

# acp news

May / June 2014

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## APEX AWARDS

Alberta Pharmacy Excellence

*The APEX Awards recognize excellence in pharmacy practice in Alberta. Congratulations to this year's recipients. We applaud the efforts of this year's recipients and are proud to celebrate them.*

### PINNACLE CATEGORY RECIPIENTS



**Rita Bowron, Safeway Pharmacy #285, Calgary**

#### **M.J. Huston Pharmacist of Distinction**

*Awarded to a pharmacist who has demonstrated leadership and advanced the pharmacist profession through a long-time commitment to innovation, continual professional development, and quality patient care.*

Fuelled by a love of learning, Rita became a certified diabetes educator and has built a practice in which she provides expert chronic disease management services and counselling. She collaborates daily with physicians, endocrinologists, and other pharmacists, accepting patients

through referrals and by appointment. Rita provides these patients with top-notch assessment, education, and instructions.



**Jeff Schlotter, Rexall Long Term Care Pharmacy #7252, Edmonton**

#### **Award of Excellence**

*Awarded to a pharmacist for exceptional work, commitment and innovation in making a notable contribution to pharmacy and the community through a single unique accomplishment or contribution.*

"Find an area you enjoy and be the resource your patients need in that area." That's what Jeff Schlotter did when he created a monitoring tool to help the staff at the Jasper Place Continuing Care Centre appropriately evaluate the use of

antipsychotic medication among seniors. At Jasper Place, the new tool has reduced antipsychotics used in the absence of psychosis or related conditions from 26.8% to 15.2% in a six-month period (Alberta and Canada average close to 30%). The new tool is now being piloted by AHS, with the goal of reducing the inappropriate use of antipsychotics province-wide.

**acp** Alberta  
College of  
Pharmacists

*Healthy Albertans  
through excellence  
in pharmacy practice*

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Managing editor: Karen Mills

Please send comments or submissions for publication to [communications@pharmacists.ab.ca](mailto:communications@pharmacists.ab.ca).

The deadline for submissions for the July / August 2014 issue is June 5.

## ACP Council Executive

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

Councillor email addresses are posted on our website under *About ACP/Council*.

## Staff Directory

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Deputy Registrar: Dale Cooney  
Communications Director: Karen Mills  
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Pharmacy Practice Consultants:  
Tim Fluet, Chantal Lambert,  
Martha Nystrom, Monty Stanowich,  
Jennifer Voice  
Registration Manager: Linda Hagen

Staff email addresses are posted on our website under Contact Us.

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

[pharmacists.ab.ca](http://pharmacists.ab.ca)

## APEX Awards – Pinnacle Category Recipients *continued from page 1*



**Safeway Pharmacy #281, Airdrie, Chris Borys, manager**

**W.L. Boddy Pharmacy Team Award**

*Awarded to a healthcare team who, by virtue of their collaboration skills and use of pharmacists' full scope of practice, positively impact the health of individuals in their community.*

Pharmacy manager Chris Borys and his team provide exceptional patient care despite time and space constraints by putting their mantra – “Make healthcare accessible for the patient; adapt to change; show initiative” – into practice.

## PEAK CATEGORY RECIPIENTS



**Future of Pharmacy**

**Ashley Davidson**  
Associate Owner / Pharmacist, Shoppers Drug Mart #323; St. Albert



**Future of Pharmacy**

**Tim Leung**  
Pharmacist, University of Alberta Hospital; Edmonton



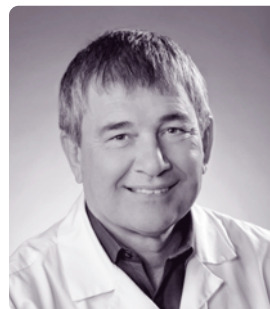
**Future of Pharmacy**

**Ashley Young**  
Pharmacist, Pharmacare Fulfillment Centre; Edmonton



**Friend of Pharmacy**

**Dr. Andrew Cave**  
Family physician and professor, Department of Family Medicine, Faculty of Medicine and Dentistry, U of A; Edmonton



**Pfizer Consumer Healthcare Bowl of Hygeia –**

**Don Makowichuk**  
Pharmacist / Co-owner, LifeMed Pharmacies; Edmonton

*The APEX Awards are jointly funded, promoted, and presented by the Alberta Pharmacists' Association (RxA) and the Alberta College of Pharmacists (ACP).*

*Read full profiles of all recipients on the ACP website.*

ACP council held its regular quarterly meeting on April 9 and 10 in Edmonton. Following is a summary of the council's deliberations and decisions.

