

IN THIS ISSUE...

- 3 ■ What does the college do?
- 6 ■ How do registrants play a role?

Registration & Licensure

- 7 ■ Pharmacists – Are you ready for registration renewal?

Notes From Council

- 8 ■ Resolutions due April 11
- Council election opens March 14

Complaints Resolution

- 9 ■ Disciplinary report summaries

Quality Pharmacy Practice

- 11 ■ Counselling patients about medication safety in pregnancy
- 12 ■ Do you dispense for opioid dependence?
- 13 ■ Changing medication brands
- 14 ■ How well do you know the legislation and standards?
- 15 ■ Schedule change for bisacodyl

Partners in Practice

- Nurse Practitioners beginning to prescribe narcotics, controlled drugs
- In memory
- 16 ■ Pharmacy technicians and verbal orders

Message from the President

My dad was on to something...

My dad was a member of our small town local Lions Club. He faithfully attended member meetings, held different positions within the club, canvassed for charities, and spent other countless hours volunteering on behalf of the club to better our community. I remember his Lions Club vest with all of his pins on it. I used to think how cool it was that he got to wear it. The idea of giving service for the common good was something he instilled in me. As I settled down with my own family and gained experience within my profession I would often think to myself, "I need to get involved in some way, to contribute on a larger level.

There has got to be more than just looking out for oneself."

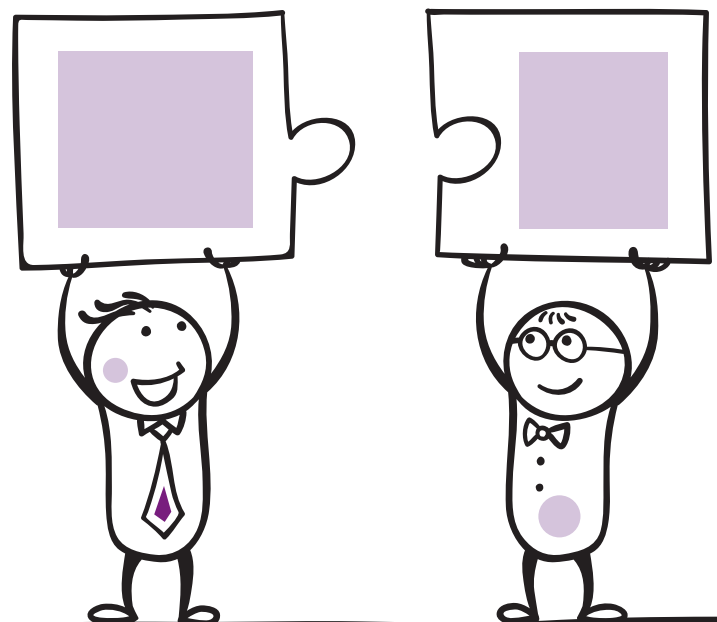
As we head into the ACP council election, I've been thinking more about professional participation. Why should pharmacists and pharmacy technicians get involved with the college? Isn't just being good at our jobs enough?

Frankly, no, it's not – and here's why.

Participating is part of being a professional

Pharmacists and pharmacy technicians are health professionals. As such, we're in

continued on page 2



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

The deadline for submissions for the May / Jun 2014 issue is Apr. 3.

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

President: Kelly Olstad
President Elect: Brad Willsey
Executive Member at Large: Clayton Braun
Past President: Kaye Moran

Councillors:
Brad Willsey, District 1
Clayton Braun, District 2
Rick Hackman, District 3
Taciana Pereira, District 3
Krystal Wynnyk, District 3
Kelly Olstad, District 4
Kamal Dullat, District 5
Kaye Moran, District 5
Kelly Boparai, Pharmacy Technician

Public members:
Al Evans
Bob Kruchten
Mary O'Neill

Pharmacy technician observer:
Robin Burns

You can contact council members by email via our website under *About ACP/ Council*, or by using the search feature to locate them by name.

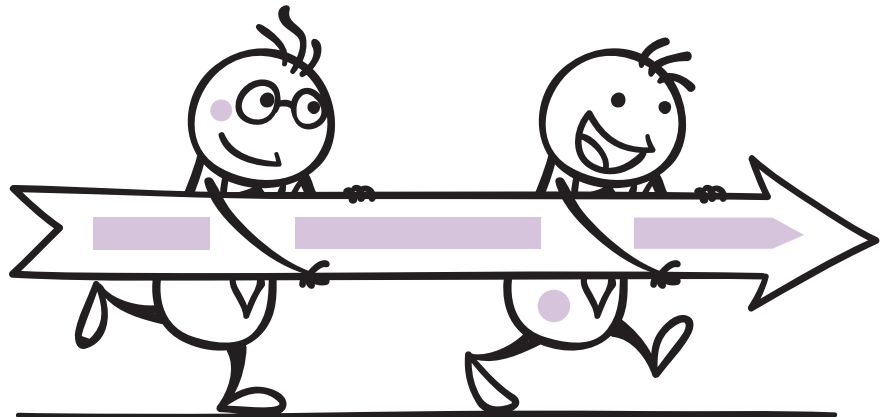
Staff Directory

All staff are available at 780-990-0321 or 1-877-227-3838 or by fax at 780-990-0328.

Their email addresses are available on our website at pharmacists.ab.ca under *Contact Us*.

Registrar: Greg Eberhart
Deputy Registrar: Dale Cooney
Complaints Director: James Krempien
Practice Development Director:
Debbie Lee
Professional Practice Director: Shao Lee
Pharmacy Practice Consultants:
Tim Fluet, Monty Stanowich,
Jennifer Voice
Operations and Finance Director:
Lynn Paulitsch
Registration and Competence Director:
Heather Baker
Registration Manager: Linda Hagen
Communications Director: Karen Mills

Message from the President continued from page 1



the enviable position of having a high level of the public's trust, the education and skills to play a key role in the health system, and the opportunity to be leaders. We must not jeopardize any of these by being complacent.

