# acp news

November / December 2014

## IN THIS ISSUE...



Alberta College of Pharmacists

*Healthy Albertans through excellence in pharmacy practice*

# Continuing Competence Program tutorial


All pharmacists on the clinical register must meet the following Continuing Competence Program requirements to be eligible to renew their practice permits in 2015.

1. Complete the web-based CCP tutorial. It is available in the Self-Assessment/Prescribed Activities section of the CCP web portal. The portal will keep track of whether or not individuals have completed the tutorial.
2. Complete at least 15 CEUs during the CE cycle (June 1-May 31) and document each activity on a Learning Record.
3. Implement at least one CEU of learning into their practice and document this on an Implementation Record. Note: This may take time, **so don't leave it to the last minute.**

Review the tutorial today and familiarize yourself with the new Continuing Competence Program. You can access all CCP materials, including the tutorial, through the CCP web portal on the ACP website under *Resource Centre>Competence*.

For tips, examples, and answers about implementing learning, go to page 6.

**REGIONAL MEETINGS ARE HAPPENING NOW**
**See page 2 for dates and locations.**

acpnews

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Managing editor: Karen Mills

Please send comments or submissions for publication to communications@pharmacists.ab.ca.

The deadline for submissions for the Jan/Feb issue is December 4.



**Alberta College of Pharmacists**
**1100, 8215 - 112 Street NW**
**Edmonton AB T6G 2C8**
**T 780-990-0321**
**TF 1-877-227-3838**
**F 780-990-0328**

**pharmacists.ab.ca**

Alberta College of Pharmacists

Notes from Council

# ACP regional meetings

College president Brad Willsey and ACP staff are travelling the province to:

- Hear your thoughts about future considerations for pharmacy practice, and
- Answer your questions and provide tips about the new Continuing Competence Program.

## Dates and locations

**Nov. 5 – Red Deer**
Black Knight Inn, 2929 50 Ave

**Nov. 13 – Calgary**
Hotel Blackfoot, 5940 Blackfoot Trail SE

**Nov. 27 – Lethbridge**
Coast Hotel, 526 Mayor Magrath Drive

**Dec. 2 – Edmonton**
Chateau Nova Kingsway, 159 Airport Road

All meetings will be held from 7:00 to 9:30 p.m.

There is no fee to attend the meeting. Light refreshments will be provided.

Participants can record their attendance as non-accredited learning.

Pre-registration is appreciated. If you plan to attend, please email sheena.mcnally@pharmacists.ab.ca.

## To prepare

We strongly recommend that participants complete the Continuing Competence Program tutorial before the meeting. Doing so will help you put the presentation information in context and help ensure you get any clarification you need at the meeting.

ACP President Brad Willsey and Registrar Greg Eberhart will facilitate a discussion about the future of pharmacy practice. To prepare, ponder the following questions:

- Are there new models of care or new ways of delivering pharmacy services that existing regulations do not accommodate? What is your vision for the future? What alternatives should ACP consider?
- What training will you need to meet the changing needs of your patients, your community, and the health system (e.g., genomics, proteomics, assessment and diagnostic skills, mental health and addictions training)?
- Is it necessary for pharmacists and pharmacy technicians to be collocated to fulfil their respective professional responsibilities? Is it necessary for pharmacists to actually see the patient? If not, what key requirements and indicators should be used to measure compliance, patient safety, and the quality of care?
- Is there an appropriate balance of pharmacists and pharmacy technicians in the workforce? What policies and strategies should ACP consider to accommodate pharmacy workforce needs in the future?

Please also come prepared to discuss current regulatory challenges and barriers you face in practice and the solutions you propose to help the professions overcome them.

We look forward to seeing you there!

# Council acts on AGM resolutions

Voting members at ACP's Annual General Meeting supported the following two resolutions.