### Introduction of new public members

Mary O'Neill (St. Albert) and Al Evans (Calgary) were welcomed to council as new public members, filling positions previously held by Pat Matusko and Vi Becker. Both bring a wealth of knowledge and experience that has already added significant value to council's deliberations and decisions.

### Audit and annual report

Council received and accepted the audited financial report presented by its external auditors KPMG. Council also approved its annual report for 2013/14. The annual report is posted on ACP's website under *About ACP > Annual reports*.

### Approval of fees for complaint reviews and hearing appeals

Council approved the following fees.

	Fee	GST	Total
Hearing tribunal appeal	\$574	\$28.70	\$602.70
Complaint review request	\$200	\$10.00	\$210.00

A member of the public may request a complaint review if they are dissatisfied with the complaint director's dismissal of their complaint. A defendant in a hearing may appeal to a panel of council if they are dissatisfied with the hearing tribunal's decision.

The fees are set to be:

- High enough to signify that this is a serious process to which an applicant must commit,
- Not so high as to prevent an individual from being able to apply for a review,
- In keeping with other ACP decision review fees and similar fees charged by other regulatory bodies.

As these are new fees, this proposal required amendments to Schedule A of ACP's bylaws and so a 60-day review period was held from December 19, 2013 to February 20, 2014.

### Election of officers

Council elected its officers for the 2014/15 council term. Rick Hackman (District 3) was elected president elect and Taciana Pereira (District 3) was elected member at large. The council executive committee (effective July 1, 2014) will be:

- Brad Willsey (District 1) – President
- Rick Hackman (District 3) – President Elect
- Taciana Pereira (District 3) – Executive Member at Large
- Kelly Olstad (District 4) – Past President
- Greg Eberhart - Registrar

### Annual General Meeting

ACP's Annual General Meeting will be held on the evening of June 11 in Edmonton. Council is committed to engagement with our registrants. Therefore, the annual meeting will again be webcast. Pre-registered individuals participating through distance delivery will be able to vote on any resolutions that are presented. Please watch The Link for further details about the venue, starting time, and instructions for registration.

### Engagement with the Health Quality Council of Alberta (HQCA)

Council met with board members of the HQCA. The discussion highlighted the significant contributions that ACP has made to the HQCA, mostly through its Health Quality Network. Opportunities for continued collaboration were explored. HQCA expressed interest in further studying the impact of pharmacist prescribing; however, were reminded that there was likely greater opportunity to focus on patients and their experiences in receiving appropriate



drug therapy, regardless of the prescriber. HQCA also expressed interest in working with ACP to study the perceptions of community based pharmacists about patient safety. ACP will continue to explore these possibilities with HQCA.

### Looking to the future

Each council meeting includes a segment on *generative thinking*, time dedicated to focusing on the future of the pharmacy professions in Alberta's health system. Council has been deliberating pharmacy practice in 2025 and beyond, exploring changes in population and health system needs, health care delivery, pharmacy practice, and changes that ACP must make to fulfill its mandate in the future. Our goal is to identify changes that can improve accessibility to, and the quality of, pharmacy practice. This may mean removing some barriers, and considering new ways to monitor and support practice improvement.

### Introduction to ACP's new Competence Program

Council reviewed the rules for the enhanced Competence Program that comes into effect on July 1, 2014, and accepted several recommendations for amendment from the competence committee. Council received a preview of the web-based module being developed for registrants to manage their competence requirements, as well as an online orientation program. More details about the program will be released in June.

*continued on page 4*



## Inducements prohibition approved

Council approved amendments to the Code of Ethics, *Standards for the Practice of Pharmacists and Pharmacy Technicians*, and *Standards for the Operation of Licensed Pharmacies*. In doing so, council reviewed the comments received during the review and comment period, resulting in some changes to the scope of the prohibition prior to approval.