Participating keeps our professions "ours"

As they say, someone has to do it. Self-regulation is a privilege, not a right and it can easily be taken away. Who better than us to determine the policies and direction for our future?

Participating gets you more than you give

It has been the very rare occasion where I didn't get back more than I gave when I participated. I've learned new skills, made valuable contacts, felt appreciated, celebrated in the rush of shared accomplishment, and been exposed to new cultures and ideas. Experiences that could have taken me years to acquire on the job have come quickly through committee work and volunteering.

To build a successful, sustainable future for pharmacy, ACP needs the input of registrants from all practice settings, genders, and backgrounds. Not everyone can or will want to run for council, but there are dozens of other

ways to get involved. And, of course, as with any relationship, before you take the plunge you want to know who you're dealing with. The next two sections will help you get to know ACP a bit better and offer ways you can play a larger role in your profession.

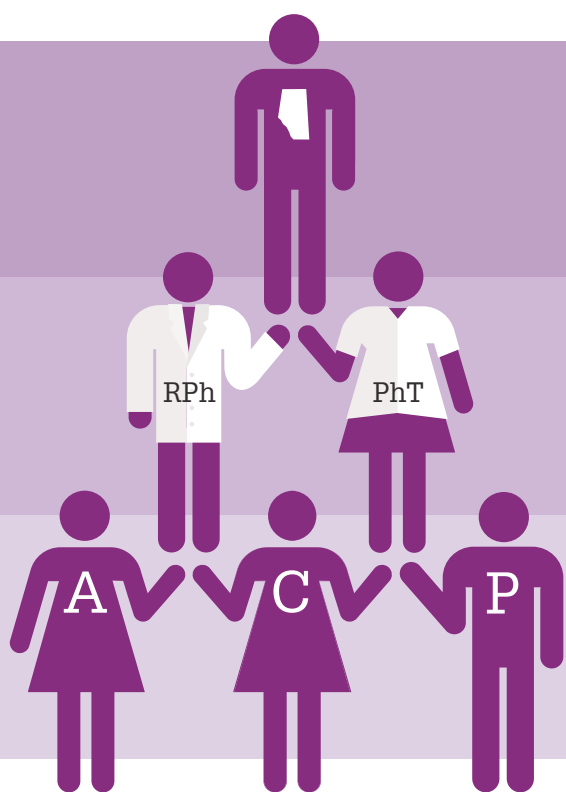
I look forward to seeing you on the ACP Facebook or Twitter sites, at a regional event, or maybe even at the council table!



Sincerely,
Kelly Olstad

What does the Alberta College of Pharmacists do?

The Alberta College of Pharmacists (ACP) supports and protects the public's health and well-being by governing the practice of pharmacy in Alberta.



Our vision

Healthy Albertans through excellence in pharmacy practice.

Our mission

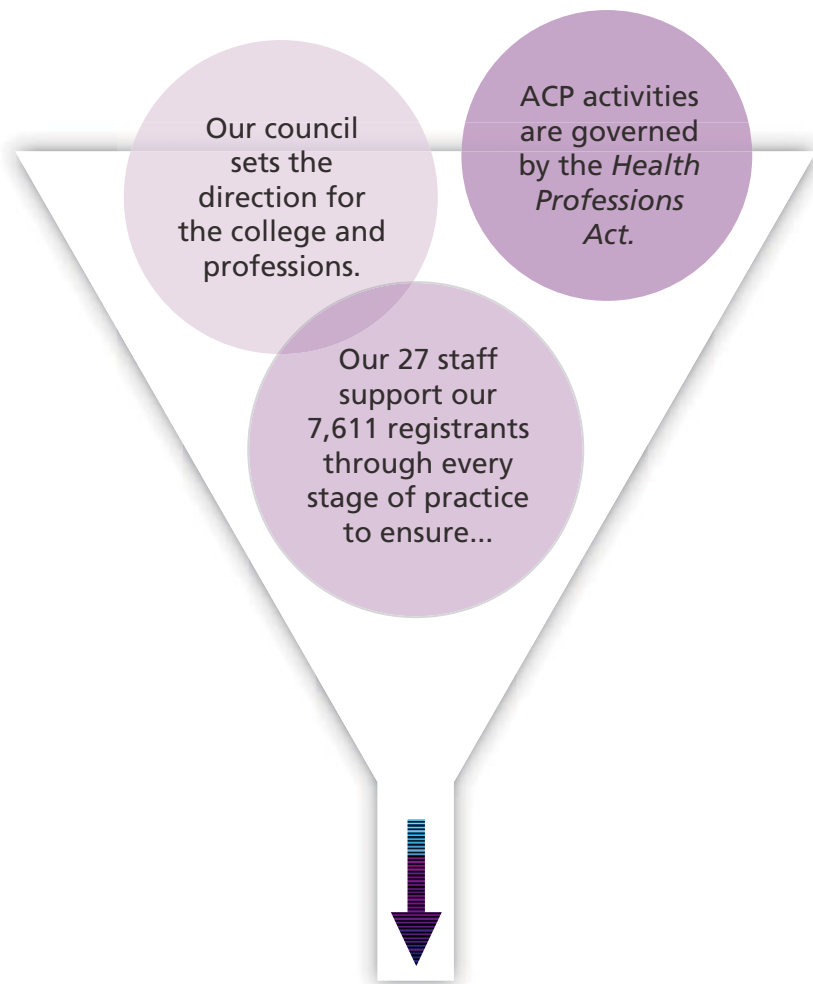
The Alberta College of Pharmacists governs pharmacy technicians, pharmacists and pharmacies in Alberta to support and protect the public's health and well-being. We take responsibility for pharmacy practice by setting and enforcing high standards of competence and ethical conduct.

