acpnews

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Message from the President

What are the essentials of pharmacy practice?

Brad Willsey, BScPharm, MBA

Over the summer, there was a lot of discussion in Alberta about "getting back to the basics" in education. "Getting back to the basics" seems like a simple concept, until you try to define exactly what "the basics" or "the essentials" are. Try it, using a pharmacy context.

With all the options open to practitioners now, and more appearing all the time, what are the essentials going to be for pharmacists and pharmacy technicians in the future? What skills, knowledge, and abilities must every pharmacist and pharmacy technician have? What will make pharmacy unique from other health professions?

ACP council is pondering these questions. In early discussions, more questions than answers have arisen.

- Should pharmacists or technicians, or both, be required to train in compounding?
- Which diagnostic tests and assessment tools should be included within pharmacist practice?
- Are there limits to the scope of lab tests that pharmacists should order? If so, what frame of reference should be used to determine these?
- When do practitioners need to be physically present and when can technology facilitate interaction with patients and other health professionals?

Despite all the questions, some essentials are becoming clear. Practising as a responsible healthcare professional requires each practitioner to focus on the holistic needs of a patient; not just a single drug or a single disease. Patient need, practitioner competence, and professional and ethical conduct, must dictate care, not a practitioner's title or billing practices. Finally, collaboration is critical. Being able to act independently does not make it a best practice.

We look forward to exploring questions about the essentials and the future of pharmacy with you through regional meetings, webinars, social media, and our newsletters over the coming months.

If you would like to offer input now, please email your comments to communications@pharmacists.ab.ca.

acp Alberta College of Pharmacists

Healthy Albertans through excellence in pharmacy practice

acpnews

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Notes from Council

Compounding consultation closes October 5

ACP is circulating national draft *Model Standards for Pharmacy Compounding of Non-hazardous Sterile Products* for review and comment. NAPRA's concurrent national consultation closed September 10; ACP included comments received by September 5 in our submission to NAPRA.

ACP's consultation period extends until October 5, 2014.

Please see the posting in the News column on ACP's website homepage for links to the consultation invitation letter, draft Standards, and comment template.

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1. Click on the *Login* button at the top of the ACP website (pharmacists.ab.ca)
2. Once logged in, click on *My Profile* at the top of the page and log in.
3. Select the *View Profile* tab.
4. On the "Contact Information" section (second box from the top), click the Edit button (top right)
5. For the last item, Newsletter Preference, select Email from the drop down menu.

We – and many trees – thank you!

New Competence Program – How do I start?

One of the first steps you should take in the new online Continuing Competence Program (CCP) is to review the mandatory CCP tutorial. This tutorial is available in the Self-Assessment/ Prescribed Activities section of the CCP web portal on the ACP website (*Resource Centre> Competence>CCP portal*). Reviewing the tutorial is one of the three requirements you must complete to be eligible to renew your practice permit for the upcoming registration year. In addition, you must:

1. Complete at least 15 CEUs during the CE cycle (June 1 to May 31) and document each activity on a Learning Record.
2. Implement at least one CEU worth of learning into your practice and document this on an Implementation Record.

Pilot participant comments about the tutorial...

I think the tutorial and the examples are an essential piece to fully understand the difference [between the Learning and Implementation Records].

The CCP tutorial is very user friendly and easy to navigate through.

After completing the tutorial I have a better understanding of how to complete a Learning Record and Implementation Record.

Pilot participant comments about the program...

I definitely think that it will encourage pharmacists to look at their practices and think about how they can improve and enhance their competencies.

It has a lot of resources to help you complete it and is simple and user friendly.

It allows every pharmacist to remain accountable of their learning and to complete programs that are relevant. It is a very thorough process and will require time to get through and complete the first couple times. It is not something that will be easily completed at 11pm on May 31st…

If you have feedback about the program, please submit it using the *Feedback/Questions* button at the top right of the CCP portal screen.

Figure 1: Continuing professional development cycle

Don’t wait till May – start planning now

Maintaining your competence is a professional responsibility and is the hallmark of self-regulated professionals. According to your Code of Ethics, it is your professional responsibility to continuously improve your level of professional knowledge and skill and evaluate your individual practice and assume responsibility for improvement (Figure 1).

To help you with your continuing professional development, a collection of self-reflection, self-assessment, and planning tools are available in the Self-Assessment/Prescribed Activities section of the CCP web portal. These tools are for your benefit and ACP will NOT be monitoring or keeping track of your self-reflection, self-assessment, or planning work or results.

continued on page 4

Complaints Resolution

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 *Resource Centre>Complaints>Hearing Decisions*.