Council originally established May 1, 2014 as the date for the amendments to come into effect. Correspondence was forwarded to pharmacy groups, requesting that they identify any technical or operational impediments that would impede compliance before this date. As a result of feedback received, council amended the date for coming into effect to June 10, 2014, which is 60 days after council's decision to adopt the amendments.

The college adopted the prohibition because:

1. We recognize that pharmacists are healthcare professionals, not just vendors of drugs. The prohibition acknowledges pharmacists' changing role and the complex patient care pharmacists are now starting to do - adapting prescriptions, administering injections, writing care plans, coordinating drug therapy, and prescribing. In doing so, pharmacists are assuming more significant roles as essential healthcare professionals. It is not appropriate for health professionals making such critical care decisions to be involved in offering inducements to people to use their services.
2. Healthcare delivery is evolving. Healthcare delivery is becoming more team based (for example, Primary Care Networks and Family Care Clinics). Trust and strong relationships

are required for success. Pharmacists need to have a trusting relationship with patients for the best care. The foundation for these relationships needs to be trust, not the rewards a patient can get. In team-based care, pharmacists also need to have trusting relationships with the members of the patient's healthcare team.

When a patient transfers pharmacies or uses multiple pharmacies by reason of the inducements provided, the patient's relationship with the pharmacist is not the only one affected. It also impacts the relationships between the pharmacist and the other members of the patient's healthcare team. It takes time to establish a complete patient history, mutual therapy goals, and lines of communication among team members who often practice in different locations and see the patient over differing periods of time. If team members are constantly changed or only have access to portions of a patient's medical and care history, it makes it extremely difficult for them to work together effectively and ensure continuity of care.

3. Alberta is not unique in addressing inducements. Seven other provinces have rules in various forms that prohibit or restrict the use of inducements in pharmacy. For example, Ontario has prohibited inducements on prescriptions and prescription services for over a decade.

As the regulatory body, it's our job to make sure practice environments support our registrants and the care they provide to patients. It is also our job to set and maintain high ethical and practice standards, and support the integrity of pharmacy. The prohibition maintains the high ethical and practice standards we and Albertans expect from health professionals.

For more information, please see the FAQ document and background paper posted on the ACP website.

## Council election results

The District 4, 5, and technician elections closed on April 10 and the results are in. Congratulations to the elected councillors. New councillors will begin their terms on July 1.

Thank you to all candidates and voters for your participation.



District 4 (Central Alberta)  
**Kelly Olstad**



District 5 (Calgary)  
**Brad Couldwell**



Pharmacy Technician (South)  
**Jennifer Teichroeb**

## 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 17. 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 renewals 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 renewal questions:  
pharmacyinfo@pharmacists.ab.ca

Tel: 780-990-0321

TF: 1-877-227-3838

Fax: 780-990-0328

### New this year for pharmacist renewals

If you currently hold **Authorization to Administer Drugs by Injection**, and wish to continue to hold this authorization effective July 1, you will be required to re-certify for it when you renew your practice permit this year by

completing a professional declaration indicating that you:

- i. Have taken action to maintain both your clinical and technical competencies required for administering injections,<sup>1</sup>
- ii. Have and will maintain valid CPR (minimum Level C),
- iii. Have and will maintain valid First Aid certification (minimum standard or emergency),
- iv. Have administered an injection within the past three years.

Pharmacists who are unable to sign this professional declaration because they have not maintained the competence and proficiency required **or** have not administered an injection within the past three years **can complete their online practice permit renewal but their authorization to provide drugs by injection will expire on June 30**. These pharmacists must contact the ACP office if they wish to regain this authorization.

If you hold this authorization and are selected to participate in a learning portfolio audit, you will be required to submit:

- Documents that verify all CEUs claimed on your CPD log;
- Proof of holding appropriate professional liability insurance coverage;
- Proof of valid first aid and CPR certification;
- Information regarding the last injection(s) you administered such as approximate date, number of injection(s) and type(s) of injection.

If your CPD log does not include learning directed at maintaining your clinical and technical competencies to administer injections, you may be asked to provide information to indicate how you have maintained your competencies.

