acpnews

May / June 2013

IN THIS ISSUE...

Notes from Council

2 ■ New councillor elected
■ Restrictions on dispensing DHEA
3 ■ Annual report highlights
■ Council meeting highlights
4 ■ Not reading *The Link*?
5 ■ ACP Symposium and AGM

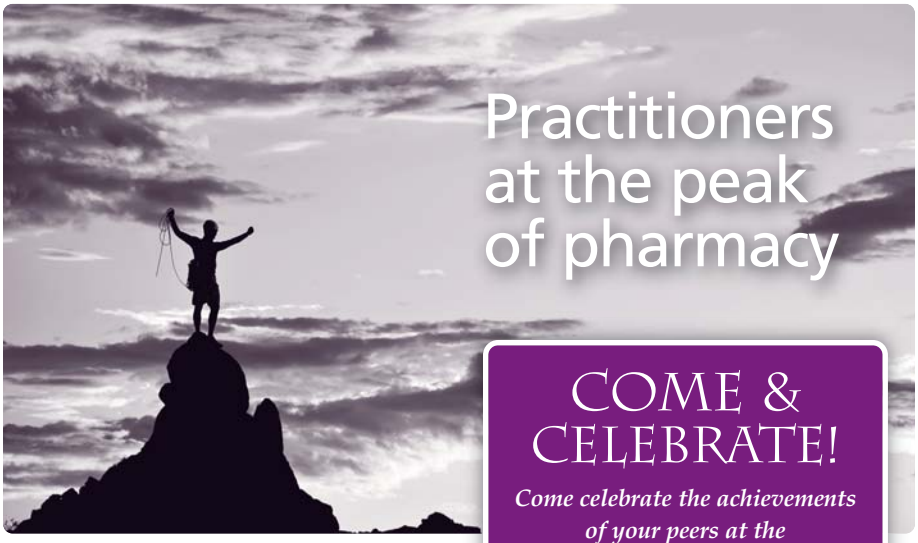
Quality Pharmacy Practice

6 ■ Finding and fixing common pharmacy deficiencies
■ New methadone guidelines
7 ■ Mitigating risks in your pharmacy: Part 3
9 ■ Prescription adaption tools
10 ■ New approval process for natural health products
11 ■ Free patient resources
■ Help your patients as you help yourself and your pharmacy

16 ■ It's renewal time for pharmacists and pharmacies

Alberta College of Pharmacists

Healthy Albertans through excellence in pharmacy practice



COME & CELEBRATE!

Come celebrate the achievements of your peers at the APEX Awards Ceremony on June 15, 4:30 p.m., Crowne Plaza Chateau Lacombe, Edmonton.

The APEX Awards recognize excellence in pharmacy practice in Alberta. The awards are jointly presented by RxA and ACP.

Join us in congratulating this year's recipients.

M.J. Huston Pharmacist of Distinction

Jody Keller, *Pharmacist/Owner, Carstairs Family Pharmasave and Didsbury Pharmasave*

W.L. Boddy Pharmacy Team Award

Shoppers Drug Mart Millrise Centre, *Calgary – Valerie Kalyn, Manager*

Partners in Practice

Pain & Palliative Care Clinic, *Tom Baker Cancer Centre, Calgary, Team: Dean England, pharmacist; Christopher Ralph, pharmacist; Renee Lee, nurse; Dr. Neil Hagen, Senior Palliative Care Consultant; Dr. Srini Chary, Senior Palliative Care Consultant*

Pfizer Consumer Healthcare Bowl of Hygeia

Abdul Kanji, *Pharmacist/Owner, The Corner Drug Store, Calgary*

Friend of Pharmacy

Meagen Rosenthal, *Sociologist, PhD student, and project coordinator, EPICORE Centre, Edmonton*

Future of Pharmacy

Travis Featherstone, *Pharmacist, Pharmacare Specialty Pharmacy, Edmonton*

Hugo Leung, *Pharmacist, College Plaza Medicine Shoppe, Edmonton*

Ryan Stempfle, *Pharmacist, Pharmacare Specialty Pharmacy, Edmonton*

Look for full profiles of all recipients in upcoming editions of acpnews and *The Link*.

acφnews

acφnews is published six times per year by the Alberta College of Pharmacists. Send submissions for publication to karen.mills@pharmacists.ab.ca

The deadline for submissions for the July/August 2013 issue is June 6.