Case 1

A hearing tribunal made a finding of unprofessional conduct against Mr. Khan Qaisar for touching the groin area of a three-year-old boy, over top of the boy's clothing.

The hearing tribunal ordered that Mr. Qaisar:

1. Receive a caution;
2. Complete the Professional Problem-Based Ethics (ProBE) Program offered by The Center for Personalized Education for Physicians at his own cost within one year.
3. Pay the costs of the investigation and hearing [$30,072.72] within two years.
4. Provide the Ontario College of Pharmacists with a copy of the hearing tribunal's decision and orders within 45 days;
5. Have his practice permit suspended if he fails to comply with orders 2 and 4 above within the time periods provided, until such time as he has complied.

In its decision, the tribunal noted that, "While the incident that gave rise to the complaint is disturbing to the Hearing Tribunal, the Hearing Tribunal acknowledges that there is only evidence of the one incident and that Mr. Qaisar demonstrated appropriate acknowledgement of the incident and apologized quickly, in writing, to the complainant. It is also important to note that while the inappropriate touching was serious, there was no sexual intent by Mr. Qaisar."

Case 2

A hearing tribunal made a finding of unprofessional conduct against Ms. Sonia Chahal when they agreed with her admission that she:

1. Breached her professional declaration made as part of her practice permit registration in that, contrary to her declaration, she did not have valid professional liability insurance for the practice of pharmacy as required for a regulated member on the clinical register;
2. Was on the clinical register from December 23, 2013 to January 20, 2014 without valid professional liability insurance; and
3. Worked at a pharmacy from December 23, 2013 to January 20, 2014 while on the clinical register without valid professional liability insurance and from January 1 to 20, 2014 while no longer registered as an intern.

The hearing tribunal ordered:

- A written reprimand;
- A fine of $750.00; and
- Payment of costs of the investigation and hearing [$11,210.10] capped at $4,000.00.

New Competence Program
continued from page 3

Self-reflection tools:

- Understanding My Current Work Environment
- Questions Log

Use these tools to reflect on either your work environment or questions you have encountered to help identify potential learning and implementation objectives that are relevant to you and your practice.

Self-assessment tools:

- Clinical Practice Self-Assessment
- Assessment of Professional Competencies (NAPRA)
- Ethics and Jurisprudence Knowledge Assessment

Use these tools to assess your knowledge and behaviours to help identify your learning needs.

Planning tools:

- Learning Activity Planning Tool
- Implementation Objective Planning Tool

Use these tools to plan your learning activities and implementation objectives.

We encourage you to assess your practice and learning needs and plan your learning and implementation objectives accordingly. Using these tools would be a great way to start the program. You can also use them at any time during the CE cycle.

Quality Pharmacy Practice

Two more ways to get better results with less effort

Last issue, we discussed two vital behaviours – connecting with patients and confirming and documenting the indication – to help pharmacists meet more patient needs without spending more time or resources to get the job done.

Both of these vital behaviours fit the 80/20 rule, where 80% of the results are achieved with only 20% of the effort. Just a few questions help you connect with the patient and build an open dialogue, while also helping you gather crucial information to manage their medication therapy.

While these two behaviours play a key role in patient assessment, there are two others that are just as important to expanding your practice and improving patient care. So what are these two new vital behaviours?

1 Access Netcare when gathering information and evaluating therapy

Next to a pharmacy's own records, Netcare is the most important patient database available to a pharmacist. It supplements your assessment information by letting you:

- Access the results of diagnostic procedures such as imaging and lab tests,
- Check for prior admissions to hospital, or
- See what medications the patient has previously been dispensed.

Using Netcare is especially critical for ensuring the safe use of medications with a high potential for patient harm, such as Schedule 2 products, triplicate prescription drugs, or medications with a narrow therapeutic window.

2 Follow up and monitor therapy at refill

Pharmacists do a great job letting patients know what they could experience when starting on a new medication. However, they often forget to ask about how the medication is actually affecting patients once they start taking it.

Refills are the best opportunity to find out how well patients are doing on the medication and identify drug-related problems as soon as possible. The patient may have experienced a change in his or her health conditions, the medication dose could be too low to be effective, the patient could be experiencing side effects without even realizing it, or the patient may have difficulties adhering to therapy. If you don't ask the patient about their medication experience, you may be missing your chance to address these issues.