1. To see NAPRA's Competencies on Injection for Canadian Pharmacists, go to [http://www.napra.org/Content\\_Files/Files/Supplemental\\_Competencies\\_on\\_Injection\\_for\\_Canadian\\_Pharmacists2012.pdf](http://www.napra.org/Content_Files/Files/Supplemental_Competencies_on_Injection_for_Canadian_Pharmacists2012.pdf)

# Understanding pharmacy technician practice: A standard by standard look

The *Standards of Practice for Pharmacists and Pharmacy Technicians* outlines ACP's practice requirements. Many of the standards apply to both pharmacists and pharmacy technicians, meaning that the standard is the same whether the work is completed by a pharmacist or a pharmacy technician. In other instances though, the standards outline the difference between what is expected of a pharmacist versus a pharmacy technician. The following standard-by-standard comparison clarifies what responsibilities a regulated pharmacy technician may undertake.

**STANDARD 1** requires both pharmacists and pharmacy technicians to act professionally. Standard 1.8 specifically requires that pharmacy technicians:

- Only engage in restricted activities that they are authorized and competent to perform;
- Be aware of the limits of their personal competence and only provide services within these limitations; and
- Be aware of circumstances when they should refer the patient to a pharmacist. The standard goes on to specify that this includes:
  - When the pharmacy technician identifies an actual or potential drug therapy problem;
  - When there are alerts generated by the pharmacy software system during entry or processing of a prescription that require therapeutic knowledge, clinical analysis, or assessment; or

- The patient asks questions or seeks information that requires therapeutic knowledge, clinical analysis, or assessment.

**STANDARD 2** sets expectations for establishing and maintaining professional relationships with patients. Standard 2.2 explains that a pharmacy technician is expected to:

- Assist the pharmacist in identifying the patient's health needs and expectations;
- Collect information required for providing pharmacy services; and
- Consider that information in their work including when dispensing, compounding, or determining when to refer to the pharmacist.

## What is a pharmacy technician's scope of practice?

The scope of practice of a pharmacy technician is defined in Schedule 19 of the *Health Professions Act*:

In their practice, pharmacy technicians promote safe and effective drug distribution and, in relation to that, do one or more of the following under the direction of a pharmacist:

- a) receive, gather, enter and store prescription and patient information,
- b) store and repackage products,
- c) participate in the management of systems for drug distribution and inventory control,
- d) participate in the research, development, implementation and evaluation of quality assurance and risk management policies, procedures and activities,
- e) provide restricted activities authorized by the regulations,

- f) instruct patients about the use of health aids and devices, and
- g) teach the practice of pharmacy technicians.

The scope is further detailed in Section 21 of the *Pharmacists and Pharmacy Technicians Profession Regulation*:

- 1) Subject to subsection (2), a pharmacy technician is authorized to perform, within the practice of pharmacy technicians and in accordance with the *Standards of Practice*, the following restricted activities under the direction of a clinical pharmacist or a courtesy pharmacist:
  - a) to dispense a Schedule 1 drug or Schedule 2 drug;
  - b) to compound, provide for selling or sell a Schedule 1 drug or a Schedule 2 drug;
  - c) to compound blood products.

- 2) A pharmacy technician who is authorized to perform the restricted activity described in subsection (1)(a) may only perform that restricted activity if:

- a) a clinical pharmacist or courtesy pharmacist has evaluated the prescription for the drug,
- b) a clinical pharmacist or courtesy pharmacist has assessed the patient, the patient's health history and medication record and has determined that the drug therapy is appropriate for the patient, and
- c) a clinical pharmacist or courtesy pharmacist is available to counsel the patient and to monitor the patient's drug therapy



**STANDARD 3** requires pharmacists to consider appropriate information to assess the patient. This requirement exists whenever the pharmacist provides services such as prescribing, providing advice, or reviewing drug utilization. This assessment is also required when a drug is dispensed, regardless of whether it is dispensed by the pharmacist or by a pharmacy technician.

The standard specifies that the only time this assessment can be delayed is if drugs are dispensed frequently in limited quantities for compliance or when the drugs will be administered by a regulated health professional. Note that even if the assessment is delayed due to compliance dispensing, a pharmacist must conduct an assessment at least every 90 days.

Although a pharmacy technician may take responsibility for accurate dispensing of a drug at initial fill or at refill, a pharmacist must consider appropriate information to assess whether the drug therapy is appropriate before it can be released.