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Alberta College of Pharmacists

New councillor elected

Taciana Pereira has been elected to council from District 3 (Edmonton) for a three-year term commencing July 1, 2013. Of 1356 eligible voters, 280 cast ballots (21%).

Taciana graduated from the U of A and has practised in both community and hospital settings. She has a practice interest in mental health and working with vulnerable populations. Pharmacists' use of technology to support decision making is also of interest to her. Taciana is currently the Program Performance Manager, Pharmacy Services for Alberta Health Services.

When seeking election, Taciana identified three goals if elected:

1. Leading pharmacy practice - Encourage and support continued expanded scope of practice. This includes identifying the barriers to additional prescribing. Practising at full scope for both pharmacy technicians and pharmacists is vital in ensuring increased direct patient care in all models of practice.
2. Introducing innovative practice models, leveraging technology to support pharmacists and enabling access to patients in novel ways. Pharmacists are valuable to the health care system and play an integral role in ensuring the sustainability of our limited health care resources.
3. Ensuring that the views of registrants are presented to council, and sharing and discussing council decisions and their impacts with registrants.

ACP extends its appreciation to all candidates who sought election. The seven nominees represent the largest pool of candidates to have ever sought election in a single ACP council district. This level of interest reflects the importance of ACP's leadership in providing stewardship and direction for the profession during a period of substantial change in the health system and pharmacy practice.

Restrictions on dispensing DHEA

The college has had several questions recently about dispensing DHEA. Dehydroepiandrosterone, also known as androstenolone or prasterone, as well as 3β-hydroxyandrost-5-en-17-one or 5-androsten-3β-ol-17-one, is an endogenous steroid hormone.

DHEA is a Schedule 1 (prescription only) drug. (It is found under *prasterone* on the National Drug Schedule). It is also a controlled substance.

Therefore, prescriptions may be written or verbal, but may only be refilled if the prescriber has authorized the number of times and the dates for, or intervals between, refills. Transfers are not permitted. See *ACP Prescription Regulations 2012* for additional information.

Since this drug is a controlled substance, **pharmacists may not prescribe DHEA** (either as an initial prescription or by adapting a prescription).

2012-13 annual report highlights

This year's annual report focuses on professionalism, reflecting on the importance of ethical conduct when serving patients, society, and our professions. During this period of extensive change in our health system and our professional roles, we will all be presented with threats and opportunities. Demonstrating professionalism in all we do will pave our path to a successful future.

The 2012-2013 annual report details how ACP listened and responded to registrants to better prepare and support them to take on new roles. It reflects notable changes in the demographics of our registrants, where they work, and what they are doing.

It talks about how pharmacists and pharmacy technicians are providing new services, resulting in better access for patients. It observes practice improvements resulting from mentoring provided by ACP's practice consultants.

We encourage you to follow the story, and to celebrate the successes of pharmacists, pharmacy technicians, and the college. This is a single chapter of our journey that provides a good foundation for all of us to continue building upon.

You can view the report under *About ACP>Annual reports* on the ACP website.

Council meeting highlights

At their meeting on April 4, ACP council business included:

Leadership and governance

Election of officers

Council elected its slate of officers for the 2013-14 council term, to commence July 1, 2013. The 2013-14 Executive Committee will include:

- Kelly Olstad (District 4)
  President
- Brad Willsey (District 1)
  President Elect
- Kaye Moran (District 3)
  Past President
- Clayton Braun (District 2)
  Member at large

Measuring performance

One of council's priorities for 2013 is to develop a performance matrix that will identify trends for evidence-based decisions, improved program management, and accountability as council members work to achieve ACP's strategic objectives and vision.

The matrix will be based on ACP's three critical success factors: quality care, effective organization, and public and stakeholder confidence. A fourth dimension will address pharmacy practice in relation to provincial health trends.

Council reviewed five indicators proposed to monitor and trend governance as a subset of those used to monitor the organizational effectiveness of ACP. The five indicators track:

1. The identification and nurturing of strong leaders,
2. Investment in leadership and governance,
3. Compliance with governance policies,
4. Assessment of leadership of individual council members, and
5. The effectiveness and productivity of council as a whole.

Long-term planning

Council began exploring provincial, national, and global trends as a precursor to identifying mid- and long-term priorities.

In fulfilling its leadership role, council has fiduciary, strategic, and generative responsibilities. Fiduciary responsibilities are those that focus on accountability. Strategic responsibilities focus on three- to five-year goals. Generative responsibilities focus on long-term goals. History tells us that, often, achievement of goals takes time. Therefore, identifying environmental influences and emerging trends is important to planning for long-term success.