–

Taken together, these four vital behaviours build a solid foundation for strong pharmacy practice and allow pharmacists to conduct effective assessments for any clinical activity, be it for dispensing, medication reviews, or prescribing.

See how these behaviours look in practice

ACP Professional Practice Consultant Chantal Lambert shared a story that shows how both Netcare and assessment at refill can help improve patient care.

Chantal explains that, "During a consultation, I discussed accessing Netcare when monitoring patient progress for certain types of meds (thyroid, diabetes, cholesterol, etc.). The pharmacist accessed the Netcare record for the next cholesterol patient that came by and noticed that she hadn't had lab work done in two years. The patient disclosed that she was getting the requisitions from her MD but didn't bother to get the lab work done anymore. The pharmacist explained the importance of getting routine lab work done and she agreed to go and have it done soon. I could see that the pharmacist grasped that Netcare was a much more useful tool than just monitoring codeine sales, and I look forward to seeing how he is able to implement it into his practice."

Be on the alert for high-alert drugs

Recently, ACP has investigated several complaints stemming from drug errors involving "high-alert" medications. While thankfully only a very small number of these errors resulted in patient harm and disruption to care, high-alert drugs by their nature have a greater potential to cause harm. Therefore, practitioners must use extra caution with these medications.

Common high-alert drugs found in most community pharmacies include methotrexate, warfarin, pediatric liquid medications, opioids, oral hypoglycemic agents, and insulin.

Tips and tools for high-alert drugs

- **Be aware:** Learn more about high-alert drugs and frequently review listings of high-alert drugs, being mindful of those used in your practice. You can find current high-alert drug listings from sources such as the ISMP (www.ismp.org/communityRx/tools/ambulatoryhighalert.asp).
- **Educate staff and patients:** Ensure that the high-alert drug information you review and the safeguards you implement are shared with all pharmacy staff members, including relief/locum staff. Incorporate your pharmacy's high-alert safeguards into the mandatory training that is provided for all pharmacy staff. Provide mandatory patient education about all dispensed high-alert drugs as part of the dialogue you have with your patients. Use auxiliary labels for high-alert drugs and incorporate applicable warning information into the directions for use when applicable. Review the original written prescription with the patient at the time of pick-up.
- **Implement pharmacy policies:** Incorporate high-alert safeguards into routine processes/reviews within the pharmacy. Don't let high-alert awareness be a one-time issue. Often high-alert drugs require dosing calculations as part of the dispensing process (see the March/April 2014 **aφnews** (page 13)) so the dispensing of high-alert drugs should be double checked by two pharmacy staff members. At times when a pharmacist may be required to check a high-alert drug in the absence of other pharmacy staff, have a second pharmacy staff member review the high-alert transaction record at the next opportunity. As part of the prescription checking process, incorporate the use of bar-code technology to reduce the chance of error in dispensing high-alert drugs.
- **Highlight and segregate:** Use software that provides automated alerts when dispensing high-alert drugs. Standardize the segregated storage of high-alert drugs and implement a warning system for stocked high-alert drugs within the pharmacy. An example of a warning system might be a red high-alert label or a similar visual cue.
- **Evaluate and adjust:** Audit your high-alert safeguards quarterly and involve all pharmacy staff. Consider conducting an annual failure mode and effects analysis (FMEA) to identify possible gaps with your high-alert safeguards before errors occur. Use the ACP's FMEA tool, The Systems Approach to Quality Assurance for Pharmacy Practice: A Framework for Mitigating Risk. You can find it on the ACP website under *Resource Centre>Tools & Guidelines>Drug Error Management> Learning Materials and Guideline*s.

High-alert medications are, "drugs that bear a heightened risk of causing significant patient harm when they are used in error. Although mistakes may or may not be more common with these drugs, the consequences of an error are clearly more devastating to patients."

- Institute for Safe Medication Practices (ISMP) definition

Hundreds of your peers have done it – are you missing out?

The *Jurisprudence learning module* is not just for interns/students and is not only about drug schedules and prescription regulations – it is about your everyday pharmacy practice, patient care, and prescribing.

What practising pharmacists are saying about the module

- Excellent format - very user friendly and interactive. This is must for all pharmacy staff, pharmacists and technicians included.
- Excellent overview, easy to understand, relevant and practical. Nice refresher.
- The module is easy to navigate; it breaks the information down nicely and the questions, scenarios, and interactions are helpful in applying the information presented.
- Very well done. Let's face it, jurisprudence is very dry and can be quite confusing at times. This module was fun and interactive and really helped me refresh my knowledge.
- Still having fun going through the module. Great information. This is an awesome review.
- Way to go! This is a great review/learning tool and the online touches keep people engaged and really help to keep you focused on the material.
- This was a great review for me and allowed me to re-educate myself in order to train my staff and provisional pharmacist, confidently and correctly.