Our responsibility

To ensure patients receive safe, effective, appropriate pharmacy care, we:

- Set and enforce high standards of competence and ethical conduct;
- Register pharmacists and pharmacy technicians;
- Support and monitor practitioners to ensure they maintain their knowledge and skills at the highest level possible;
- License and assess pharmacies to make sure that they uphold quality practice and patient safety;
- Resolve complaints about practitioners and pharmacy operations fairly and efficiently;
- Participate in health policy creation locally, provincially and nationally; and
- Promote patient-centered, collaborative health care that best uses the skills and knowledge of all healthcare professionals.

continued on page 4



*Healthy Albertans through
excellence in pharmacy practice*

**Setting an example
is not the main means
of influencing others;
it is the only means.**

Albert Einstein

**What does the Alberta
College of Pharmacists do?**

continued from page 3

Pharmacy in Alberta, like many other health professions, is self-regulated. Self-regulation is a privilege and a responsibility granted by government on behalf of the people of Alberta. It acknowledges that a profession itself is in the best position to determine standards for education and practice and to ensure that these standards are met.

Through the college, practitioners, and Albertans have benefited in many ways, as the college was the first pharmacy organization in Canada to incorporate mandatory continuing education, mandatory patient records, and the authority for pharmacists to prescribe drugs and administer drugs by injection.

**What's the difference
between a college and an
association?**

Simply put, a college's mandate is to serve the public interest at all times by regulating the practice of a profession as legislated by government. For the Alberta College of Pharmacists, the *Health Professions Act* gives it the authority and responsibility to regulate the practice of pharmacy in Alberta. The college exists to protect and serve the public interest, and to ensure that registrants are knowledgeable, skilled and competent.

Associations, on the other hand, focus on membership advocacy, support, representation and professional activities. Membership with an association is completely voluntary.

Use the helpful chart on page 5 to understand the difference between a college and an association.

	College	Association
Purpose/mandate	<ul style="list-style-type: none"> ■ Uses its regulatory authority and responsibilities to protect and serve the public interest. ■ Ultimately responsible to the public, not its registered members. 	<ul style="list-style-type: none"> ■ Associations are free to represent, support, and focus on member interests, professional activities, and member advocacy.
Authority	<ul style="list-style-type: none"> ■ Legislation authorizes colleges to govern the professions they are responsible for. Colleges are responsible to Albertans through the Minister of Health. 	<ul style="list-style-type: none"> ■ Incorporation is an option exercised by some associations, giving them legal rights equal to that of an individual person.
Membership	<ul style="list-style-type: none"> ■ Individuals must register with the college if they practice or teach pharmacy. 	<ul style="list-style-type: none"> ■ Membership is voluntary.
Governance	<p>Colleges:</p> <ul style="list-style-type: none"> ■ Are governed by a council. ACP's council is comprised of seven elected pharmacists, two elected pharmacy technicians (effective July 2014), and three members of the public appointed by the Minister. ■ The council conducts its business in accordance with bylaws that it is authorized to approve through the Pharmacists and Pharmacy Technicians Profession Regulation. ■ The <i>Health Professions Act</i> requires the appointment of certain committees and the bylaws allow the appointment of other committees at the council and registrar's discretion. 	<p>Associations may establish:</p> <ul style="list-style-type: none"> ■ Membership requirements ■ Committees and special interest groups ■ A governing board
Types of activities	<p>Colleges must establish and administer:</p> <ul style="list-style-type: none"> ■ Competencies, standards, and processes to determine the eligibility of individuals at entry to practice; ■ A register of members; ■ Programs, and processes to support the continuing competence of registrants throughout their careers; and ■ Standards and a code of ethics, and programs and processes to monitor registrant performance and compliance with these. <p>Colleges must establish and administer public complaint processes by:</p> <ul style="list-style-type: none"> ■ Investigating and resolving complaints and concerns about professional conduct. ■ Conducting hearings to consider evidence that alleges unprofessional conduct or professional misconduct. <p>Colleges must show accountability and transparency to government and registered members by publishing an annual report that is tabled with the legislative assembly.</p>	<p>Associations may engage in promotional activities such as:</p> <ul style="list-style-type: none"> ■ Membership benefit programs ■ Job fairs ■ Promotional events and campaigns <p>Associations may engage in lobbying or advocacy activities on behalf of members, such as:</p> <ul style="list-style-type: none"> ■ Recruitment and retention ■ Employer liaison ■ Government liaison ■ Funding for programs <p>Associations may advertise:</p> <ul style="list-style-type: none"> ■ Employment opportunities ■ Professional products (e.g., insurance) <p>Associations may also provide practitioner listings, and may create professional development opportunities.</p>

Table adapted from the Alberta College of Paramedics website

How can registrants play a role?

With the privilege of self-regulation, comes the opportunity – and responsibility – of participation and leadership. As Kelly outlined in the Message from the President, there are lots of good reasons to get involved. There are also lots of ways to be involved. No matter if you have a little or a lot of time to give, days or years of experience, or are an introvert or an extrovert, there is a way for you to participate and have a hand in shaping the future of pharmacy practice.

Here are just a few of the ways you can boost your profession and yourself through the college.

Run, nominate, or vote for council

Pharmacists and pharmacy technicians (not provisional or student) have the opportunity to participate in the governance of their profession through the college's nomination and election process. Councillors are elected to three-year terms by their peers. To learn more about council, look to the ACP website under *About ACP>Council*.