## Resolution #1

BE IT RESOLVED, that ACP collaborate with the RxA through their representatives on Alberta Netcare committees and working groups to facilitate a process whereby pharmacists enter the medication name and strength, as well as directions for use and other data as required, within a transmittable field of the computerized prescription entry that will allow identification of complete prescription details in the Pharmaceutical Information Network; and,

BE IT RESOLVED, that the undersigned clinical pharmacists* working with pediatric patients and their families across the province are very willing to collaborate with ACP and RxA through their Netcare representatives, to develop algorithms and/or guidance documents to facilitate implementation of this resolution.

## Resolution #2

BE IT RESOLVED, that the Alberta College of Pharmacists begin discussions with the CPSA to evaluate drug sampling in Alberta.

Council found a high degree of commonality between the resolutions, and approved the following motion:

"That ACP supports the recording of all drug data (e.g., drug name, strength, dose, instructions) in all Pharmacy Practice Management Systems (PPMS) and Electronic Medical Records (EMR); and that complete drug data should be uploaded and included in the drug profile on Netcare."

Council believes it is important to patient safety that the details of each ingredient included in compounded formulations and all patient samples, regardless of how they are provided (e.g., physician's office, manufacturer's coupon), be documented. ACP does not support the use of pseudo DINs as a means of recording compounded products.

ACP will pursue implementation of this motion by informing all members participating on Netcare committees, and by encouraging strategic partners like the College of Physicians & Surgeons of Alberta and the Health Quality Council of Alberta to support this direction.

* Names removed before printing.

# Invitation to comment on proposed bylaw amendment

ACP council is proposing amendments to its bylaws that:

- Remove the requirement for an Annual General Meeting; and, instead
- Invite alternate forms of engagement and more frequent opportunities to consider resolutions introduced by voting members.

We are now seeking your review and comment on these changes. View the consultation document posted under News on the ACP website to review the proposed wording and to learn more about the rationale for these changes.

To comment on the proposed amendments, please email, mail, or fax your comments to:

Leslie Ainslie
Executive Assistant
to the Registrar
Alberta College of Pharmacists
1100 - 8215 112 Street NW
Edmonton, AB T6G 2C8
leslie.ainslie@pharmacists.ab.ca
(please use the subject "Bylaw amendments")
Fax – 780-990-0328

**All feedback is due at the ACP office by noon on Friday, January 30, 2015.**

# Policy set for marihuana for medical purposes

Upon review of the Marihuana for Medical Purposes Regulations, provincial legislation governing the practice of pharmacists and pharmacy technicians and the operation of licensed pharmacies, and ACP's Code of Ethics, council approved the following policy:

1. Marihuana must not be produced in the premises of a licensed pharmacy.
2. None of the other activities referred to in Section 12(1)1 of the Marihuana for Medical Purposes Regulations, SOR/2013-119 may be conducted in a licensed pharmacy.
3. No licensee or proprietor of a licensed pharmacy may be a licensed producer as defined in the Marihuana for Medical Purposes Regulations.
4. No regulated member of the college may be a licensed producer or responsible person in charge as defined in the Marihuana for Medical Purposes Regulations at the same time that the regulated member engages in the practice of pharmacy.