Have questions about:	Review this chapter:
■ Pharmacy technicians' scope of practice?	*Chapter 1: Pharmacy practice in Alberta*
■ Disclosing health information?	*Chapter 2: Professional, ethical, and legal responsibilities*
■ The *Chat, Check, and Chart* model?	*Chapter 4: Patient care*
■ Pharmacist prescribing?	*Chapter 6: Prescribing and administering medications*

The *Jurisprudence learning module* is available on the ACP website under *Resource Centre>Standards and Legislation*. 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.

Getting ready for change

Making a change is never easy, and convincing others to change can be one of the most difficult challenges that a healthcare professional faces. Diet, exercise, cigarette or alcohol use – these are all deeply ingrained patterns of behaviour, and a deft touch with a healthy dose of persistence is required to successfully change them.

Whether it's starting a new medication, cutting out unhealthy snacks, or even finding new ways to practice in your pharmacy, the biggest determinant of whether change will be successful is whether those making the change are ready to commit to the process.

How does someone know if they are ready, and what goes into achieving this state of "readiness"?

This is a question nicely summed up by the RICk PrincipleTM, which states that

Readiness = **I**mportance, **C**onfidence, and **k**nowledge.[1]

Notice that *knowledge* is not capitalized; this underscores its relatively minor role in determining readiness. It is often tempting to equate knowledge of a solution with motivation to implement that solution. After all, shouldn't patients want to take their blood pressure medication once they know that they have hypertension?

But the reality is that simply understanding that something could be beneficial is different from being ready to commit to a significant change to make it happen. For one, there is still the question of "Importance". If there is no clear link between the proposed change and personal benefit, then the natural reaction will be skeptical – "will it really help, or is it just going to be more of the same?"

Then there is the issue of "Confidence". Even if it is clear that change would be beneficial, it might appear that the actual change process is something that truly cannot be done. In some situations, this can lead to people feeling stranded between a status quo that is clearly undesirable and personal failure. This type of situation is not uncommon, and it can easily lead to anxiety and even feelings of hopelessness.

So what does it take to get someone ready to make a change?

1. ***Establish importance*** – The first step is to establish importance by discussing broad goals, provide motivation, and describe as clearly as possible the personal benefits that the person will receive. Once a person sees a connection between change and personal benefit, it is rare that they will continue resisting that change.
2. ***Set goals*** –- After the motivation has been provided, there needs to be short- or moderate-term goals that are well within the person's limits to achieve. These could be SMART goals (Specific, Measurable, Attainable, Relevant, and Time-bound) or performance goals with well-defined targets.
3. ***Ensure support*** – Finally, there needs to be support to provide reassurance that one mistake does not automatically mean failure. Any change introduces unfamiliar skills and habits that require practice to master, and the task is far less daunting if it doesn't have to be performed perfectly on the first try.

RICk can also be used as a tool for reflection. For example, pharmacists who are interested in improving their effectiveness in conducting patient assessments might consider how they could apply the vital behaviours (see

1. Gale, J (2012), A Practical Guide to Health Behaviour Change using the Health Change Approach. Health Change Australia, Sydney

page 5) to their practice. First, ask yourself what value there would be in having an open dialogue with patients, confirming the purpose for each medication, using Netcare as a source of clinical information, and assessing patients at refill? Obviously, opportunities to practice to full scope would pop up more frequently and patient care would improve, but the work might also feel more personally fulfilling or rewarding with a deeper involvement in patient care.

If the changes involved in implementing all of these things seem too much, consider ways to minimize challenges and remove barriers. Identify smaller changes that make the most sense for your practice environment and move forward from there. By working in small, achievable steps and incrementally building towards larger goals, improvements become easier to implement and the benefits develop faster and more consistently than when trying to tackle everything at the same time. Other pharmacists can also be a strong source of support. Find out what tools they use to make the process more effective and try applying them to your practice.

The bottom line is, the principles of RICk are a quick and simple way to develop a deeper understanding of what motivates ourselves and our patients to commit to change.

The key to achieving readiness is identifying the value in carrying out certain actions or behaviours and finding ways to increase confidence that our efforts will result in success. Once these sources of motivation are in place, it is time to commit to change and approach it in small steps that reap steady rewards for you, your patients, and your practice.

