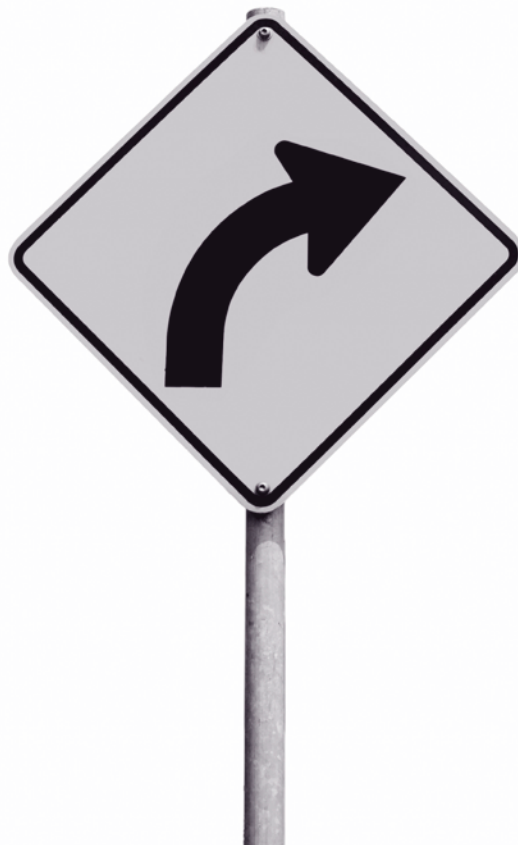
Both competence assessment and APA require the pharmacist to provide examples specific to their practice and to show implementation of either leanings or standards into their practice. For this reason, it was felt that the resources of the competence program would be better used to assess pharmacists who had not had examples of their practice assessed by peers within the past five years.

2. New alternatives

The competence committee now has alternatives to the OSCE evaluation, to work with registrants to improve their competence in situations where registrants have not effectively demonstrated their competence on two successive assessments.

To foster learning and help a pharmacist successfully demonstrate competence, the committee may now consider completion of a professional portfolio, with or without mentorship; mentorship; prescribed learning; the OSCE; or an on-site visit. The intent of the on-site visit in this case is not to conduct an assessment of the pharmacist's competence, but to gather information to assist the committee and/or the pharmacist to identify appropriate learning options.

A referral to the competence committee will be accompanied by a report from the competence director including an anonymous description of the pharmacist's performance on their first two assessment choices.



The pharmacist will be notified that their case is being referred to the committee and will be invited to make a written submission for the committee's consideration. Based on this information, the competence committee will consider options for each case with the goal of identifying the best solution to achieve success.

3. Requirement to participate

Pharmacists selected for competence assessment must advise the Competence Director within 60 days about which tool they prefer to demonstrate their competence. Selected pharmacists not providing notification within the 60 day period, or who do not apply for an exemption or extension within the 60 day period, will now be denied renewal of their practice permit and/or referred to the complaints director for refusing to comply with the rules of competence program.

Rather than waiting a full year as was the previous case, the college can now address pharmacists in a more timely manner, should they not provide the notification required by the program rules.

4. Continuity of requirements when returning to the clinical register

Pharmacists selected for competence assessment, who then move to an inactive status, and later reinstate on the clinical register, are now required to re-enter the competence program at the same place they were when they moved to an inactive status. (i.e., a pharmacist who had been given six months to complete a second competence assessment when they moved to an inactive status, will be provided six months to complete a second assessment upon being reinstated to the clinical register). This provides consistency for all pharmacists selected to participate in the program.

New national policies and recertification process for administration of injections now in place

ACP has harmonized its policies on authorization to administer drugs by injection with other provincial jurisdictions. The following four changes were approved by council at its Dec. 6, 2012 meeting:

1. ACP has adopted the national competencies for administering immunizations and injections. These include 14 competencies approved by the Public Health Agency of Canada for health professionals who administer immunizations, and a fifteenth competency agreed to by NAPRA that is specific to performing injections. These competencies are equivalent to those previously approved by ACP; however, adoption clearly demonstrates our commitment to the national model.
2. ACP will recognize CCCEP Stage 2 accredited injection and immunization training programs as acceptable training to receive authorization to administer drugs by injection in Alberta. This means that ACP will cease provincial accreditation of injection training programs and will rescind the ACP "Guidelines and Criteria for Injection and Immunization Continuing Education Programs for Alberta Pharmacists" when all programs currently accredited by ACP have transitioned to CCCEP Stage 2 accreditation.
3. ACP has adopted a new policy for reauthorizing pharmacists to administer drugs by injection that is consistent with the policy approved by the Council of Pharmacy Registrars of Canada (CPRC). Council's former policy, upon which a moratorium was placed a year ago, has been rescinded.