## Background

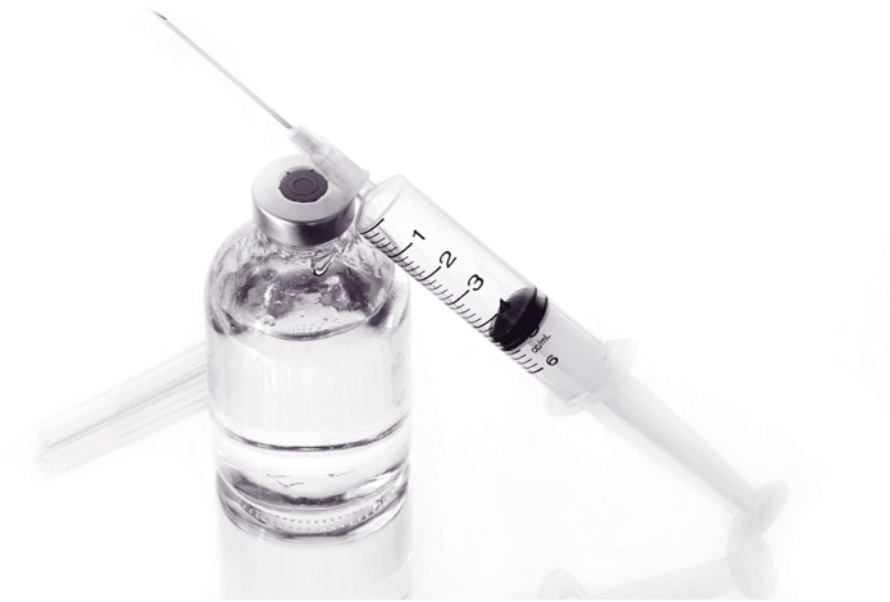
The Marihuana for Medical Purposes Regulations (MMPR) was passed by the federal government in response to the courts' requirement to provide reasonable access to a legal source of marihuana when authorized by a physician.

Dried marihuana is not an approved drug or medicine in Canada. The MMPR provide a patient access to marihuana for medical purposes via a medical order from a healthcare practitioner, which they then forward with a registration form to a licensed producer.

Under the Marihuana for Medical Purposes Regulations, an authorized health care practitioner includes physicians in all provinces and territories, and nurse practitioners in provinces and territories where prescribing dried marihuana for medical purposes is permitted under their scope of practice; it explicitly excludes pharmacists. (Note: CARNA has not yet authorized medical marihuana prescribing for nurse practitioners in Alberta.)

Marihuana for medical purposes can be provided to a patient directly from a licensed producer, or through their physician or nurse practitioner, upon them receiving it from the licensed producer. There is no provision for a licensed pharmacy to be involved in the distribution of marihuana as a depot or otherwise.

A licensed producer may only provide dried marihuana to a patient; it cannot be compounded or incorporated in any other vehicle or formulation.



# Should influenza immunization be mandatory for pharmacists and pharmacy technicians?

Council reviewed a report discussing policy alternatives about influenza immunization in the healthcare workplace. Alberta Health is currently deliberating a provincial policy, and the College and Association of Registered Nurses (CARNA) recently announced their support for "employer policies of mandatory choice of influenza vaccination or wearing protective clothing for anyone working in health care."

What do you think – should pharmacists and pharmacy technicians who are providing direct patient care be required to be immunized or wear protective clothing? Please send your comments to executiveassistant@pharmacists.ab.ca by January 30, 2015.

# Update on standards for sterile compounding

Council reviewed registrant and stakeholder comments on the draft *Model Standards for Pharmacy Compounding of Non-hazardous Sterile Products*. The feedback will guide ACP's contribution to national discussions through NAPRA in developing a Model National Standard.

Council will continue its deliberations about standards for compounding sterile products at its next meeting in February. Council will consider whether to adopt or adapt the national model, and, upon approval, deliberate implementation and a date for the standards to come into effect.

# Start considering a term on council

Council elections will take place in District 1 (northern Alberta), District 5 (Calgary) and District A (Pharmacy technicians - northern Alberta) this year. Since nominations will open in late January, it's time to consider if a council term should be in your future.

Do you have a passion for the quality and safety of pharmacy practice? Do you want to shape practice? Are you ready to play on a provincial scale?

Review the council responsibilities and councillor code of conduct, posted on the ACP website under *About ACP>Council>Council elections*, to see if this role may be right for you.

# Pharmacy technician renewal reminder

### Pharmacy technician practice permit renewals due by November 30

Your application for status as Pharmacy Technician 2015 must include:

- A valid email address
- Declaration of compliance with professional liability insurance coverage (i.e., minimum one million dollar claims-made or occurrence-based professional liability insurance policy that is personal and transportable to any place of practice in Alberta, and provides coverage for the January 1 to December 31, 2015).
- The required fee payment.