While we are all concerned about the impact and threats associated with the most recent provincial budget, the government's 2013-16 strategic plan commits to "expand Albertans' access to pharmacists as front-line health care professionals for medication, chronic disease assessment and management support to improve health outcomes and sustainability in the health care system." Council must determine what considerations lie within ACP's mandate and control that are important to preparing and supporting pharmacists and pharmacy technicians to successfully address this and other opportunities.

Professional practice

Monitoring and improving prescribing and dispensing decisions

ACP is partnering with the College of Physicians & Surgeons of Alberta (CPSA), through the Triplicate Prescription Program (TPP), to improve opiate prescribing and dispensing decisions. Prescribing and dispensing trends can now be mapped provincially. Indicators of inappropriate therapy have been defined. Where indicators identify potential concern about patient care, correspondence will be sent to the

continued on page 4

Council Meeting Highlights
continued from page 3

involved physicians and pharmacists through the TPP to create awareness about the prescribing/dispensing trend, and to create awareness of best practices as defined by the *Canadian Guideline for Safe and Effective Use of Opioids*. By creating awareness, we hope to encourage changes in practice. We will continue monitoring to see if prescribing/dispensing trends change and if further intervention is required.

Employer and pharmacist expectations in community practice

Council received a report that explored differences in professional practice expectations of employers of pharmacists and pharmacist employees in community pharmacy practice environments. Jeff Whissell conducted the research for ACP as part of his MBA studies. His observations are based on interviews conducted with 15 pharmacy employers (owners or representatives of owners) and 15 pharmacist employees associated with a diverse spectrum of ownership and practice settings. While the sample is small, it has provided the following preliminary insights:

- Pharmacists and employers share an expectation that it is the pharmacist who is accountable for their practice.
- Pharmacists expect employers to provide a work environment that helps them to be accountable. Employers expect pharmacists to take greater accountability in expanding their own practices.
- Pharmacists expect supports, such as education and policies, to assist in their professional role and to be empowered to identify supports. Employers felt that professional supports should be used to meet organizational goals.
- Pharmacists and employers feel pressured to deliver new pharmacy services, but disagree on the importance of service quantity over service quality.
  - Economics drives employer pressure, which is then passed on to pharmacists.
  - The demand for services by employers causes pharmacists to feel conflicted to deliver a high volume of services rather than high quality services.

The report concludes with nine recommendations that ACP will consider as part of its planning deliberations.

Inducements

Council received further privileged information to support its deliberations about inducements. ACP released a background document to registrants on April 18, and engaged with registrants to discuss it through two webinars. The document reflects council's considerations to date. The background document generally addresses a prohibition on inducements, and council continues to study this matter. A preferred means and date for a prohibition has not been determined.

Not reading *The Link*? You're missing out.

The Link is emailed every second Tuesday to the address you provide in your registrant profile. Read it to keep up on best practices, college programs and resources, and notices of practice requirements, policies and deadlines that may affect you.

Here are some of the stories you may have missed in the last few months:

- Restrictions on dispensing DHEA (Mar. 19)
- Warning about Pradaxa® must be dispensed in original packaging (Mar. 19)
- Precautions if you stock rubbing alcohol compound or isopropyl alcohol in your pharmacy (Mar. 19)
- Prescribing of rotavirus vaccine for parents to administer – An unsafe practice (Apr. 2)
- When is an electronic signature acceptable? (Feb. 19)
- What is the limit on how many doses or days of therapy pharmacists can provide when adapting a prescription? (Feb. 19)

All editions of *The Link* are archived on the ACP website. Click on *The Link* icon on the left of the homepage to view the index.

ACP Symposium and Annual General Meeting

Saturday, June 15 / Crowne Plaza Chateau Lacombe / Edmonton

ADDICTION SYMPOSIUM: Tips and tools for pharmacists managing drugs of abuse

Registration and continental breakfast: 7:00 to 8:00 a.m.

Symposium: 8:00 a.m. to 4:30 p.m.

There are a lot of misconceptions about opioids and stigmas associated with addiction. Opioids can be effective in managing chronic non-cancer pain when taken correctly and prescribed appropriately.

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?

The Alberta College of Pharmacists is pleased to present a one-day 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
- 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
  - Manage patients being treated for opioid dependence
- Learn first-hand from your peers and other clinical experts how to effectively manage your patients taking medications with high abuse potential.