What’s in a name?

ACP has received concerns from patients and health care providers alike indicating they have not been able to identify the pharmacist, pharmacy technician, or pharmacy assistant they have been working with.

In one situation, a physician received a fax notifying her of significant changes to a patient’s medication therapy. When the physician tried to contact the sender to discuss the changes, she noted that the fax only identified the pharmacy staff member as “Bob.” No last name, clinical designation, or licence number was provided. When she phoned the pharmacy and asked about “Bob’s” identity, the pharmacy licensee did not provide Bob’s last name or licence number.

As pharmacists continue to embrace their full scope of practice, they will be increasing their communication with other healthcare providers. Pharmacists are also interacting with patients more frequently and comprehensively. The clear identification of all members of the pharmacy team is an essential part of establishing trust with patients and collaborating with others.

A lack of clear identification can not only call into question the information that pharmacists are providing, but in some cases it can disrupt and delay the care being provided. Members of the public and other health care providers have a right to know who you are.

Reminders about identifying yourself

- When providing any written correspondence, ensure you identify yourself by first and last name, clinical designation (e.g., RPh or pharmacist), and practice location.
- When members of the public (including other healthcare providers) ask you for your name and licence number, you are required to provide this information (see Standard 1.1 of the *Standards of Practice for Pharmacists and Pharmacy Technicians* and Section 36(5) of the *Health Professions Act*).
- Licensees must ensure that all members of their pharmacy team and their roles are clearly identified for the public. (See Standard 3.3 of the *Standards for the Operation of Licensed Pharmacies*.)

Licensees must ensure that all members of their pharmacy team and their roles are clearly identified for the public.

Health Canada approves electronic storage of prescriptions

Pharmacies must retain a copy of a prescription 2 years past the completion of therapy with regard to the prescription, or 42 months, whichever is greater. Health Canada has just confirmed that the federal government now interprets the retention provision in the *Food and Drug Act* as including electronically scanned copies.

What does this mean for practice?

This means that if original prescriptions are scanned into a secure electronic database, pharmacies are no longer required to retain paper prescriptions.

ACP recognizes the new interpretation from Health Canada for written prescriptions. Electronically scanned prescriptions that are filed systematically and retained for up to 42 months will meet the requirements outlined in Standard 8.3 of the Standards for the Operation of Licensed Pharmacies.

ACP also recognizes electronic storage as a method of meeting the **retention** requirements for the other records described in Standard 8.3: transaction, compounding, and repackaging records.

You must still print these records, as you have in the past, but now when you are finished with them you may scan the final documents and retain them electronically to meet the requirements of the standard. This will ensure that any notes, labels, or other information affixed to the records are also captured.

Why do these records need to be created and then scanned for storage?

Although the Health Canada interpretation changes record retention methods, all other ACP standards in the *Standards of Practice for Pharmacists and Pharmacy Technicians* must be met:

- Standard 7.16 requires that an audit trail be created that identifies all individuals involved in the processing of a prescription and the dispensing of the drug.
- Standard 10.11 requires documentation regarding compounded drugs.
- Standard 18.1 requires that a *written* transaction record is created each time a Schedule 1 drug is dispensed.
- Standard 21.1 requires an audit trail of drugs repackaged.

Of course, if you prefer, you may choose to retain the physical copy rather than a scanned version.

Before disposing of any written prescriptions, remember:

- It is your responsibility to confirm that others, such as third party payers, recognize Health Canada's interpretation.
- Disposal must be done in a way that ensures privacy is maintained, as required by the *Health Information Act*.

Definition: Transaction record

Each time a pharmacist or a pharmacy technician dispenses a Schedule 1 drug or blood product, the pharmacist or the pharmacy technician must ensure that a written transaction record is created that includes:

a) the name of the patient for whom the drug was dispensed;

b) the name of the prescriber of the drug;

c) the date the drug was dispensed;

d) the name, strength, and dosage form of the drug dispensed;

e) the DIN of the drug dispensed;

f) the quantity of drug dispensed;

g) route of administration and directions for use; and

h) a unique prescription and transaction number.

(Standard 18.1, Standards of Practice for Pharmacists and Pharmacy Technicians)

Additional documentation requirements for compounded drugs

In addition to the documentation requirements for dispensing a drug or blood product in Standards 18.1 and 18.2, a pharmacist or a pharmacy technician who compounds a drug or blood product must ensure that a record is created that includes the:

a) name, lot number, expiry date and quantity of each ingredient used to prepare the compounded drug or blood product;

b) formula used to prepare the compounded drug or blood product;

c) beyond-use date assigned to the compounded drug or blood product; and

d) a clear audit trail that identifies all individuals who were involved in the preparation and verification of the compounded drug or blood product, and the role of each individual.