**STANDARD 4 and 5** outline the requirement of the pharmacist to identify actual or potential drug therapy problems and to take appropriate action when they are identified. A pharmacy technician is not required to consider

whether a drug therapy problem exists; however, we recognize that, in their work, technicians may identify problems. If this occurs, Standard 5.2 indicates that the technician must bring the problem and any contributing factors to the attention of the pharmacist.

**STANDARD 6** outlines the requirement to ensure a prescription is appropriate, current, authentic, and complete before it is dispensed. This standard differentiates the responsibilities that must be completed by a pharmacist from those that may be completed by a pharmacy technician.

- A pharmacist must determine whether the prescription is appropriate for the patient.
- A pharmacy technician or a pharmacist can take responsibility for determining that the prescription is current, authentic, and complete. The standard outlines the expectations for these requirements.
- A pharmacy technician may accept verbal orders for prescriptions. Standard 6.8 describes the requirements for pharmacists and pharmacy technicians.

Not specified in the standards, but communicated recently by ACP, is the fact that the *Controlled Drugs and Substances Act* and its regulations do not include pharmacy technicians. Because they are not included in the Act, pharmacy technicians may not accept verbal orders for narcotics, controlled drugs, or targeted substances.

**STANDARD 7** outlines the requirements for dispensing and applies to both pharmacists and pharmacy technicians. The pharmacy technician may take responsibility for all of the dispensing functions, including completing the final check to ensure that the drug and the label are correct and that the appropriate auxiliary labels are affixed.

The only thing in this standard that is limited to a pharmacist is the decision about using a DIN number in place of the drug name on a prescription label.

Although rare, if this occurs it must be based upon the judgment of the pharmacist.

**STANDARD 8** includes the requirements for releasing drugs to a patient. Pharmacy technicians are allowed to release drugs to patients. Like pharmacists, they are required to identify the patient, the drug being provided, and provide any information about refills. In addition, the standard identifies specific things a technician must do.

Standard 8.2 specifies that the pharmacy technician must ensure that a pharmacist has:

- Assessed the patient and determined that the drug therapy is appropriate;
- Evaluated the prescription; and
- Provided the patient with information, i.e. counselling, as required of pharmacists in the standard.

In addition, the pharmacy technician must:

- Inform the patient that a pharmacist is available to speak with them if desired, and
- Use his/her judgement to refer the patient to the pharmacist for a dialogue if necessary.

*continued on page 8*



## Understanding pharmacy technician practice *continued from page 7*

**STANDARD 9** indicates that pharmacy technicians must refer patients to the pharmacist if they determine that they require assistance or may face a risk from the use of a Schedule 3 drug. The technician may enter into a dialogue and provide information to patients regarding healthcare products, aids, or devices.

Pharmacy technicians may take responsibility for compounding.

**STANDARD 10** outlines the requirements. Similar to Standard 7, the majority of this standard applies to both pharmacists and pharmacy technicians in that either one may perform the duty. However, if there is no compounding formula available or if the technician deviates from the procedure outlined in the formula, the pharmacist must be consulted and the pharmacist must use his or her judgment to determine the appropriate action.

## Who can use the title *pharmacy technician*?

As of July 1, 2011, *pharmacy technician* became a restricted title. Only individuals registered on ACP's pharmacy technician register or courtesy pharmacy technician registers may use the following titles:

- a) pharmacy technician;
- b) pharmacy technologist;
- c) dispensary technician;
- d) dispensary technologist;
- e) Pharm.Tech.;
- f) Ph.T.;
- g) R.Ph.T.

A provisional pharmacy technician may use the title provisional pharmacy technician.

Source: Section 15 of the Pharmacists and Pharmacy Technicians Profession Regulation.

A pharmacy technician may perform the final check on a compound. The expectations of the standards are the same for both pharmacists and technicians.

**STANDARD 11 through 17** do not apply to pharmacy technicians because technicians are not authorized to prescribe or administer drugs.

Pharmacy technicians are required to document the work that they do. The process of creating and maintaining patient records is outlined in **STANDARD 18**. The expectations for pharmacy technicians mirror those for pharmacists.

**STANDARD 19**, the prohibition of accepting drugs for reuse, applies to equally to pharmacists and pharmacy technicians.