The information presented is applicable to pharmacists practising in all settings (e.g., community, hospital, PCN).

This event offers 5.5 hours of relevant, immediately applicable continuing education.*

* CCCEP accreditation pending

ACP Annual General Meeting

12:20 to 1:45 p.m.

The resolutions committee has accepted one resolution to be presented at the AGM, resolving that:

Whereas one of the main principles of a pharmacists' code of ethics is to act as stewards of their profession,

Whereas the code of ethics state that nurturing the profession is integral,

Let it be resolved that the ACP move to make participation and membership in one professional association (CSHP, RxA, CPhA, etc.) mandatory for licensure.

As space is limited, **anyone not registering for the symposium should register in advance to attend the annual general meeting.** Use the symposium registration link on the ACP homepage to connect to the online registration form.

Pharmacists and pharmacy technicians registered for the symposium will automatically be registered to attend the annual general meeting.

APEX AWARDS
Alberta Pharmacy Excellence

Cocktail reception: 4:30 p.m.
Awards ceremony: 5:00 to 6:00 p.m.

Whether you attended the symposium or not, be sure to attend this fun and stirring celebration! The APEX Awards recognize excellence in pharmacy practice in Alberta. The ceremony is a wonderful opportunity to recognize the innovative ideas and new best practices are being applied in our communities.

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 have been reviewing them with you in αφnews and *The Link*.

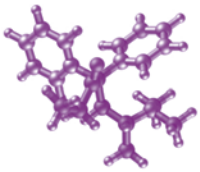
While we know that change isn't always easy or fast, we hope that with our support and educational tools, pharmacy teams will make incremental changes to their practice and operations that are SMART (Specific, Measurable, Achievable, Relevant, and Timely).

The deficiency: No quarterly review of medication incidents

The pharmacy licensee must review, at least quarterly,[1] the pharmacy drug error reports to evaluate whether practice changes are required to prevent future drug errors, and whether any previous changes were effective. The results of this quarterly review must be communicated to all the employees in the prescription department to help reduce the risk of a drug error.

ACP has produced *The Systems Approach to Quality Assurance for Community Pharmacies* (available on the website under *Practice Resources*) to help pharmacy teams research and understand the root causes of drug errors. This approach can also help you make system changes in your pharmacy to prevent future drug errors.

An electronic Quarterly Review Report form is available on the website under Practice Resources to help you formalize your review process and document any significant findings and additional measures taken to prevent future recurrence as required by Standard 6.6. There is also a three-part video series on the website to help you understand the Quality Assurance process and take you beyond drug incidents so you can see the utility of Systems Analysis in other areas, including workflow and burglary prevention.



New methadone guidelines

ACP is pleased to introduce the *Medication-Assisted Treatment for Opioid Dependence: Guidelines for Pharmacists and Pharmacy Technicians*. This document replaces the 2007 *Methadone Treatment in Alberta – Guidelines for Dispensing Pharmacists*.

You can find the guidelines on the ACP website under P*ractice Resources>Practice guidelines and references*.

If your pharmacy provides methadone or buprenorphine-naloxone, you should become familiar with these guidelines and best practices to ensure quality care and patient safety.

The guidelines now include:

- Information on the dispensing of buprenorphine-naloxone,
- List of opioid withdrawal symptoms,
- Sample two-way and three-way agreements,
- Record templates,
- Carry agreement,
- Patient information sheet,
- Easy to follow summaries of practice standards and responsibilities, and
- A flow chart on methadone dispensing that you can post in your pharmacy.

Please review the guidelines and the new practice tools to enhance your pharmacy practice.

If you have any questions, please contact your pharmacy practice consultant at professionalpractice@pharmacists.ab.ca.

Is your pharmacy already providing methadone treatment for opioid dependence? If so, please let ACP know so that we can keep our listing up to date. You can either indicate this on your pharmacy licence renewal application, or email pharmacyinfo@pharmacists.ab.ca. The list is never made public; we only use it for physician referrals.

1 Standard 6.6, *Standards for the Operation of Licensed Pharmacies*

Mitigating risks in your pharmacy: Part 3

The *Systems Approach to Quality Assurance: A Framework for Mitigating Risk* is a simple quality assurance approach. It is also known as Failure Mode and Effects Analysis (FMEA), and can help you to identify risks in your pharmacy and prevent "accidents waiting to happen".