(Standard 10.11, Standards of Practice for Pharmacists and Pharmacy Technicians)

Duty regarding audit trail when repackaging

A pharmacist or a pharmacy technician who repackages a drug or blood product must ensure that in respect of that drug or blood product there is sufficient documentation to provide a clear audit trail of the repackaging process.

The documentation required under Standard 21.1 must identify:

a) drug information from the original container including:

i. DIN, NPN or HN;

ii. lot number;

iii. expiry date; and

b) all individuals involved in the repackaging and verification process and the role of each individual.

(Standards 21.1 and 21.2, Standards of Practice for Pharmacists and Pharmacy Technicians)

Who makes pharmacy great?

It's time to put pen to paper – or fingers to keyboards – and get those APEX Award nominations started.

Spotlight your role models, celebrate great patient care, and raise the profile of pharmacy in Alberta by nominating worthy candidates. Consider putting forward a colleague for one of the following awards.

- M.J. Huston Pharmacist of Distinction
- W.L. Boddy Pharmacy Team Award
- Award of Excellence
- Future of Pharmacy
- Friend of Pharmacy
- Pfizer Consumer Healthcare Bowl of Hygeia

Find award details and nomination forms on the ACP website under *About ACP>APEX Awards*. Nominations are due by Friday, December 12.

Influenza Immunization Policy 2014-2015 online

Alberta Health's Influenza Immunization Policy 2014-2015 is now available online. The AHS Influenza Vaccine Agreement for Community Providers and supporting documents will be updated for the 2014-2015 campaign and available later in September.

Is your pharmacy prepared?

Before taking part in the program, participants must:

- Read the full policy and AHS Agreement, and
- Be familiar with the latest National Advisory Committee on Immunization (NACI) as well as relevant vaccine product monographs.

The following are pharmacy-related highlights from the provincial Influenza Immunization Policy.

Client eligibility

Non-residents are not eligible to receive Alberta's influenza vaccine. Individuals claiming to be Alberta residents but who do not have a PHN or whose PHN is inactive must be directed to their local Alberta Health Services Public Health Office.

Reminder: Pharmacists may not immunize individuals younger than nine years of age against seasonal influenza with provincially funded influenza vaccine.

Cold chain requirements

Detailed cold chain requirements are outlined in Appendix B1 of the policy. If your pharmacy is providing immunizations, it must have:

- Detailed vaccine cold chain protocols for routine operations and urgent situations.
- Vaccine handling and storage policies and protocols. The policies and protocols must comply with the national recommendations for storage and handling of biological products.
- A designated vaccine coordinator and another staff member as a backup. The designated person is responsible for ensuring vaccines are handled correctly, that procedures are documented, and that personnel receive appropriate training.

At minimum, the temperature must be recorded, at the beginning and end of each business day for each refrigerator storing vaccine even if chart recorders, data loggers or alarm systems are used.

Immunizers should also be aware of:

- The standards in the National Vaccine Storage and Handling Guidelines for Immunization Providers
- The Guidelines for Temperature Control of Drug Products during Storage and Transportation (GUI-0069)

Reporting requirements

Reporting is required on:

a. The identity of the individual vaccinated,

b. The vaccines administered to a particular individual,

c. Any adverse events experienced by those vaccinated, and

d. Cold chain breaks.

- Adverse events - Immunizers must have protocols for management of anaphylaxis (note that the Canadian Immunization Guide section on anaphylaxis has been updated). Severe adverse events must be reported within 24 hours to the local AHS Public Health office.

  In any case where an immunizer is unsure whether a symptom following immunization is related to the immunization, the immunizer must consult with the local AHS public office as soon as possible.

- Cold chain breaks - All known exposures of vaccine to temperatures outside +2.0ºC to +8.0ºC or inappropriately exposed to light must be reported. Alberta Health will provide direction on the use of exposed vaccine.

In addition to the above, specific reporting requirements for pharmacies and pharmacists are detailed in the policy's appendices.

Vaccine supply and distribution

This year, pharmacy wholesale distributors will be distributing vaccine to pharmacies. Pharmacy wholesale distributors have experience in distributing prescription drugs to pharmacies in Alberta; have a warehouse in Alberta; and meet the requirements for providing cold chain management for influenza vaccines.