Volunteer for a committee or working group

ACP compiles a roster of candidates interested in participating on ACP

committees and working groups. The college must maintain a competence committee and a hearing tribunal pool. There are also opportunities to mentor, assess additional prescribing applications, and to contribute to the competence program. To apply, submit the ACP Committee Candidate Biographical Sketch Form, found under *Forms* on the ACP website.

Participate in the consultations on changes to bylaws and standards

ACP's standards and code of ethics set the expectations of the college for the professions. The college is required to provide a 60-day (minimum) period for registrants to review and comment on any proposed changes to the standards, code of ethics, or bylaws. We can't know if you don't understand or agree with a change unless we hear from you.

Take part in the annual general meeting

This is an opportunity to meet your council, learn about the accomplishments of the professions and the college, hear what lies ahead, and ask questions. This

year's annual meeting will be held on June 11. You can attend in person, or participate online. Watch *The Link* and website for details.

Take "one shot" jobs

Quite often, we'll seek registrant input on college programs and processes. This may include reviewing a website update, providing feedback on a new guideline, or participating in a research study. These opportunities require little commitment, but provide great value – and often mean you get the inside scoop on what's new!

Keep current

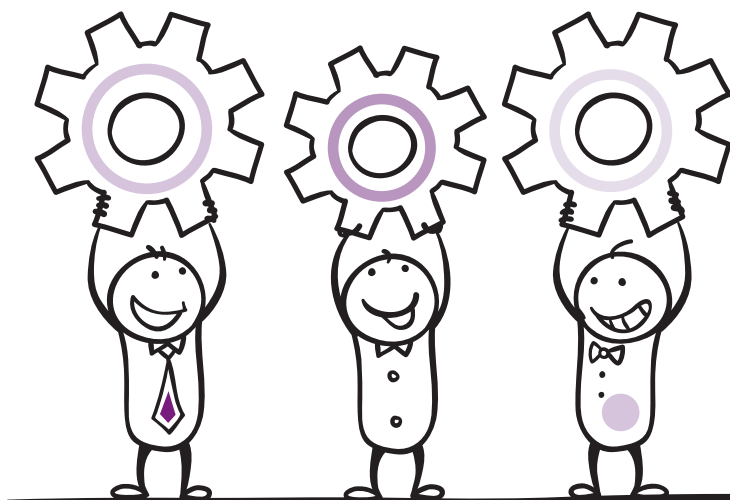
Practice changes have been fast and furious over the last few years. Take part in ACP regional meetings and webinars, read *apnews*, *The Link*, and flip through the annual report to make sure your practice is up to date.

Tune in online

In August, the college opened up discussions on Facebook and Twitter. Use these channels to learn about what is happening in practice, pose questions to the college and your peers, and share your innovations, discoveries, and success stories. It's a fast and easy way to connect.

"I am only one, but I am one. I cannot do everything, but I can do something. And because I cannot do everything, I will not refuse to do the something that I can do. What I can do, I should do."

Edward Everett Hale



Pharmacists – Are you ready for registration renewal?

Pharmacists – you must apply to renew your practice permits by May 31. If you can answer yes to the following three questions, you should be ready to renew!

1. Have you recorded enough CEUs?

You cannot renew your practice permit unless your online CPD log record identifies at least 15 CEUs earned between June 1, 2013 and the date of registration renewal in 2014. The only exception is for those pharmacists who first registered with ACP on or after July 1, 2013. They have until registration renewal in 2015 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, 2014, all CEUs earned in June 2014 apply to your 2014-15 CE year. You cannot carry over CEUs you did not claim on your 2013-14 CPD log.

2. Do you know three ways to ace your Audit of Professional Declarations?

To make sure your audit process goes smoothly, follow these three steps.

a. Make sure you have at least \$2 million of personal liability insurance

All pharmacists who hold a practice permit from ACP must carry at least \$2 million of personal liability insurance at all times. Even if you are not actively practising in Alberta (e.g., on leave, living outside Alberta, or selling real estate) as long as you hold a practice permit, you must have 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.

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, claim it as non-accredited learning and complete a learning record for it.

3. Have you cleared up any outstanding competence requirements?

Were you selected for either an audit of professional declarations or a competence assessment? If you have not complied, renewal of your annual permit may be impacted. If compliance with an audit or assessment results in your renewal being delayed past May 31, 2014, you will also be assessed a non-compliance fee in addition to the annual permit renewal fees.



continued on page 8

Registration renewal
continued from page 7

**Requirements for
pharmacists who administer
drugs by injection**

CPR and first aid requirements

If you are authorized to administer drugs by injection, you must maintain current certification in CPR and first aid (standard or emergency). The council policy requires that you have minimum CPR Level C. Go to *Practice Resources > Practice Guidelines and References > Administering Drugs by Injection* on the ACP website for more information about CPR certification.

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

**NEW in 2014 – annual declaration
of competence**

Starting this year, in conjunction with your annual practice permit renewal you will be required to complete a declaration that you have taken action to maintain the clinical and technical competencies required for administering injections by ensuring you:

1. Have and will maintain valid CPR – minimum Level C (Std 1.18);
2. Have and will maintain valid first aid certification (Std 1.18);
3. Have administered an injection within the past three years; and
4. Have, within the past 12 months, reviewed the *Standards of Practice for Pharmacists and Pharmacy Technicians* (Stds 7, 16 and 17) and have in place the required policies and procedures for handling emergencies.

Resolutions due April 11

Registrants may propose resolutions for consideration at ACP's annual general meeting (June 11 this year). All resolutions carried at the AGM are then considered by council. Resolutions are a way ACP registrants can contribute to the discussions of council.

Resolutions should relate to ACP's mandated responsibilities: public safety, effective pharmacy practice, and health policy. See the resolution guidelines and examples of past resolutions on the ACP website under *About ACP > Council > Committees > Resolutions Committee*.