Last issue, we discussed Steps 3 and 4 of FMEA – brainstorming potential failure modes, and identifying the effects and causes of potential failure modes. Now you are ready for Steps 5 and 6.

FMEA Step 5: Prioritize the potential failure modes

- Evaluate failure modes for severity, detectability and frequency
  - Severity represents the seriousness of the effect to the patient or the healthcare system if the failure should occur. The team should base this score on a reasonable worst-case scenario. (Figure 1)
  - Frequency is the likelihood or the number of times that a failure mode is likely to occur. (Figure 2)
  - Detectability is the likelihood of detecting the failure or the effect of a failure before it occurs. (Figure 3)
- Determine the criticality score for the failure modes.
  - Severity x frequency x detectability = criticality score (maximum 100)
- Assign priority to failure modes with a severity score of 5 and those with the highest criticality scores (aim to address the top 60% to 75%).

continued

Figure 1

Severity	Score	Description
No effect	1	Failure is not noticeable and does not affect the patient or process
Slight effect	2	Failure causes minor effects or is a nuisance to the patient or process, without injury or increase in level of care required
Moderate effect	3	Failure causes some performance loss and may increase the level of care provided to the patient (e.g., requiring hospitalization or increasing the length of hospital stay)
Major effect	4	Failure causes a high degree of performance loss, with permanent impact on the patient, resulting in reduced function; surgical intervention may be necessary
Severe or catastrophic effect	5	Failure causes death or major, permanent loss of function

Figure 2

Frequency	Score
Yearly	1
Monthly	2
Weekly	3
Daily	4
Hourly	5

Figure 3

Detectability	Score
Always	1
Likely	2
Unlikely	3
Never	4

Figure 4

FMEA subject: Patient assessment process									**Process:** #2: Evaluate information
Sub-process component: 2a – Confirm indication									
Failure mode number	**Potential failure modes**	**Effect(s) of failure**	**Cause(s) of failure**	**Severity (1-5)**	**Frequency (1-5)**	**Detectability (1-4)**	**Criticality score**	**Proceed? Yes or no**	**Actions to reduce risk and time frame**
2a1	Goals of treatment not discussed with patient; indication not obtained	Unable to assess effectiveness; patient receives incorrect dose for indication	Non-standard approach to patient interviews; expectation that patient understands treatment goals	4	3	3	36	Yes	Develop a checklist to facilitate standardized patient interview process (1-3 months)

Figure 5

FMEA subject: Patient assessment process		**Process: #2:** Evaluate information		**Sub-process step:** n/a	
Failure mode number	**Recommended action**	**Strength of action**	**Timeframe for implementation**	**Individual(s) responsible**	**Measurement plan**
2a1 2b1 2c1 2d1	Develop a checklist to facilitate a standardized patient interview process	Medium (Reminders/ checklists/double checks)	1-3 months	Senior pharmacist and delegated pharmacist	Checklist in place and available for use Periodic audits of checklist documentation by licensee
2b2	Work collaboratively with local prescribers to develop titration protocols for commonly used medications, including criteria for patients to return to prescriber	Medium (Simplification/ standardization)	6-12 months	Licensee and delegated pharmacist	Protocols in place Survey of collaborating prescribers to assess satisfactions with new process
2c1	Provide written information about possible side effects and indications of toxicity to support dialogue with patients at time of initial prescription and review this information when prescriptions are refilled • Develop standardized process for pharmacy technician to print information when entering prescriptions into computer system	Low (Education/ information)	1 month	Senior pharmacist and senior pharmacy technician	Periodic audits by licensee to ensure drug information sheets are routinely printed and provided to patients
2c2	Work with pharmacy information system vendor to implement automated dose range checking (if not already in place)	High (Automation/ computerization)	9-12 months	Licensee and delegated pharmacist	Routine testing process for new medications to ensure dose range checking is generating appropriate alerts
2c2	Work with pharmacy information system vendor to flag vulnerable populations for additional checks	High (Automation/ computerization)	9-12 months	Licensee and delegated pharmacist	Periodic audits by delegated pharmacist to ensure system is working as expected
2c2	In the absence of automated systems, educate pharmacy staff about patient groups/drugs that require additional review	Low (Education/ information)	1-3 months	Delegated pharmacist	Education session(s) completed and information available for reference in an easily accessible location
2d1 2d2	Routinely review the prescription history prior to dialogue with the patient	Medium (Simplification/ standardization, reminders/double checks)	1 month	Senior pharmacy technician	Periodic audits by senior pharmacy technician to ensure history is routinely reviewed

TIPS:

- Use the expertise of team members
- Use a "reasonable worst case" scenario
- Use the higher rating if the team cannot reach a consensus

(See Figure 4)

Standard 6.7[2] states that a licensee must make changes or take preventative measures promptly in response to a drug error if the protection of the public requires it. Regardless of whether or not an incident has occurred, if the pharmacy team identifies a potential risk, the licensee must take preventive actions as appropriate to prevent incidents.