Effective at the time of annual permit renewal in 2014, pharmacists who have been authorized to administer drugs by injection will be required to:

- a. complete a professional declaration annually as part of their registration renewal indicating that they:
 - i. have taken action to maintain both their clinical and technical competencies required for administering injections, and
 - ii. have and will maintain valid CPR and First Aid certification.

Pharmacists who are unable to sign the professional declaration because they have not maintained the competence and proficiency or have not administered injections within the past three years must re-qualify for the authorization to administer drugs by injection by completing an accredited training program.

Pharmacists who have completed an accredited training program but have not received authorization to administer injections within one year after completion of the training program must repeat an accredited training program before being granted the authorization to administer drugs by injection.

(Note: This step was already in place in Alberta. Pharmacists who do not apply for authorization to administer injections within one year of completing an accredited training program must re-take the program before being granted the authorization.)

4. ACP will recognize pharmacists authorized to administer injections in other Canadian jurisdictions that have adopted:
 - a. CCCEP accreditation of training programs, and
 - b. the national policy on recertification agreed to by the CPRC.

Finding and fixing common pharmacy deficiencies

The background

ACP pharmacy practice consultants continue to help pharmacy teams correct deficiencies, improve work flow and enhance practice. Over the last six months, the consultants have identified the most common deficiencies in pharmacies across Alberta. We will review all of them in **apnews** and The Link over the coming months.

While we know that change isn't always easy or fast, we hope that with our support and educational tools such as Chat, Check, Chart, pharmacy teams will be able to make incremental changes to their practice and operations that are SMART (Specific, Measurable, Achievable, Relevant, and Timely).

The deficiency: Lack of a quality assurance process for compounded prescriptions

It is good practice to have a quality assurance process in your pharmacy that is formalized through written policies and procedures. Such a process helps ensure safe and consistent products and an appropriate audit trail.

For your compounding activities, this process should include the steps involved in the preparation, dispensing, monitoring, and evaluating of your products. Refer to Standard 10 for more information.

Indicators of good practice include specifying the following in your compounding policies and procedures.

Preparation

- Written procedures outlining the compounding and batch compounding process used within your pharmacy



- References for assigning beyond use dates
- Formulas/recipes used to produce your compounds
- Procedure for keeping the area where compounds are prepared clean and free from clutter
 - Do your staff properly wash hands/wear gloves when compounding to ensure good hygiene?
- Procedure for keeping a clear audit trail of the personnel involved in preparing the compound

Dispensing

- Process for documenting recipes used to prepare your compounds (this could be done on the actual compound hard copy or a reference to the location of the recipe used to prepare each compound)
- Process for verifying the ingredients used and properly documenting their quantities

Monitoring

Procedures for:

- Visual inspection of the final product to check for quality, colour, consistency, and texture to be as expected for that product
- Verifying that calculations, weighing, measuring, order of mixing, and compounding techniques are appropriately and accurately

performed and checked for each compound

- Identifying who (pharmacist, technician, assistant) is involved in each step of the process
- Ensuring chemicals used have valid expiry dates/lot numbers
- Ensuring your batch compounding log is legible and appropriately completed to provide an accurate audit trail of individuals involved as well as the ingredients used

Evaluating

- Compounding documentation and an audit trail of who was involved in the processes so that it is readily available to identify any discrepancies in the preparation and dispensing of the compound
 - Process for ensuring appropriate measures are taken upon identifying a discrepancy to correct the issue and that the measures are documented
- Regular calibration of your electronic scale and procedure for keeping a written log of your calibrations for audit purposes

ACP has recently updated the Policy and Procedures template under *Practice Resources >Forms >Pharmacies* on our website. Section 3.16.1 has an excellent example for you to incorporate into your pharmacy's compounding policy and procedure manual.