Watch your inbox or check the ACP website for renewal details.

## Pharmacy technicians:

ACP wants to hear from you. Watch your inbox in December for a survey invitation.



# How to implement learning in the new Competence Program

The new Continuing Competence Program is probably easier to complete than you think. It was designed to be a simple, relevant, and meaningful process that helps you keep up with (or ahead of) the changes around you and to continually improve your knowledge and skills.

The new program requires you to incorporate learning into your practice in two ways:

1. Complete learning activities (e.g., attend a conference, complete a course, read a journal article), and
2. Put your new learning to use. You only need to demonstrate this for 1 CEU of learning.

To help you better understand the program and its requirements, you are required to complete a tutorial that is available through the ACP website (*Resource Centre>Competence> CCP portal*).

**TIP**

Completing the mandatory tutorial is one of the first steps you should take in completing the CCP requirements. You may claim non-accredited continuing education units (CEUs) for the tutorial; so, once completed, you are already closer to meeting the CEU requirements of the program.

### Completing learning activities

During each CE cycle (June 1-May 31), you must complete a minimum of 15 CEUs of learning activities (one CEU is equivalent to one hour of learning). Your learning activities may be either accredited or non-accredited learning, as long as they relate to pharmacy practice.

- Accredited programs include continuing pharmacy education programs accredited by Canadian Council on Continuing Education in Pharmacy (CCCEP), Accreditation Council for Pharmacy Education (ACPE), or any provincial or territorial pharmacy regulatory authority in Canada.
- Non-accredited activities may include structured courses (e.g., PharmD courses), workshops, or conferences (e.g., conferences accredited for other health professionals) as well as non-structured activities such as reading, research, or discussing practice issues with others.

**TIP**

You probably complete non-accredited learning activities regularly; every time you look up a new guideline, research a new drug, or learn something practice-related from one of your colleagues, you are completing non-accredited learning!

Regardless of whether the activity is accredited or non-accredited, you must complete a Learning Record for each learning activity you claim. This Learning Record is available in the CCP portal. It was designed to be easy to complete and should take no more than five to ten minutes to complete.

**TIP**

Document what you've learned on a Learning Record right after each activity; it's easiest to complete when the activity is still fresh in your mind.

## What does it mean to "put your learning to use"?

An essential component of the Continuing Competence Program - and being a professional - is ensuring that you make use of (implement) what you've learned. You are probably already regularly putting to use what you've learned. Some examples of how you might implement your learning are shown in Figure 1.

In each example, learning is implemented and as a result:

- Improvements are made to practice, the organization, or the delivery of care; and/or
- Knowledge, skill, or ability is transferred.

As you can see, your implementation does not need to be complicated, time consuming, or all encompassing. As long as you can demonstrate that:

1. Learning was put to use, and, as a result,
2. Improvements were made or knowledge was transferred

then you are on the right path.

*Figure 1*

| Learning activity | → | *Implementation* |
|---|---|---|
| Review current clinical guidelines | → | *Complete a care plan and manage a patient's therapy based on the current clinical guidelines* |
| Attend a workshop | → | *Incorporate a new practice tool acquired at the workshop into your patient care process* |
| Read a journal article | → | *Provide recommendations to a colleague based on the information from the journal article* |
| Take an online course | → | *Prepare and present an educational session based on knowledge acquired from the course* |
| Discuss best practices with peers | → | *Revise policies and procedures based on your discussion with peers* |

NOTE: These are only general examples of how you can implement learning. To satisfy the requirements of the CCP, your implementation objective should be more specific and must be associated with a minimum of 1 CEU worth of learning. For more specific examples, see the sample Implementation Records on the CCP requirements page of the ACP website.

To determine an implementation objective, it may help to consider the four implementation types (Figure 2).