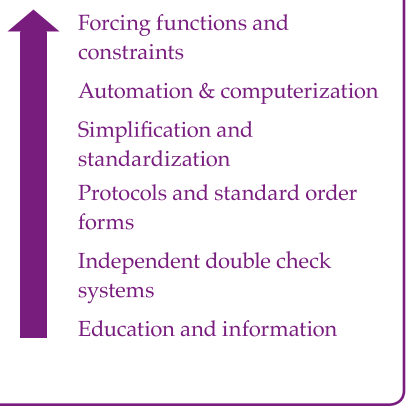
In redesigning process, use higher leverage strategies whenever possible. These strategies include forcing functions and constraints, automation, standardization and simplification.

FMEA Step 6: Redesign the process

- Identify actions for change for the failures and causes the team identified as the highest priority.
- Specifically address potential vulnerabilities with objective and measurable actions that encourage system-level changes.

(See Figure 5)

Figure 6



2 *Standards for the Operation of Licensed Pharmacies*

TIPS:

- Improve safety based on mitigating harm (decreasing severity), reducing or eliminating failures that cause error (decreasing frequency) and making the failure or error visible (increasing detectability).
- Consider human factors engineering principles and the hierarchy of effectiveness (see page 4 of the manual for ideas). (Figure 6)
- Offer a long-term solution to the problem.
- Make sure your solutions are SMART: Specific, Measurable, Attainable, Realistic, and Timely.

When discussing potential actions, encourage the team to consider innovative ideas; just because things have always been done a particular way doesn't mean that is the only way to accomplish the work. When planning actions, consider the timeframe for implementation. Timing will depend on a number of factors including ease of implementation and urgency based on the level of risk identified. The team leader should appropriately delegate responsibility for implementation.

All the *Systems Approach to Quality Assurance* resources are on the ACP website under Practice Resources. When you review them, earn continuing education units by documenting these learning activities using the Non-Accredited Learning record template (found under *Continuing Competence > RxCEL learning portfolio*).

For more information, please contact your pharmacy practice consultant or professionalpractice@pharmacists.ab.ca.

Prescription adaptation tools

The Practice Resources page of the ACP website has the following tools to help make adapting a prescription easy and effective:

- Chat, Check and Chart tool card
- Chat, Check and Chart worksheet
- Prescribing algorithm – adapting a prescription
- Prescription adaptation guide
- Prescription adaptation notification form
- Prescription regulations
- Patient brochure (free copies available from ACP. See page 11 for details.)

And don't forget to check that you are practising consistent with the *Standards of Practice for Pharmacists and Pharmacy Technicians* (particularly Standards 3, 4, 11, 12, and Appendix).

New approval process for natural health products

As of Feb. 4, the Natural Health Products (Unprocessed Product Licence Applications) Regulations were repealed. Now, only products that have received a market authorization or product licence from Health Canada are approved for sale in Canada. Authorized products in Canada will bear a Drug Identification Number (DIN), a Natural Product Number (NPN) or a Homeopathic Medicine Number (DIN-HM).

What about products with an Exemption Number (EN)?

The Natural Health Products (Unprocessed Product Licence Applications) Regulations (NHP-UPLAR) were put into effect two-and-a-half years ago to address unprocessed natural health product applications.