Submission process

Resolutions proposed for this year's AGM must be submitted by **4:30 p.m. on April 11, 2014**.

Submit your resolution in writing, accompanied by the signatures 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
Fax: 780-990-0328
Email: leslie.ainslie@pharmacists.ab.ca

Council election opens March 14

Nominations for elected pharmacist positions in District 2 (southern Alberta), District 4 (central Alberta), District 5 (Calgary), and for an elected pharmacy technician in southern Alberta closed on February 28, 2014. Where an election is required, voting will open at 8 a.m. on March 14. All voting will be online, at <http://pharmacists.ab.ca/vote2014>.

Voting will close April 10 at 4:30 p.m. A biographical sketch 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 address?

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 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.

Disciplinary report 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 Mr. Thai Chau when the following allegations from a complaint were proven to be well founded.

1. He breached his January 28, 2011 Professional Undertaking Agreement and December 18, 2012 Amendment by not properly participating in an aftercare program.
2. He did not comply with aspects of his Aftercare Agreement including:
 - a. Not abstaining from non-prescribed narcotics, including the methadone he obtained from an illegal source, and
 - b. Not properly disclosing to his aftercare program facilitator his use of prescription medications.
3. He repeated his conduct of diverting and misusing controlled substances as a result of a relapse with his substance abuse issues. He diverted a small amount (less than five doses each) of chloral hydrate, Dexedrine, oxycodone and Darvon, and methadone for his personal use between November 2012 and January 2013.
4. As the former licensee of Millwoods Pharmacy, he failed to properly secure the narcotics of the pharmacy.

The hearing tribunal ordered that:

1. Mr. Chau's registration and practice permit be suspended for 12 months from the date of the hearing (Nov. 8, 2013).
2. Upon completion of his suspension, Mr. Chau's registration and practice permit not be reinstated until he:
 - a. Provides evidence that he has received appropriate treatment for his addiction issues and is fit to practice pharmacy;
 - b. Provides a recent report from a qualified health professional outlining the treatments he undertook, confirming that he is fit to practice pharmacy, and outlining the supports and continuing monitoring and recovery programs that he will be engaged in to support his return to practice;
 - c. Satisfactorily completes all ACP registration requirements; and
 - d. Successfully completes the college's Ethics and Jurisprudence Exam.
3. Any practice permit issued to Mr. Chau upon the completion of his suspension, and satisfaction of Order 2, be subject to the following conditions:
 - a. Mr. Chau shall be enrolled in a monitoring and support program satisfactory to the complaints director for five years provided that:
 - i. The five-year period can be reduced to three years at the discretion of the complaints director, based on satisfactory reports from the health professionals involved in Mr. Chau's monitoring and treatment; and
 - ii. Mr. Chau can enter into the monitoring and support program prior to the expiry of the suspension provided he has satisfied all the requirements for entry into the program and provided that the complaints director is also a party to the support and monitoring agreement.
 - b. Mr. Chau shall not be a licensee or proprietor of a pharmacy for five years provided that:
 - i. This term can be reduced to three years at the discretion of the complaints director based on satisfactory reports from the health professionals involved in Mr. Chau's monitoring and treatment; and
 - ii. This restriction will not extend beyond the period of the monitoring and support program set out in Order 3(a).
 - c. Mr. Chau practice under direct supervision for one year after his return to practice. At the end of the year, and before the removal of the condition, his supervisor must provide the complaints director with a favourable report of Mr. Chau's supervised conduct that is satisfactory to the complaints director.
 - d. For five years, Mr. Chau will verify to the complaints director that he has advised the licensee and proprietor of any pharmacy at which he is employed of the decision of the hearing tribunal and the orders made by the hearing tribunal and will provide such verification any time that he changes employment provided that:

continued on page 10

Disciplinary report summaries

continued from page 9

- i. This term can be reduced to three years at the discretion of the complaints director, based on satisfactory reports from the health professionals involved in Mr. Chau's monitoring and treatment; and
 - ii. This restriction will not extend beyond the period of the monitoring and support program set out in Order 3(a).
4. Mr. Chau be responsible for all costs and expenses required to satisfy the conditions in Orders 2 and 3.
 5. Mr. Chau must pay the costs of the investigation and hearing to a maximum of \$10,000 payable over 12 months when the suspension ends. (Total investigation and hearing costs were \$16,167.43.)

Case 2

A hearing tribunal made a finding of unprofessional conduct against Mr. Robin Small when the following allegations were proven to be well founded.

Between May 1, 2012 and early May 2013, Mr. Small:

1. Diverted and misused narcotics, controlled substances and targeted substances and diverted from South Side Pharmacy, Grande Prairie, approximately:
 - a. 73,229 mg of hydromorphone;
 - b. 266 caps of Co-Temazepam 30 mg;
 - c. 280 spansules of Dexedrine 15 mg;
 - d. 666 tabs of Endocet;
 - e. 2,072 tabs of Oxycocet 5 mg;
 - f. 846 tabs of Sandoz Morphine SR 60 mg;
 - g. 258 tabs of Supeudol 10 mg, and;
 2. Abused his position of trust as a pharmacist and pharmacy licensee by altering the electronic inventory records of the pharmacy to conceal his diversion of the drugs.
 3. Practiced while incapacitated over a prolonged period, thereby creating an environment that endangered the public with his practice.
- The hearing tribunal ordered that Mr. Small:
1. Receive a 24-month suspension, commencing May 10, 2013.
 2. Upon completion of the suspension, not be reinstated until he:
 - a. Provides evidence satisfactory to the complaints director that he has received appropriate treatment for his addiction issues and is no longer incapacitated and is fit to practice;
 - b. Provides to the complaints director a recent report from a qualified health professional satisfactory to the complaints director outlining the treatments he undertook, confirming he is fit to practice pharmacy, and outlining the supports and continuing monitoring and recovery programs that he will be engaged in to support his return to practice;
 - c. Satisfactorily completes all ACP registration requirements; and
 - d. Satisfactorily completes the jurisprudence exam.
 3. Have any practice permit issued to him upon completion of his suspension and satisfaction of the provisions of Order 1, be subject to the following conditions:
 - a. Mr. Small must be enrolled in a monitoring and support program satisfactory to the complaints director for five years;
- b. Mr. Small may not be a licensee or proprietor of a pharmacy for five years, but this term can be reduced to three years at the discretion of the complaints director based on satisfactory reports from the health professionals involved in Mr. Small's monitoring and treatment;
 - c. Mr. Small will practice under direct supervision for a minimum of 12 months following his return to practice. At the end of the year, and prior to the removal of the condition, the supervisor must provide the complaints director with a favourable report on Mr. Small's supervised conduct that is satisfactory to the complaints director.
 - d. For five years, Mr. Small will verify to the complaints director that he has advised the licensee and proprietor of any pharmacy at which he is employed of the decision of the hearing tribunal and the orders made by the hearing tribunal and will provide such verification any time that he changes employment.
4. Pay all costs and expenses required to satisfy the conditions in Orders 2 and 3.
 5. Pay the full costs of the investigation and hearing [combined costs for Cases 2 and 3 were approximately \$30,000 (one invoice pending)].

Case 3

A hearing tribunal made a finding of unprofessional conduct against Mr. Robin Small when the following allegations were proven to be well founded.

1. He did not act professionally or exhibit a professional demeanor on September 11 and 12, 2012 during his interactions with patients, staff, and other health professionals.

2. He did not maintain a trusting and professional relationship with a patient.
3. He did not honor the patient's request to transfer her care to another pharmacy and created a misleading fax fan-out as a means to prevent her from transferring her pharmacy services elsewhere.
4. He did not maintain proper patient records for the patient.
5. His actions involved inappropriate deportment and generally disreputable conduct on the part of a pharmacist and failed to meet the standards of practice and professional deportment reasonably expected of a pharmacist and were contrary to the ethics of the profession and harmed the integrity of the profession.

The hearing tribunal ordered that Mr. Small:

1. Be issued a reprimand.
2. Receive a suspension of one month, to be served concurrently with the suspension imposed by this hearing tribunal upon Mr. Small in Complaint File 3077.
3. Arrange and complete a series of sessions on anger management and patient relationships with a counselor satisfactory to the complaints director.
4. Pay all costs or expenses required to satisfy the condition in Order 3.
5. Pay the full costs of the investigation and hearing [combined costs for Cases 2 and 3 were approximately \$30,000 (one invoice pending)].
6. Pay a fine of \$5,000.00. Once paid, this fine may be deducted from the sum of the costs of the investigation and hearing as set out in Order 5.

Counselling patients about medication safety in pregnancy



Thanks to Laetitia Brochu, B.Sc.Pharm student, for contributing this article. She and her preceptor, Jodi Wilkie, felt compelled to write after encountering many expectant women who were confused and frightened about using medication during pregnancy and were receiving conflicting information.

Your patient, Jane comes to the pharmacy to pick up a refill of her sertraline prescription. She tells you she just found out she is pregnant. Sertraline is FDA pregnancy risk category C. Should you refill her prescription? Should you refuse to refill the prescription because of possible risk to her fetus? How will stopping this medication affect Jane's health and that of her baby? Is there a safer medication she could be switched to? Are there any non-pharmacologic therapies that could be tried? If Jane was trying to conceive, what would you recommend?

Many women and their healthcare providers assume that most medications are teratogenic (may cause malformation of an embryo) and that, if at all possible,

taking medication during pregnancy should be avoided. In fact, less than 1% of all birth defects are caused by drugs. The background risk of major congenital malformations among healthy young women is 3-5%.

Many common medical conditions including hypertension, diabetes, asthma, depression and anxiety disorders, epilepsy and autoimmune diseases affect women of childbearing age and require treatment with medications throughout pregnancy. When these health conditions are not appropriately managed in pregnancy, a woman's health may worsen, sometimes permanently, and risks of adverse pregnancy outcomes including miscarriage, preeclampsia, preterm delivery, low birth weight and stillbirth may be increased.

FDA pregnancy risk categories* are assigned to drugs based on the presence or absence of data regarding animal or human pregnancy safety and are not always helpful in guiding decision making about medication use in

continued on page 12

*See <http://depts.washington.edu/druginfo/Formulary/Pregnancy.pdf> for details.

Counselling patients about medication safety in pregnancy

continued from page 11

pregnancy. Drugs in FDA pregnancy risk categories A, B, C, D and even X may be considered acceptable to use in pregnancy when the risks of stopping a medication or of NOT treating a medical condition are greater than the risks associated with fetal drug exposure. Information from drug manufacturers, including that contained in CPS product monographs is also not useful as pregnant and lactating women are excluded from studies.

Resources

Pharmacists can play an important role in this decision making process by collaborating with the woman's physician to weigh the risks and benefits of continuing medication in pregnancy.

When counselling women about the safety of medications in pregnancy or during breastfeeding, pharmacists need to access resources and databases that contain up-to-date, evidence-based, unbiased information rather than simply relying on manufacturer derived monographs and pregnancy risk categories.

So, where do you look for guidance? Some good resources include:

- Reproductive toxicology databases Reprotox, Reprotex, TERIS, and Shepard's
- Lactation databases LactMed and Medications and Mother's Milk
- The Organization of Teratology Information Specialists (OTIS) website at www.mohtertobaby.org has compiled printable handouts for patients on the safety of many medications, medical conditions and other exposures in pregnancy and lactation
- Motherisk (www.motherisk.org) counsellors are available by phone to provide information to women about medication safety in pregnancy and breastfeeding

Do you dispense methadone or buprenorphine-naloxone for opioid dependence?