### Ways to determine an implementation objective

There is no specific order in which you must complete the steps of the Continuing Competence Program. Your first step in setting a learning objective may be to:

- **Assess your own practice and learning needs.**

  Self-assessment tools are available in the CCP portal to help you with this.

  Based on your self-assessment, determine what you should learn and how you could implement this learning. Could you use this learning to:

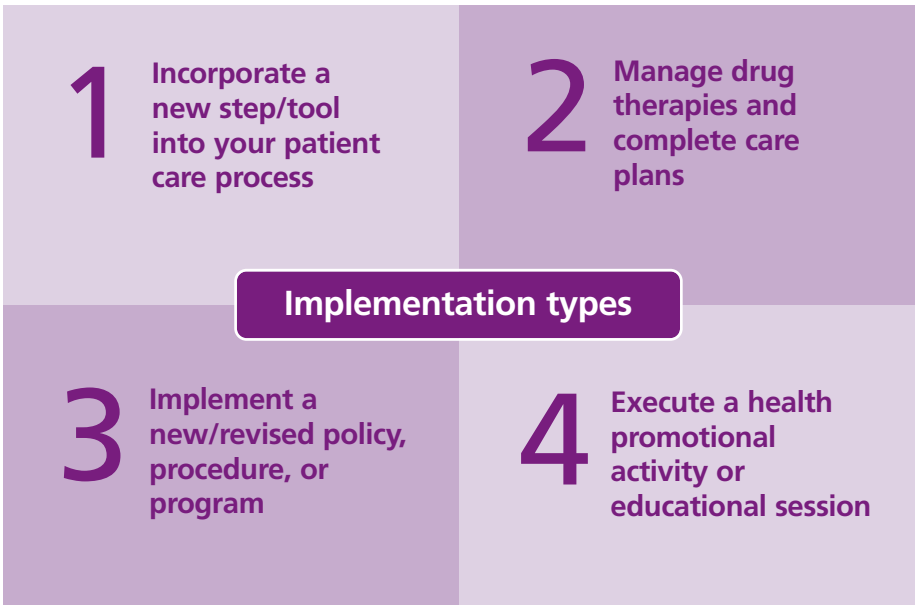
  - Improve your professional practice?
  - Improve the organization and/or delivery of care? and/or
  - Transfer knowledge, skills or abilities to others (i.e., patients or other health professionals)?

- **Complete learning activities**

  Based on the knowledge you acquired, consider how you could apply this learning to your practice. Could you use this new/reinforced knowledge to:

  - Incorporate a new step or tool into your patient care process?
  - Manage drug therapies and complete a care plan?
  - Implement a new or revised policy procedure or program? or

*Figure 2*




*continued*

**How to implement learning**
*continued from page 7*

- Execute a health promotional activity or educational session?

- **Respond to the needs of a patient or colleague**

  A question from your colleague or the needs of your patient may prompt you to do more learning. When you respond to your colleague or address the needs of your patient based on the knowledge you acquired, you are essentially implementing learning and this could be your implementation objective.

**TIP**

Regardless of how you determine your implementation objective, your implementation must:

- Involve at least ***1 CEU of relevant learning*** being put to use
- Relate to one of the following domains:
  - pharmacy practice,
  - medical knowledge, or
  - systems-based practice
- ***Result in an improvement*** to your professional practice, organization, or delivery of care ***and/or a transfer of knowledge***, skill, or ability to others
- Be ***documented on an Implementation Record*** (i.e., clearly outline the steps taken to achieve the implementation objective and provide supporting evidence of implementation)

## What can I implement if I'm not in direct patient care?

All pharmacists on the clinical register must complete the CCP requirements to be eligible to renew their practice permit for the following registration year. The competence program was designed to be applicable to pharmacists practising in different environments, including pharmacists who are not in direct patient care. What you choose to learn and implement should be based on your personal and professional learning and practice needs.

For pharmacists who are not in direct patient care, possible outcomes from your implementation may be:

1. A transfer of knowledge, skill or ability to others (e.g., execute a health promotional activity or educational session); or
2. An improvement to your organization and/or the way care is delivered (e.g., implement or propose a new or revised policy, procedure, program, or tool).