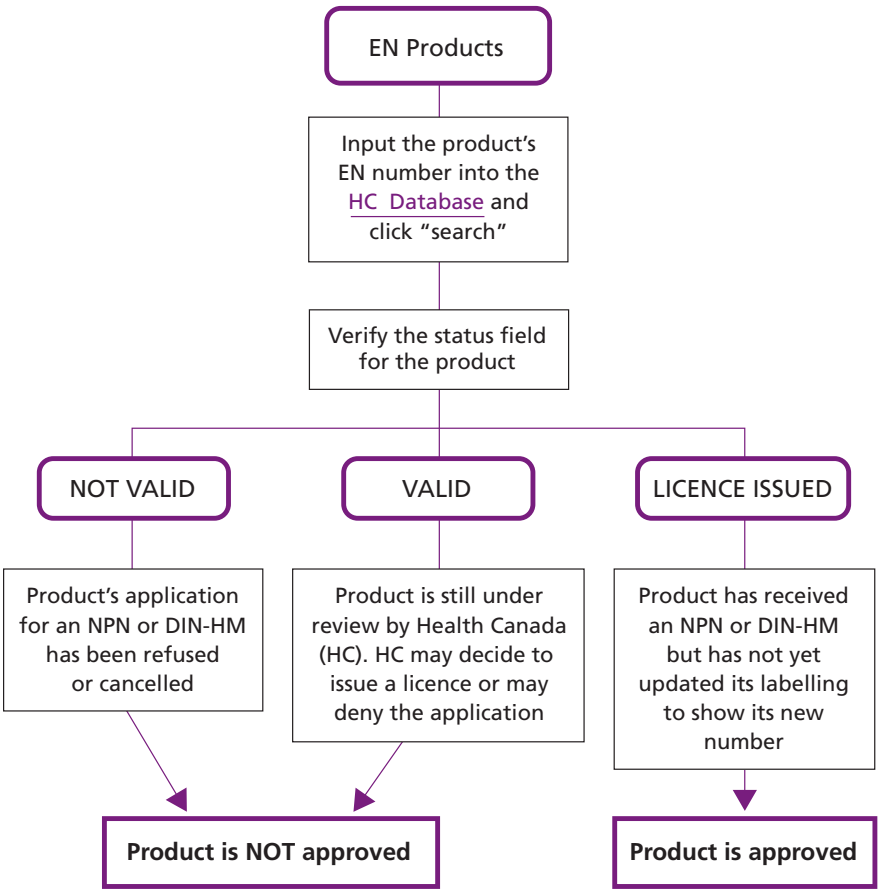
- From Aug. 4, 2010 to Feb. 3, 2013, the Regulations allowed for the sale of a category of products for which Health Canada had not yet issued a product license but had completed an initial assessment to ensure that information supporting the safety, efficacy and quality of the product had been provided and that specific safety criteria had been met. These products received an Exemption Number (EN).
- With the repeal of the NHP-UPLAR, Exemption Numbers will no longer be used. However, it is possible that some products that still display an EN may have received an NPN or DIN-HM because the change in labelling of the product has not been completed. Health Canada offered a period of transition (until September 2014) to retailers to phase out their stock of approved products with non-compliant labeling.
- **When presented with a product with an EN number, pharmacists should verify its status by searching for the product on Health Canada's Natural Health Products Exempted Products Database.** Once the product information is displayed, pharmacists should verify the status field for that product. Figure 7 outlines how to interpret the information provided on the Exempted Products Database.

Links to Health Canada's Databases for natural health products:

- Natural Health Products (NHP) Exempted Products Database (for products with EN) http://webprod3.hc-sc.gc.ca/product-produit/search-rechercheReq.do?lang=eng
- Licensed Natural Health Products (NHP) Database (for products with NPN or DIN-HMs) http://webprod3.hc-sc.gc.ca/lnhpd-bdpsnh/index-eng.jsp

If you are unsure about the status of a product, you may want to contact Health Canada at nhpd_dpsn@hc-sc.gc.ca or call 613-960-8827 or toll-free at 1-800-OCANADA (1-800-622-6232) to obtain clarification.