**STANDARD 20** includes the requirements for providing direction and supervision. Pharmacy technicians must work under the *direction* (different than supervision) of a pharmacist.

- The pharmacist who provides direction must work at the same pharmacy as the pharmacy technician; however, that pharmacist is not required to be working on the same shift as the pharmacist.
- The pharmacist who provides direction must ensure that there are policies and procedures in place to ensure that there is always a pharmacist available to provide guidance to any pharmacy technicians who work in the pharmacy and to take responsibility for those activities that must be completed by a pharmacist. These activities include evaluating prescriptions, assessing appropriateness of therapy, monitoring drug therapy, and counselling patients.

The pharmacist providing direction is accountable for the environment in which the work is done; however, the pharmacy technician, as a regulated health professional, is responsible for the work that they do.

Supervision refers to the supervision of restricted activities – those activities that must be performed by a regulated health professional. Technicians registered on the pharmacy technician register are regulated health professionals; therefore, they do not need to be supervised when dispensing or compounding.

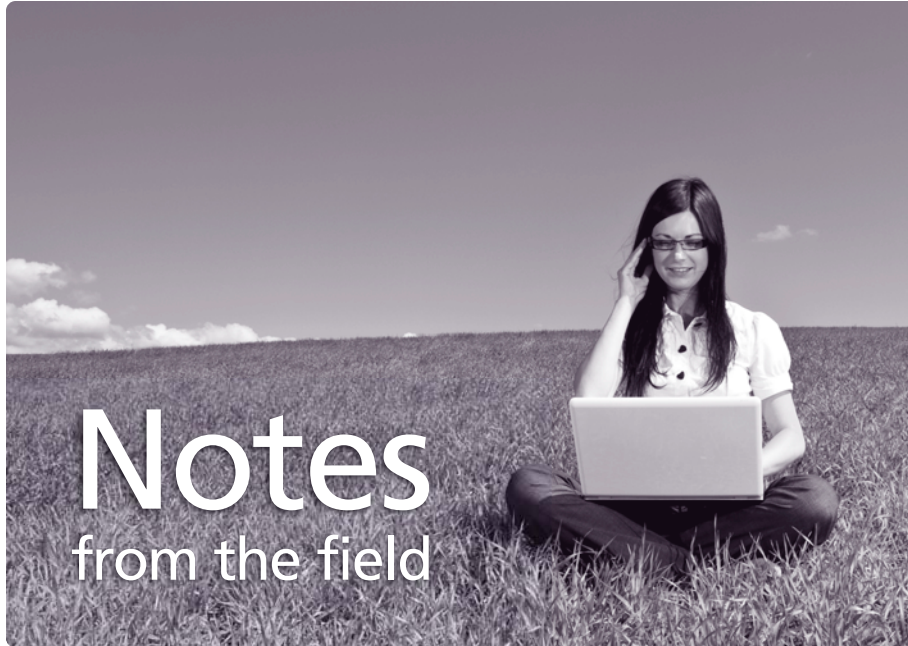
Other non-regulated employees such as pharmacy assistants, students, etc. must be supervised if they are assisting with restricted activities by counting and packaging drugs or measuring and mixing drugs for compounding.

Pharmacy technicians may supervise others as long as they are authorized to perform the activity themselves. For example, a technician can supervise an assistant in the counting and packaging of drugs, but they cannot supervise a pharmacy student assessing patients. Likewise, a pharmacy assistant may count and package a drug for dispensing and a pharmacy technician may perform the final check of the drug prior to release.

**STANDARD 21** describes the requirements when repackaging drugs. This standard mirrors the standards regarding dispensing (see Standard 7). A pharmacist or a pharmacy technician may take responsibility for completing the final check.

In short, pharmacists must still assess the appropriateness of each prescription and assess and counsel patients. Once the pharmacist has assessed the patient and their prescriptions, regulated pharmacy technicians may compound and dispense drugs without a pharmacist having to perform the final check. They may also supervise other technicians, assistants and pharmacy technician students in the pharmacy.





# Notes from the field

## 4 tips when handling health information

Our office has received questions from both pharmacists and patients about the handling of patient health information. Here are four tips to help you and your patients:

### DO NOT

use health information for any non-health reasons (e.g., looking up friends and/or family, or for social reasons).