Due to the introduction of Methadose™ in Canada along with other changes, the *Medication-Assisted Treatment for Opioid Dependence: Guidelines for Pharmacists and Pharmacy Technicians* have been updated. The revised guidelines will now be referred to as the ODT guidelines.

All pharmacists and pharmacy technicians involved in dispensing medication-assisted therapies for opioid dependence must know, understand, and comply with the overall legislative framework that governs their practices. The ODT guidelines outline what is expected of pharmacies and personnel who dispense methadone and/or buprenorphine-naloxone. Furthermore, the guidelines provide tools to help pharmacists and pharmacy technicians meet the regulatory requirements for such services.

The revised ODT guidelines also reflect the recent changes to the prescribing requirements for buprenorphine.

Prescribers no longer require methadone exemption to prescribe buprenorphine in opioid dependent patients. However, prescribers who initiate or maintain patients on buprenorphine must complete an accredited buprenorphine prescribing course in opioid dependence.

Finally, the ODT guidelines have also been updated to align pertinent aspects from the College of Physicians & Surgeons of Alberta's revised *Standards and Guidelines for Methadone Maintenance Treatment for Dependence* to optimize consistent messaging to patients and to enhance awareness of expectations that prescribers have of pharmacists who deliver care to patients with opioid dependence.

The revised ODT guidelines are available on the ACP website under *Practice Resources > Practice guidelines and references*.

Compounded methadone may no longer be dispensed

With the availability of Methadose™ in Canada, compounded methadone may no longer be dispensed since an identical product is now commercially available so compounding methadone would be considered manufacturing. Therefore, specific information pertaining to the compounding of methadone has been removed from the ODT guidelines.

However, an addendum to the ODT guidelines on compounding methadone is available to support pharmacies that must compound methadone due to exceptional circumstances. Please refer to Health Canada's Policy on Manufacturing and Compounding to determine when compounding methadone may be permitted.

Changing medication brands: What you – and your patient – need to know

What are a pharmacist's authorities and responsibilities when switching the brand of a patient's ongoing medication therapy?

Recently, ACP has received concerns from patients and healthcare providers that likely could have been avoided by providing the patient with sufficient information before changing the brand of a patient's ongoing medication.

Although pharmacists have the authority to independently dispense a generic version of medication when a brand name drug was prescribed or switch a patient's ongoing medication therapy from one generic (or brand) manufacturer to another, pharmacists must be mindful of HOW the change is made.

Discuss BEFORE dispensing

Pharmacists must inform the patient before dispensing whenever changes are made to a patient's medication. This prior dialogue is needed to ensure patients are aware of and prepared to accept the change.

Patients ultimately have the right to determine the medications they take,

including the manufacturer of those medications. Thus patients need to be advised of manufacturer changes in order to exercise their right.

Prior discussions about manufacturer changes will often save the pharmacy lost time in having to cancel and re-prepare prescriptions. Also, as different manufacturers may, for the same generic drug, produce medications with different shapes, sizes, colours and markings, a prior discussion may prevent patient concerns and unnecessary disruptions in drug therapy.

Confirm BEFORE release

As discussed in the October 22, 2013 edition of *The Link*, the standards require pharmacists and pharmacy technicians to ensure confirmation of the identity of a medication before releasing a prescription. This confirmation includes identifying with the patient the manufacturer of the medication at the time of pick up.

The Code of Ethics also requires practitioners to provide patients with enough information to make an informed decision about their care and to respect

the right of a competent patient to accept or reject any treatment, care or other professional services.

By transparently informing patients of manufacturer changes before dispensing, pharmacists not only meet the requirements of our standards and professional ethics, but help:

- Prevent patient concerns and unnecessary disruptions in drug therapy,
- Save the pharmacy lost time in having to cancel and re-prepare prescriptions, and
- Instill public confidence in the pharmacy services being provided.

Standards references

Pharmacist authority to independently dispense a generic version of medication when a brand name drug was prescribed

Standard 12.8a of the *Standards of Practice for Pharmacists and Pharmacy Technicians*:

Circumstances that do not require notification to the original prescriber

12.8 Despite Standard 11.9, notification of the original prescriber and other health professionals is not required:

- a) for the substitution of a generic drug or blood product for a prescribed drug or blood product, unless the prescriber has directed that there be no substitutions on the original prescription; or

Section 6 to Schedule 19 of the *Health Professions Act*:

Dispensing of generic or brand name equivalents

6(1) If a prescription refers to a drug or drug combination by a brand name or a name other than its generic name, the regulated member who dispenses the prescription may dispense a drug or drug combination that is the



continued on page 14

Changing medication brands

continued from page 13

generic or brand name equivalent of that named in the prescription unless the prescriber indicates otherwise

- a) by designating the name of the manufacturer on the prescription, or
- b) by specifying in the prescriber's original handwriting that no generic or brand name equivalent may be dispensed.

(2) No action may be commenced against a regulated member for dispensing a drug that is the generic or brand name equivalent of the drug named in the prescription unless the prescriber has indicated in accordance with subsection (1) that no drug other than the drug specified in the prescription may be dispensed.

Requirement to confirm identity of the drug

Standard 8.1 of the *Standards of Practice for Pharmacists and Pharmacy Technicians*:

Before the release of a drug or blood product provided under a prescription or the sale of a Schedule 2 drug, the pharmacist or the pharmacy technician who releases the drug or blood product must ensure communication occurs with the patient to confirm:

- a) the identity of the patient;
- b) the identity of the drug or blood product being dispensed or sold; and
- c) refill information, if applicable.