The Policy, and links to all referenced documents is posted at www.health.alberta.ca/documents/AIP-Influenza-Immunization-Policy-2014.pdf.

Prescription required for mupirocin (Bactroban)

Mupirocin ointment and cream are Schedule 1 in Alberta and require a prescription.

Mupirocin ointment and cream were placed in Schedule 1 by NAPRA, based on a September 1999 recommendation of the National Drug Scheduling Advisory Committee.

In Alberta, NAPRA drugs schedules are in effect unless a drug is listed on the Alberta Exceptions List. Mupirocin is not on this list. Therefore, a prescription is required in Alberta even though Health Canada's Drug Product Database lists mupirocin-containing products as OTC.

Anaphylaxis guidelines updated

The Canadian Immunization Guide (CIG) section on anaphylaxis has been updated. Significant changes include the list of essential items to have in an anaphylaxis kit as well as the step-by-step protocol in managing anaphylaxis.

With immunization season approaching, pharmacists should be aware of current anaphylaxis protocols. Subscribe to receive CIG updates so you stay current.

Find all the info at http://www.phac-aspc.gc.ca/publicat/cig-gci/p02-03-eng.php.

Preceptor faculty members 2013-14: *Thank you!*

By guest contributor Ann Thompson, Clinical Associate Professor and Director, Experiential Education, Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta

The faculty and students of the Faculty of Pharmacy and Pharmaceutical Sciences at the U of A are very proud of each of our preceptors and take great pride in acknowledging their contributions to the development of future pharmacists in Alberta. This past year, over 500 preceptors participated in educating our students. The students were placed around the province in 62 different communities, which included 165 community practice sites (community pharmacies and primary care networks) and 68 institutional sites (acute and long-term care).

Precepting brings challenges and rewards, and as one of our 2014 Preceptor of the Year Award Winners, Nermen Kassam from Pharmacy Plus in Calgary, stated: "If you want to be visionary, become a preceptor; if you want to keep current with the latest guidelines, precept; and if you want to leave a legacy, precept for others to lead the profession."

We extend our gratitude for the excellence demonstrated by our preceptors which includes sharing with their student(s) the complexity of each treatment recommendation and how to anticipate and meet the expectations of each patient and team member in their practice. A very special thank you to each preceptor who stays after hours, helping their student integrate into a new community, providing additional learning opportunities, and sharing their home cooking or lunch on the final day of the placement. Thank you for guiding our students as they are forming their professional identity and becoming trusted care providers and members of healthcare teams in their community.

View the Faculty website (http://pharm.ualberta.ca/preceptors/preceptor-faculty) to see the names of all pharmacists who have volunteered as preceptor faculty members in both the BScPharm and the inaugural PharmD classes. With the launch of our post-professional PharmD program, we thank all those preceptors who made the program a huge success in both direct and non-direct patient care settings. We hope many preceptors can join us for our Centennial Celebrations on September 20 (events all day). See http://pharm.ualberta.ca/ for details.

Below is a picture of our Class of 2014 graduates from the BScPharm program. These students benefitted from the contribution of many preceptors across their program!

BScPharm Graduate Class of 2014

Podiatric physicians added to TPP program

Podiatric physicians (also referred to as podiatrists) were added to Alberta's TPP program in January 2013.

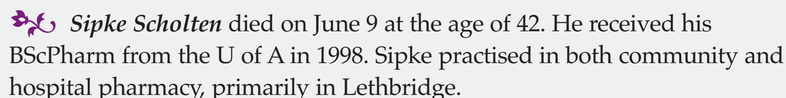
We apologize for not notifying pharmacists sooner, but we were just notified in July.

Podiatric physicians may prescribe:

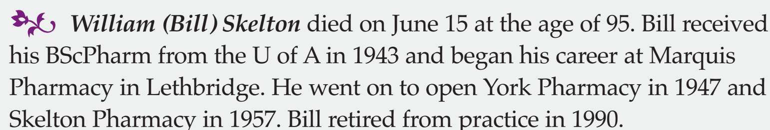
- Narcotic drugs within the practice of podiatry. However, according to the New Classes of Practitioners Regulations, podiatric physicians **CANNOT prescribe methadone or buprenorphine**.
- Controlled substances within the practice of podiatry. However, according to the New Classes of Practitioners Regulations, podiatric physicians **CANNOT prescribe anabolic steroids or *"designated drugs"*** as defined in subsection G.04.001(1) of the Food and Drug Regulations (e.g., amphetamine, methamphetamine).
- Benzodiazepines and targeted substances within the practice of podiatry.
- Drugs on the Prescription Drug List within the practice of podiatry.