To determine what you can implement, it may help to consider:

- What are your learning and practice needs?
- Who can you transfer knowledge to?
- How can you affect changes in practice?

If you do not have access to patients, potential audiences for your implementation may be the people you work with, the pharmacists you manage, other healthcare professionals, or perhaps the general public.

*Figure 3*

| Learning activity | → | *Implementation* |
|---|---|---|
| Complete tobacco cessation counseling training | → | *Execute a tobacco cessation clinic for your fellow employees* |
| Review the CHEP 2014 recommendations | → | *Present the recommendations to some colleagues and develop and share a practice tool* |
| Research a new drug and its role according to current clinical guidelines | → | *Educate a student on the new drug and review the current guidelines with them* |
| Complete the Systems Approach to Quality Assurance modules | → | *Conduct an incident analysis with the pharmacy team and implement new policies and procedures* |
| Read about infant nutrition and breastfeeding | → | *Develop and implement a presentation to a new moms group* |

Figure 3 shows some examples of how pharmacists not in direct patient care can implement learning.

As you can see, there are many potential options for pharmacists to implement their learning. However, if you feel that you cannot complete the requirements of the competence program and are NOT currently practising as a pharmacist in Alberta, you may choose to move to the associate register. Note that if you move to the associate register, you are NOT permitted to practice as a pharmacist and no fees will be refunded. When you are ready to return to practice, you would have to reinstate as a clinical pharmacist and complete requirements as outlined in the current reinstatement policies.

## Where can I look for help and examples?

Look to the ACP website for the following resources:

- *CCP Tutorial* (The CCP portal also has a Q&A section – look for the icon on the top right of the screen.)
- *Sample Learning Records and Implementation Records*
- *Competence Program FAQs*
- *Program overview and examples*

# In memory...

***Dr. (Edward) George Hunter*** died on June 20, 2014 at the age of 73. George completed his BSc in Pharmacy in 1963, at which time he participated in the establishment of breathalyzer testing. While completing his MSc in Pharmacology in 1965, George was one of the scientists who discovered the effects of nitroglycerin for heart patients. George completed his PhD in physiology at Dalhousie University in Halifax, NS, and then continued doing heart research in Bern, Switzerland, where he completed his post-doctorate. George returned to the U of A in 1977 and found that teaching was his passion. His teaching style and ability to connect with students won him many teaching awards over the years, until retirement in 2006. He was also instrumental in the establishment of the Pharmacist Rehabilitation Network in Alberta.

***Keith Nickel*** died on October 3, 2014 at the age of 57. Keith first earned a B.Sc. Geology from the U of A, then returned and graduated with a B.Sc. Pharm in 1991. Keith worked with the Pediatric Oncology team at the U of A / Stollery Hospital in Edmonton for over a decade. His career path then led him to Dispensaries Ltd., where he worked part time at their Standard Life location on Jasper Avenue.




# "Specialist" and "specialty" are restricted for pharmacy

Pharmacists may not call themselves specialists, and pharmacies may not use *specialty* as part of their pharmacy name or in promotions.

Use of the terms *specialist* and *specialty*, and any terms that infer either, is restricted by the Pharmacists and Pharmacy Technicians Profession Regulation and the Pharmacy and Drug Regulation.

ACP council has not established requirements or criteria to use either term. Therefore, their use is not permitted with respect to practice or the licensing of pharmacies.

ACP supports national discussions that are currently occurring through the "Blueprint for Pharmacy" to determine the feasibility and structure of specialties in pharmacy in Canada. Once a national framework becomes clearer, then council will be asked to address requirements and criteria for the purpose of our regulations.