Mitigate risks in your practice

We know that you want to ensure quality practice and patient safety in your pharmacy practice. We're also sure you would prefer to prevent problems before they arise, rather than deal with them after the fact. Together with the Institute for Safe Medication Practices Canada (ISMP Canada), we are pleased to introduce the second module for *The Systems Approach to Quality Assurance: A Framework for Mitigating Risk*.

You can use this simple quality assurance approach, also known as Failure Mode and Effects Analysis (FMEA), in your pharmacy to identify risks and prevent "accidents waiting to happen" by:

- reducing the likelihood of and, where possible, eliminating failures before they occur;
- making failures visible before they reach a patient; and
- reducing the impact of a failure if it does reach a patient.

This system is a toolbox you can use to help you meet the requirements of the

Standards for the Operation of Licensed Pharmacies to have a quality assurance system in place. It is not an ACP requirement to use this system, but we believe this information will be of value to you regardless of whether or not you already have a system in place.

Involve the team

You will quickly discover that the "systems approach" is also a "team approach." We therefore encourage you to discuss prevention strategies with all members of your pharmacy team. After all, they will be the "change agents" who will help you successfully implement strategies to prevent incidents. Your ACP Pharmacy Practice Consultant will be visiting your pharmacy to help your team implement the systems approach and to review the actions that you have taken to mitigate risks and prevent errors from occurring.

Getting Started

A typical review includes eight simple steps. These are summarized in

Appendix 1 of the framework. Here are the first two to help you get going.

Step 1 – Select a high-risk process and form a team

Define and narrow your topic.

Select team members:

- Choose representatives from all appropriate disciplines
- Include front-line staff who understand the work
- Determine team member roles and responsibilities (team leader, recorder, etc.)
- Identify any external consultants that may be required

Step 2 – Diagram the process and sub-processes

For the selected topic, diagram the typical steps in the high level process (how the work is usually done)

- Number the process steps (approximately five to seven steps)

continued on page 14



Step 2: Diagram the process

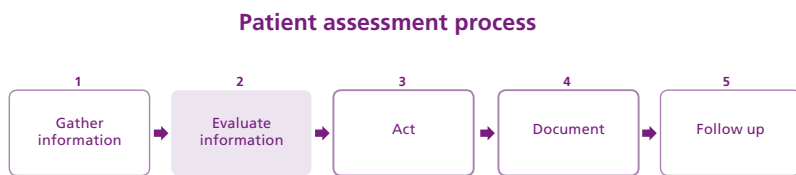


Figure A: High level process components for *Patient assessment process*

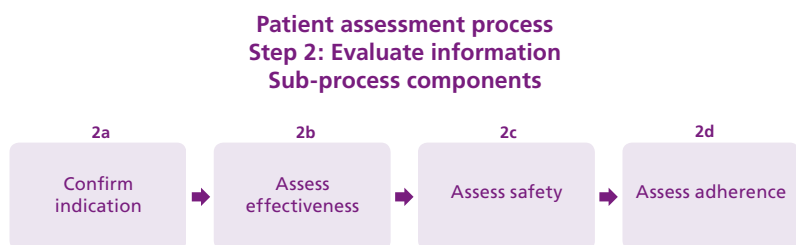


Figure B: Sub-process components for Step 2: *Evaluate information*

Mitigate risks in your practice

continued from page 13

- Select one portion of the process at a time and diagram the sub-processes
- Number the sub-process steps

Tip:

- Begin by using sticky notes for the process and sub-processes
- Consider a *cognitive walkthrough* to identify key process components and support discussion of potential failure modes

Now you are ready to proceed with identifying ways in which these processes might fail. Stay tuned for more information on the next steps to mitigate risks in your practice or go to *Practice Resources* on the ACP website and see how this story ends!

A narrated PowerPoint presentation on FMEA will be available on the website in the near future.

When you review the *Systems Approach to Quality Assurance* resources, earn

continuing education units by documenting these learning activities using the Non-Accredited Learning Record template under *Continuing Competence/RxCEL learning portfolio*.

For more information, please contact your pharmacy practice consultants or pharmacy practice administrator, Jen Shuman at jennifer.shuman@pharmacists.ab.ca.