Requirement to provide patient with enough information to make an informed decision

Principle II, ACP Code of Ethics:

Respect each patient's autonomy and dignity
To uphold this principle, I:

3. Provide each patient with any information that the patient needs to make informed decisions about the patient's health and health care and discuss that information with the patient.
4. Properly inform each patient about drug therapy and reasonable alternatives.
5. Respect the right of a competent patient to accept or reject any treatment, care or other professional services.

How well do you know the legislation and standards?

Can you answer the following questions?

- What restricted activities can be performed by pharmacy technicians?
- When can health information be disclosed?
- When can pharmacists prescribe?
- What is the Chat, Check, and Chart model?
- What must be documented in a patient's record?

If not, you can find the answers in ACP's new online **Jurisprudence Learning Module**. This module was designed to help you gain a better understanding of the legislation and standards that govern pharmacy practice in Alberta and is applicable to all pharmacy professionals.

You should review this module if you are a:

- Pharmacy intern, provisional pharmacy technician, or pharmacy student who is preparing for the ethics and jurisprudence exam;
- Pharmacy intern who is preparing for pharmacy practice in Alberta;
- Pharmacist or pharmacy technician who would like to test your jurisprudence knowledge;
- Pharmacist or pharmacy technician who would like to find answers to frequently asked questions; or a
- Pharmacy professional who needs to review the *Standards of Practice for Pharmacists and Pharmacy Technicians*.

The module consists of narrated text, activities, scenarios, and links to additional resources and is divided into the following chapters:

1. Pharmacy practice in Alberta
2. Professional, ethical, and legal responsibilities
3. Drug schedules and prescriptions

4. Patient care
5. Product distribution
6. Prescribing and administering medications
7. Pharmacy operations

Based on your learning needs, you may move through the module at your own pace and choose which chapters to review. The college will not be monitoring or keeping track of how you answer the questions found in this module. The module is simply to help you understand the standards of practice, the Code of Ethics, and federal and provincial legislation that pertain to pharmacy practice.

The jurisprudence learning module will be available towards the end of March and can be accessed through the ACP website. Please watch *The Link* for more information.



Schedule change for bisacodyl

Effective January 21, 2014:

- Bisacodyl – when sold in concentrations of 5 mg or less per oral dosage unit or 10 mg or less per rectal dosage unit/suppository, in package sizes containing no more than 50 mg of bisacodyl – **Unscheduled status** (from Schedule III).
- Bisacodyl and its salts [except when sold in concentrations of 5 mg or less per oral dosage unit or 10 mg or less per rectal dosage unit/suppository in package sizes containing no more than 50 mg of bisacodyl] – remains in **Schedule III**.

Nurse Practitioners beginning to prescribe narcotics, controlled drugs

The College and Association of Registered Nurses of Alberta (CARNA) is beginning to authorize nurse practitioners to prescribe narcotics and controlled drugs and substances. The nurse practitioner prescriber list on the ACP website now indicates NPs with this new authorization.

To be authorized to prescribe narcotics and controlled drugs and substances, Alberta NPs must:

1. Complete a prescribing course recognized by CARNA.
2. Complete the CARNA controlled drugs and substances jurisprudence module.



Currently, the only approved education course is Prescription and Management of Controlled Drugs and Substances offered through Athabasca University.



In memory...

Lawrence Serediak died on December 29, 2013, at the age of 77 years. He ran the Breton IDA for many years.

What can NPs prescribe?

Narcotics	Only nurse practitioners who have met the requirements set out by CARNA have the authority to prescribe narcotics in Alberta. Note: Nurse practitioners are prohibited from prescribing methadone or buprenorphine .
Controlled substances	Only nurse practitioners who have met the requirements set out by CARNA have the authority to prescribe controlled drugs in Alberta. According to the New Classes of Practitioners Regulations, other than testosterone, nurse practitioners are prohibited from prescribing any other anabolic steroid .
Benzodiazepines / other targeted substances	Only nurse practitioners who have met the requirements set out by CARNA have the authority to prescribe benzodiazepines and targeted substances in Alberta.
Prescription drugs	Nurse practitioners may prescribe drugs on the Prescription Drug List.

Pharmacy technicians may accept verbal orders for Schedule 1 drugs, but not narcotics or controlled substances

The Food and Drug Regulations were amended, effective Dec. 31, 2013, to recognize pharmacy technicians and allow them to accept verbal prescriptions for Schedule 1 drugs.

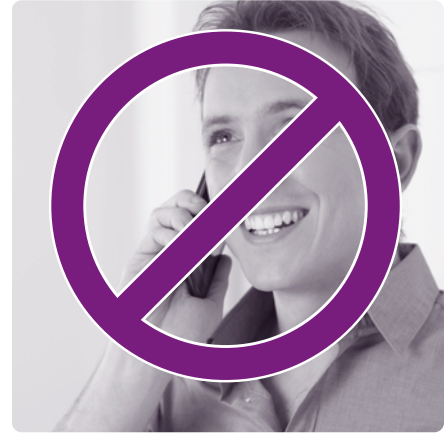
These amendments apply to the Food and Drug Regulations only. Therefore, pharmacy technicians may still not accept verbal orders for narcotics or controlled drugs or substances.

Despite further amendments to the Food and Drug Regulations that would allow pharmacy technicians to transfer prescriptions, Alberta pharmacy technicians must still comply with Standard 20.9 of ACP's *Standards of Practice for Pharmacists and Pharmacy Technicians*. In other words, a pharmacy technician may,



"only transfer prescriptions when directed to do so by the pharmacist that they are assisting."

ACP will review its standards following the release of national standards from the



National Association of Pharmacy Regulatory Authorities, which are expected later this year.



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.