### DO

meet your obligations as a custodian when collecting, sharing, disclosing health information.

### DO

be careful when cleaning out documents. Before recycling, ensure that no patient information is still included on any of the documents.

### DO

look to ACP's guide, *Helping pharmacists and pharmacy technicians understand the Health Information Act*.

It explains the obligations of a custodian, details key concepts, and provides example scenarios. You can find it on the ACP website under *Practice Resources > Legislation – Provincial*.



## In memory...

*J. Kenneth (Ken) Penley* died on April 18, 2014 at the age of 93. Ken graduated with distinction from the U of A School of Pharmacy in 1943. In 1944, he and Prudence A. Bamlett, a fellow pharmacy student, were married. Ken and Prue opened their first pharmacy in Calgary in 1947, and went on to open two more there.

Ken was a proud advocate of pharmacy. He served on numerous committees and was always a willing supporter and active member of the Alberta Pharmaceutical Association (APhA). His lasting legacy is his contribution as co-author of *The History of Pharmacy in Alberta*.

Ken received the Calgary Rotary Integrity Award in 1998, the Award of Excellence and Honorary Life Membership from the APhA, and a Certificate of Recognition from the Canadian Pharmaceutical Association. In 2011, Ken was awarded an Alberta Pharmacy Centennial Award of Distinction.

Ken was progressive in responding to his profession's maturing ways. The good health of his patients was always paramount to him. He truly was a friend to pharmacy and an admired colleague.

*Jean Nettleton* died on April 1, 2014 at the age of 90 years. Jean was one of the first female pharmacists in Alberta. Upon graduating from the Faculty of Pharmacy at the U of A in 1946, she was honoured with the coveted silver medal award. Jean practiced with Calgary's Medical Arts Pharmacy and Dunford Drugs (1946-1965) and was the manager of the Brewerton Medical Centre Apothecary where she worked from 1965 to 1984. Jean retired from the Alberta College of Pharmacists in 1991.

### More resources

- *aφnews*, Sept/Oct 2013 – This issue featured a special 10-page section on handling health information
- HIA resources from the Office of the Information and Privacy Commissioner of Alberta - <http://www.oipc.ab.ca/pages/Resources/HIA.aspx>



# 7 tips for additional prescribing authorization applications

Submitting your application for additional prescribing authorization? Read these tips first to make sure you avoid some common pitfalls.

**1** *Include documentation IN the patient care record.* The narrative is valuable to assessors, but it is NOT part of the patient record. The sole purpose of the narrative is to guide the assessor through the actual documentation you provide.

As outlined in the **Case Checklist**, assessors are looking for care plan and monitoring plan information in the patient record - the actual record of care. This may be paper-based or electronic, but must be authentic. In other words, it must be created at or near the time you provided the care; not created for the purpose of the application.

**2** *Document at the same time you provide care.* Assessors are noticing that in some applications, documentation appears to be done weeks, even months, after the actual event. While this alone is not an automatic reason for an applicant to be unsuccessful, it may contribute. If you did not document when the event happened, it's best to find another case where you documented the care in a timely manner.

**3** *Take responsibility for decisions about drug therapy problems.* Assessors note that many applicants identify drug therapy problems (DTPs) and communicate them to the physician for the physician to assess and decide how to proceed. Assessors are looking for you to complete a thorough assessment and develop a care plan. They are gauging your ability to assess the patient, develop a care plan (i.e., prescribe, monitor, and

follow up), collaborate with other health care providers, and document your actions. Asking the physician what to do about a DTP is not indicative of collaborative prescribing; making a suggestion with a strong rationale and plan for the physician to consider is.

**4** *Demonstrate all the key activities for pharmacist prescribing in your cases.* For example, a case where a pharmacist makes an adaptation to another dosage form or changes the medication due to coverage issues may not be a good demonstration of assessment and often no care planning or follow up is demonstrated. Assessors are looking for the pharmacist to complete a full assessment, make a decision, and complete follow up.