## References

### Pharmacists and Pharmacy Technicians Profession Regulation

**15(1)(6)** A clinical pharmacist may use the title specialist if the clinical pharmacist

a) meets the requirements established by Council for the use of the title specialist, and

b) is authorized by the Registrar to use that title

### Pharmacy and Drug Regulation

**7(1)** Neither a licensee nor proprietor shall hold out that a licensed pharmacy offers specialized pharmacy services unless the licensed pharmacy is designated under subsection (3).

**(2)** A licensee may apply to the registrar to designate a licensed pharmacy as a pharmacy that offers specialized pharmacy services.

**(3)** If the registrar is satisfied that a licensed pharmacy meets the criteria established and published by the council, the registrar may designate the licensed pharmacy as a pharmacy that offers specialized pharmacy services.

**(4)** Only a licensee or a proprietor of a licensed pharmacy that has been designated under subsection (3) as a pharmacy that offers specialized pharmacy services may hold out that the licensed pharmacy is a pharmacy that offers specialized pharmacy services.

# Which is better – prevention or cure?

When a mistake happens, it is impossible to turn back the clock and undo any harm caused. The only option at that point is to make sure that it never happens again.

A better option is to reduce the risk that an error can happen in the first place. This is the idea behind Failure Mode and Effect Analysis (FMEA).

FMEA is a straight-forward process that helps you to identify the risks involved in the various components of patient care and then put solutions in place to eliminate or minimize those risks.

## How does FMEA help mitigate risks in pharmacy practice?

By looking at the patient care process in the pharmacy, you can identify areas for improvement and reduce the risks associated with medication use. If you aren't sure where to start, ACP has identified four easy practice goals called vital behaviours, which go a long way in improving patient care in the pharmacy. These include:

1. Connecting with patients
2. Confirming and documenting the indication
3. Accessing Netcare, and
4. Assessing at refill.

Using these behaviours as a guide, you can start asking whether your pharmacy has room to improve in its patient care process.

## Example: What are the risks associated with not assessing at refill?

To give an example of how this might work in practice, we'll use a real-life example provided by ACP professional practice consultant Tim Fluet. "[The] patient had come in for a refill for Diclectin®. When the pharmacist enquired how her pregnancy was progressing, the patient looked confused and stated she was not pregnant. She was taking it for stomach issues and cramping. After all, the box of Diclectin® shows a lady holding her belly. The pharmacist speculated that the prescription should be for Dicetel®.

"The pharmacist called the physician, who confirmed that he had ordered the wrong medication on the original prescription. Because I hadn't yet visited the pharmacy and talked about the importance of confirming and documenting the indication, they weren't doing that as part of their practice. Now, they'll be able to catch these kinds of mix ups the first time a patient visits."

In this example, the pharmacist was able to catch the mistake by assessing the patient at refill. But what could have happened if the pharmacist hadn't assessed at refill? One way we can look at this is using the FMEA system for assessing risk.

The situation of the patient on Diclectin® not being assessed at refill is summarized in the Figure 4 on page 10. It consists of four parts:

1. The potential failure mode (what may go wrong?)
2. The effects of the failure (how might it affect the patient/pharmacy?)
3. The cause of the failure (what processes may contribute to the failure?)
4. The scoring section

   ***Frequency*** *– How often cause of failure occurs*

   1 - Yearly

   2 - Monthly

   3 - Weekly

   4 - Daily

   5 - Hourly

   ***Severity*** *– Reasonable worst-case scenario or effects of failure*

   1 - No noticeable effect

   2 - Minor side effects or nuisance

   3 - May increase level of care provided to patient (hospitalization, or increasing length of stay)

   4 - Permanent impact on patient

   5 - Death or major, permanent loss of function

| | |
|---|---|
| | **Frequency score** |
| **X** | **Severity score** |
| **=** | **Criticality** |