Figure 7



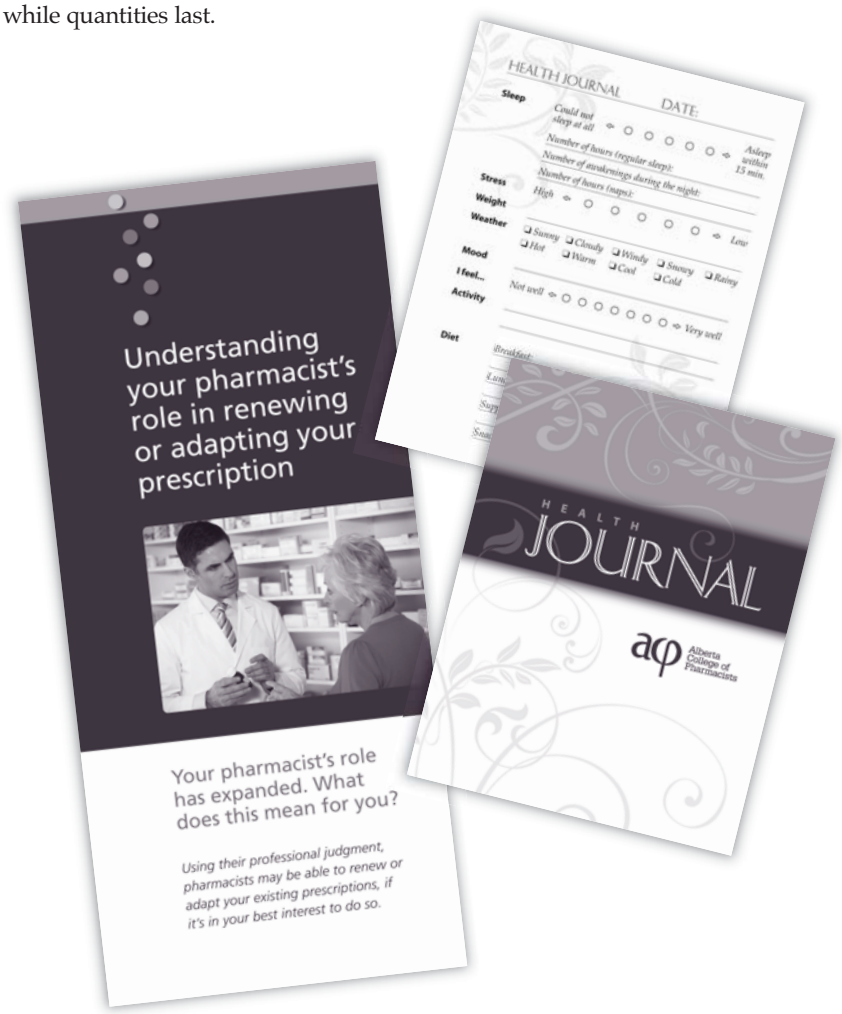
Order your free patient resources now

Make assessment and follow up easier for you and your patients. Give them a free health journal, on us!

ACP's 30-page booklets help patients track symptoms, moods, and health issues and note their questions and concerns.

You can also help them better understand your role in adapting and renewing prescriptions with our brochure, *Understanding your pharmacist's role in renewing or adpating your prescription*.

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



Help your patients as you help yourself and your pharmacy!

Community pharmacists – here is your opportunity to receive free:

- Training and education on vascular risk reduction screening and management
- Vascular risk patient education materials
- Access to vascular risk reduction experts
- Project management, data collection forms, and evaluation

You will also be eligible for reimbursement for screening, prescribing and counselling activities according to the compensation plan for pharmacy services by Alberta Health.

How can you sign up?

The Vascular Risk Reduction (VRR)-Community Pharmacy Initiative is part of a province-wide series of projects that aim to improve care for Albertans at risk for vascular disease. The goal of this particular project is to implement a pharmacist-initiated vascular risk reduction screening, early management and intervention based on C-CHANGE guidelines in community pharmacies.

See *The Link* from April 16 for links to the project abstract and FAQs.

The targeted kick-off date for this initiative to start recruiting patients is September 2013.

Don't miss this opportunity to help existing patients, build your practice, and show the value pharmacists can provide.

It's renewal time for pharmacists and pharmacies!

Pharmacist practice permit renewals due by May 31

ACP emailed renewal notices to all pharmacists on April 24. If you have misplaced that message, you can find all the details in the *"Pharmacist online renewal now open"* posting under Spotlight on the ACP website homepage.

Pharmacy licence renewals due by June 15

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

What if someone else is paying a pharmacist's fees?

Pharmacists: *If your employer is paying your fees,* ***you*** *are still responsible for ensuring ACP receives payment before May 31. Your practice permit will not be issued until ACP receives payment and you cannot practice without a valid permit.*

Licensees and proprietors: *If your pharmacy is paying the renewal fees for your employees as well as for your pharmacy, remember that the payment for your pharmacists must reach our office by May 31.*

Questions? Contact us.

Pharmacist reinstatement requests:
statuschange@pharmacists.ab.ca

Pharmacist renewal questions:
registrationinfo@pharmacists.ab.ca

CEU, CPD Log, audit questions:
competence@pharmacists.ab.ca

Pharmacy licensure questions:
pharmacyinfo@pharmacists.ab.ca

Tel: 780-990-0321
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