A cognitive walkthrough...

involves physically walking through the process or task of interest, examining the mental activities required at each step and the challenges experienced. It is one of many tools employed by human factors engineers to gain an in-depth understanding of a process or task from the perspective of the primary end-user (e.g., front-line practitioner).¹

1 Institute for Safe Medication Practices Canada. "Include Cognitive Walkthrough in Proactive Risk Assessments." *ISMP Canada Safety Bulletin*. 2009. Web. 23 Jan. 2012. www.ismp-canada.org/download/safetyBulletins/2012/ISMPCSB2012-01-Cognitive_Walkthrough.pdf



In memory...

Maureen Bain died on Dec. 5, 2012 at the age of 68. Maureen received her pharmacy degree from the U of A in 1965. She was a member of the Bain family of pharmacists of Castor.

Janice Cline died on Nov. 28, 2012 at the age of 55. After graduating with a BScPharm from the U of A in 1979, Jan established and spent her career at Village IDA Pharmacy in Edmonton. Z

Michael Holyk died on Dec. 5, 2012 at the age of 76. Michael was granted a degree in Pharmaceutical Sciences in 1959. His community pharmacy practice began in Camrose. He managed a Co-op Pharmacy in Edmonton and then opened Holyk Drugs in Westlock in 1963. In 1981, Michael purchased Kerrisdale Pharmacy in Vancouver and relocated. In 2001, Michael and his son Colin (also a pharmacist) acquired Hollyburn Pharmacy in West Vancouver.

Jerry Malicky died on Oct. 18, 2012 at the age of 68. Jerry received his BScPharm from the U of A in 1972 and went on to earn a PhD in medicinal chemistry. He became an expert on the effects of alcohol on the human body and often served as an expert witness.



New prescribing authority for podiatrists

On Nov. 21, federal regulations permitting podiatrists to prescribe controlled drugs and substances were put in place. Podiatrists have not yet been added to Alberta's TPP program, so for the time being they cannot prescribe any drugs on the TPP list. However, now within the practice of podiatry they can prescribe all Schedule 1 and 2 drugs, narcotics and controlled substances except those on the TPP list and anabolic steroids.

What about nurse practitioners and midwives?

The New Classes of Practitioners Regulations (NCPR) under the

Controlled Drugs and Substances Act was proclaimed on Nov. 21. These regulatory changes included nurse practitioners and midwives. However, **NPs and midwives are not yet authorized to prescribe narcotics and controlled substances** in Alberta.

Provincial regulations are not yet in place for midwives and the College and Association of Registered Nurses of Alberta (CARNA) is developing requirements that will allow individual practitioners to demonstrate that they possess the knowledge, skill, and ability to assume this expanded scope of practice. This work is expected to begin early in 2013.

Where can you verify prescribers? Look to the prescriber lists on the ACP website. Prescribers in Alberta include:

- Dental hygienists
- Dentists (prescriber list not available via ACP – contact their college)
- Dieticians
- Midwives
- Nurse Practitioners
- Optometrists
- Pharmacists
- Physicians and Surgeons
- Podiatrists
- Veterinarians



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To order your copies, email nicole.reynolds@pharmacists.ab.ca. ACP will cover the costs of the materials and shipping. First come, first served while quantities last.



Another opioid prescription – what do you do?

There are a lot of misconceptions about opioids and stigmas associated with addiction. Opioids can be very effective in managing chronic non-cancer pain when taken correctly and prescribed appropriately. But how many of these prescriptions are properly assessed for their appropriateness? As the pharmacist, do you know ways to ensure that the prescription is indicated, effective, and safe for your patient? Do you know the communication tools to find out if your patient is taking the prescription as prescribed? What do you do if you suspect a substance abuse issue?

As a pharmacist, what can you do to properly manage your patients taking opioids?

The Alberta College of Pharmacists will be hosting a symposium that focuses on addiction and its relevance to pharmacy practice. In this symposium, you will:

- understand the prevalence and consequences of addiction;
- understand the role of pharmacists within Alberta’s Addiction and Mental Health Strategy; and
- develop strategies and a tool kit to help:
 - manage patients on opioids for chronic non-cancer pain,
 - identify and manage the misuse and abuse of drugs, and
 - manage patients being treated for addiction.



Mark your calendars and save the date – the symposium will be held in Edmonton on June 15, 2013. Registration will open in February and space will be limited to accommodate small group work and case studies. Stay tuned for more information.



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.