All authorized TPP medications prescribed by podiatrists must be written on TPP pads in accordance with the program.

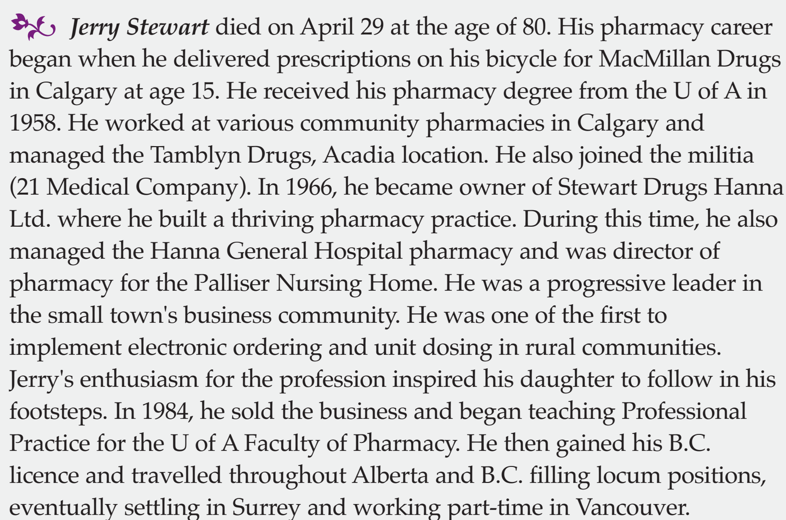
In memory...



Sipke Scholten died on June 9 at the age of 42. He received his BScPharm from the U of A in 1998. Sipke practised in both community and hospital pharmacy, primarily in Lethbridge.



William (Bill) Skelton died on June 15 at the age of 95. Bill received his BScPharm from the U of A in 1943 and began his career at Marquis Pharmacy in Lethbridge. He went on to open York Pharmacy in 1947 and Skelton Pharmacy in 1957. Bill retired from practice in 1990.



Jerry Stewart died on April 29 at the age of 80. His pharmacy career began when he delivered prescriptions on his bicycle for MacMillan Drugs in Calgary at age 15. He received his pharmacy degree from the U of A in 1958. He worked at various community pharmacies in Calgary and managed the Tamblyn Drugs, Acadia location. He also joined the militia (21 Medical Company). In 1966, he became owner of Stewart Drugs Hanna Ltd. where he built a thriving pharmacy practice. During this time, he also managed the Hanna General Hospital pharmacy and was director of pharmacy for the Palliser Nursing Home. He was a progressive leader in the small town's business community. He was one of the first to implement electronic ordering and unit dosing in rural communities. Jerry's enthusiasm for the profession inspired his daughter to follow in his footsteps. In 1984, he sold the business and began teaching Professional Practice for the U of A Faculty of Pharmacy. He then gained his B.C. licence and travelled throughout Alberta and B.C. filling locum positions, eventually settling in Surrey and working part-time in Vancouver.

Message from the Registrar

Planning for the future of pharmacy

"My interest is in the future because I am going to spend the rest of my life there."
Charles F. Kettering (American engineer, inventor of the electric starter, 1876-1958)

Greg Eberhart, BScPharm, CAE

What does success look like?

That's the first question recommended by most strategic planning resources. You can't plan your path until you know where you want to end up. So, what will success look like for pharmacy in Alberta?

We'll need to keep coming back to that question as we set the direction and boundaries of pharmacy practice in the future. Before we try to figure out what "the essentials" are, we will need a clear vision of what excellent pharmacy practice and patient care will look like.

We do know that, no matter what new practices or settings emerge, we will always expect pharmacy practitioners to focus on the health needs of each individual accessing their care and to meet these needs safely, effectively, and responsibly.

Professional and ethical practices will be key determinants of success. This invites pharmacists and pharmacy technicians to work to their full scope, but depends on each understanding and limiting their roles within their personal competencies. It means working respectfully and collaboratively with other team members to meet the overall needs of patients effectively and appropriately.

Success will never be defined by what pharmacists and pharmacy technicians are authorized to do, but rather by the reasonable decisions and actions they take within the authorized practices for each patient.

Over the coming year, we'll be looking for your ideas about what the essentials of pharmacy practice are. We'll facilitate opportunities for input through webinars and regional meetings. However, if you have ideas now, please email them now to communications@pharmacists.ab.ca.

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