**5** *Show that you have completed a holistic patient assessment.* This means that all medications should be assessed, at minimum, for efficacy, proper dosing, and indication. For example, even if the drug therapy problem is a lack of medication for preventing shingles, assessors expect that you will review all of the patient's medications at the time of assessment. If this is not shown, and assessors note other potential problems, then they may be left to wonder whether you identified the issue or not, and if or when you plan to address it.

**6** *In your follow up plans, document who will be responsible for completing the follow up.* In many instances, this will be a combination of you and the physician, and/or others, such as nurses. Do not imply; state the information directly in the care plan.

**7** *Complete and document some of the follow up before submitting your application.* Many applicants have included a monitoring plan, but submitted their application before the plan is carried out. As outlined in the **Case Checklist**, assessors will be looking in your documentation for implementation of the follow up. This may mean delaying your application submission, but will increase your chances of success.

## Resources

The *Additional Prescribing Authorization Information* link in the Bulletin Board section of the ACP website, will take you to the following resources:

- Guide to Receiving Additional Prescribing Authorization
- Additional prescribing authorization FAQs
- Self-assessment form
- Application form
- Case narrative form
- Case checklist
- List of key activities and indicators
- Fee information

## Application reminder

When applying for additional prescribing authorization, don't forget to include two copies of your entire application package.



## Which 5 lab tests can't a pharmacist order?

Ordering a lab test can be part of considering appropriate information for a patient. However, keep in mind that standards and legislation limit which tests pharmacists may order.

Pharmacists must only order lab tests if indicated to assist in the management of drug therapy for a patient.

Pharmacists may not order:

- 1 Any form of ionizing or non-ionizing radiation; these are restricted activities. In other words, pharmacists may not order x-rays, ultrasounds, or MRIs.<sup>1</sup>
- 2 Any test which is beyond their personal competency to order or interpret.<sup>2</sup>
- 3 Any test for which they are not prepared to take appropriate action on if the results of the test are outside the normal or expected range.<sup>2</sup>

- 4 Any test that is already available from another source.<sup>2</sup>
- 5 Any test for patients with whom they haven't developed a professional relationship.<sup>2</sup>

### Want to know more about ordering lab tests?

These sources outline the process, requirements, and best practices.

- Guidelines for pharmacists ordering laboratory tests and using laboratory data
- Standard 3, *Standards of Practice for Pharmacists and Pharmacy Technicians*
- Ordering lab tests information page on the ACP website

1. Schedule 7.1, *Government Organization Act*

2. Standard 3, *Standards of Practice for Pharmacists and Pharmacy Technicians*

## Competence Program updates getting exciting

Programming and proofreading are underway for the web-based modules and online orientation program that will make up the new ACP Competence Program. The interactive and easy-to-use modules are designed to help individuals identify learning needs, create plans to fill any knowledge gaps, and record and reflect on their learning.

All of the materials and processes aim to make learning a seamless and continuous part of practice, and accommodate learning in all settings and stages of your career.

Watch *The Link* for more details as we get ready to roll the program out later this summer.

### Start saving now! Current CPD log records will be unavailable after Feb. 1, 2015

The CPD log functionality of the current competence system will be decommissioned on Feb 1, 2015. This means that any records you have stored on your log will not be accessible after that date. Please print or otherwise save anything that you would like to preserve before Feb. 1, 2015.

# Jurisprudence learning module now online

An online jurisprudence learning module is now available to all registrants through the ACP website. This resource was developed to support all pharmacy professionals with reviewing the legislation and standards that govern pharmacy practice in Alberta. You should access this module if you are a:

- Pharmacy professional who would like to review the *Standards of Practice for Pharmacists and Pharmacy Technicians*;
- Pharmacist or pharmacy technician who would like to find answers to frequently asked questions or would like to test your jurisprudence knowledge;
- Pharmacy licensee, and are therefore responsible for your pharmacy and staff complying with the standards; or

- Intern, provisional pharmacy technician, or pharmacy student who is preparing for the ethics and jurisprudence exam and/or pharmacy practice in Alberta.

This interactive module is available on the ACP website under *Registration and Licensure*>*Ethics and Jurisprudence exam*.

We invite you to take a look, review a chapter, or complete the entire module. Whatever your learning needs are, we hope you enjoy and take advantage of this resource. If you've had a chance to review the module, we would love to get your feedback; a feedback form is available in the module.



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.