*continued*

*Figure 4*

**Example scenario:**

- Patient came to pharmacy for refill on Diclectin®
- Patient was taking it for stomach issues, did not suspect anything was wrong since the box seemed to show a woman with stomach cramps

| *Potential Failure Mode* | *Effect(s) of Failure* | *Cause of Failure* | *Frequency (1-5)* | *Severity (1-5)* | *Criticality Score* |
|---|---|---|---|---|---|
| Patient stays on wrong medication and unnecessary suffering of symptoms | Patient continues ineffective treatment for use or assess safety/efficacy | Pharmacist does not ask about indication | 4 | 2 | 8/25 |

You can see that the failure mode identified in this case is that the patient was not only on the wrong medication initially, but may also continue on it indefinitely if not properly assessed. We can then imagine the effects of failure, which include continuing ineffective treatment and the unnecessary suffering of uncontrolled GI symptoms.

We can then look at the pharmacy and identify a cause of the failure – in this case it is the fact that our imaginary pharmacist does not ask the patient about the indication for treatment, or discuss the efficacy or side effects associated with the medication.

Using these three fields, you can efficiently summarize exactly what may go wrong and already start identifying how you can minimize the risk of that failure ever occurring.

The next step is to produce an objective score for evaluating the failure mode. When scoring, it is important to keep in mind which section is relevant for each category.

## Scoring frequency

When assessing frequency, think about how often the potential "cause of failure" occurs. In this case, how often does a patient walk away with their medication without a pharmacist confirming the indication or assessing medication efficacy?

For some pharmacies, this may only occur once a month, while others may see this hourly. Assuming that this is a daily occurrence for our pharmacist, the score would be a 4.

## Scoring severity

For severity, you are rating how severe the "effects of failure" are once they reach the patient. In this case, the patient would experience pain and discomfort associated with their symptoms but would not likely need any higher level of care, so the severity would be a 2.

## Scoring criticality

The criticality score is the frequency score multiplied by the severity score. In this case, it is 4x2, which gives us a criticality score of 8 out of a possible score of 25.

On its own, this number doesn't tell us much. However, once you have carried out this process with other processes in the pharmacy, you can start comparing the scores and figuring out which would have the greatest impact on your practice and on your patients. This helps to ensure that you are addressing the risks that are most relevant to your practice and to your patients.

## Resources

For more details on FMEA, review the four-part series in acpnews starting with the January/February 2013 issue (on the ACP website at https://pharmacists.ab.ca/drug-error-management).

# APEX AWARDS

*Alberta Pharmacy Excellence*

**Co-sponsored by the Alberta College of Pharmacists and the Alberta Pharmacists' Association**

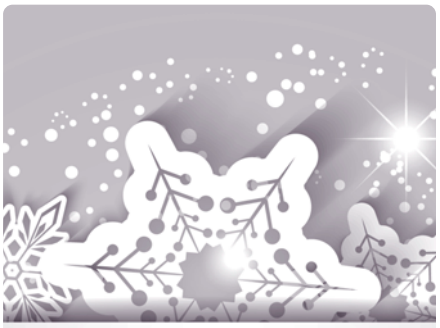
Pay tribute to role models, reward great patient care, and raise the profile of pharmacy by submitting your APEX nominations now.

Do you know a colleague who...

- Shows leadership and is committed to innovation, continual professional development, and quality patient care? Nominate them for the **M.J. Huston Pharmacist of Distinction**.
- Is not lucky enough to be a pharmacist, but has contributed to the success of the pharmacy profession anyway? Nominate them for the **Friend of Pharmacy**.
- Is both a "piller" and a pillar in the community? Nominate them for the **Pfizer Consumer Healthcare Bowl of Hygeia**.

Find details and nomination forms for these awards, plus the W.L. Boddy Pharmacy Team Award, Award of Excellence, and Future of Pharmacy Award, on the ACP website under *About ACP>APEX Awards*.

**The nomination deadline is Friday, December 12.**



## Happy Holidays

ACP council and staff wish you and yours a happy, healthy holiday season and all the best for 2015.

Note: The ACP office will be closed between 1 p.m., Wed., Dec. 24 and 8 a.m., Fri., Jan. 2.

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.



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