

IN THIS ISSUE...

Notes From Council

- 3 ■ Council election opens March 13
- Pharmacy technician survey results

Registration & Licensure

- 5 ■ Pharmacist annual permit renewal coming soon

Continuing Competence

- 6 ■ Ten tips on documenting your implementation
- 8 ■ Reminder: Time is running out to meet CCP requirements

Quality Pharmacy Practice

- Dispensing ticagrelor prescriptions for angioplasty patients
- 9 ■ Drug schedule changes: topical hydrocortisone, hydrocortisone acetate, and triamcinolone acetonide nasal spray

Complaints Resolution

- 10 ■ Disciplinary summary

Partners in Practice

- 11 ■ Practice profile: small town excellence
- 12 ■ Go digital with a ϕ news

Message from the Registrar

Maintaining professionalism amidst demands for increased productivity

CBC Marketplace's recent documentary questioning pharmacists' practices cannot be ignored. We have already reminded you through our e-newsletter, *The Link*, to review your practice to ensure compliance with our standards and the Code of Ethics. Pharmacy licensees have been personally addressed, requesting that they work with you and other team members to review policies, procedures, workflow, and the allocation of human resources, to ensure that operational factors enable and support you to comply with the standards and the Code of Ethics.

ACP defines quality patient care as that which:

- is accessible, acceptable, and appropriate to the patient;
- responds to the patient's and the public's health needs; and
- is provided safely, effectively, and efficiently by accountable pharmacy practitioners practicing within appropriate practice settings.

In this context, measures of productivity and efficiency cannot stand alone.

continued on page 2



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Message from the Registrar

continued from page 1

Metrics, when used properly, can contribute to informed decision-making, and are important to improving professional and business practices. When they are intended to change professional practices, they should support or enhance pharmacists' and pharmacy technicians' efforts to improve the care and services they provide. They should enhance opportunities for pharmacists and pharmacy technicians to confidently and proudly fulfill their professional commitments. They should not unduly position efficiency and productivity over quality care and must not promote or interfere with compliance with minimum standards.

Some registrants have expressed concern that some owners have introduced business metrics in the form of quotas that challenge them to comply with minimum standards. ACP does not have sufficient information to take an informed position on this. However, we are concerned if productivity metrics are:

- established without complementary consideration of ACP's standards and registrants' commitments to the standards and our Code of Ethics; and,
- directed, without discussion and the support of the pharmacy licensee who is responsible for pharmacy practice at the site they are licensed to operate.

The Oregon State Board of Pharmacy and the College of Pharmacists of British Columbia have each administered a survey of registrants to learn about how productivity metrics impact professional practices. ACP will review these methodologies and consider the feasibility of administering a similar study in Alberta to assist in our policy direction.

Background

In our professional roles, we pharmacists and pharmacy technicians have a responsibility to use our knowledge and skills to serve and benefit individuals and our communities. Our commitment to patients, society, and our professions, as stated through our Code of Ethics, underpins our purpose and value to Albertans and Alberta's health system. Anything that distracts or detracts pharmacists' and pharmacy technicians' commitment to patient centeredness has the potential to negatively impact patients, and by extension our communities, our health system, and our professions.

Pharmacist and pharmacy technician practices are rapidly transforming. This has introduced changes in roles, responsibilities, professional culture, our relationships with patients and other health professionals, and how services are delivered and paid for; resulting in personal, operational, organizational, and systemic challenges. Despite these challenges, we cannot falter from our commitment to patients, society, and our professions. The care committed to each patient must meet or exceed the standards and code of ethics of our professions.

We welcome your thoughts. Send your comments to [Leslie Ainslie at executiveassistant@pharmacists.ab.ca](mailto:executiveassistant@pharmacists.ab.ca) or tweet us at @ACPharmacists.



Greg Eberhart, Registrar
Alberta College of Pharmacists



Council election opens March 13

Nominations for elected pharmacist positions in District 1 (northern Alberta), District 5 (Calgary), and for an elected pharmacy technician in District A (northern Alberta) closed on February 28, 2015. Where an election is required, voting will open at 8 a.m. on March 13. Eligible members in election districts will receive voting instructions by email at the email address they have registered with ACP. All voting will be online at <https://pharmacists.ab.ca/vote2015>. Voting will close April 9 at 4:30 p.m.

Pharmacy technician survey results

Background

In 2014, ACP commissioned focus groups and a survey to gather feedback from provisional and regulated pharmacy technicians. ACP's goals were to:

1. Assess pharmacy technicians' awareness, expectations, and understanding of self-regulation, ACP's mandate, and ACP's current business and priorities;
2. Learn about pharmacy technicians' expectations of and satisfaction with ACP; and
3. Develop pharmacy technician profiles.

Expectations

- When asked about perceived challenges to their profession in the next 12 months, pharmacy technicians are concerned about changing workflows and about increasing pharmacist awareness of their scope of practice.

- They expect ACP to play a key role in this educational process, helping pharmacists and pharmacy owners understand the differences between technicians and assistants, and how to incorporate both into their practice.
- Despite the intense period of education and exams that accompanied the initial regulation period, pharmacy technicians are eager to participate in continuing education geared to their scope of practice – even as simple as a growing body of web based tools and materials.

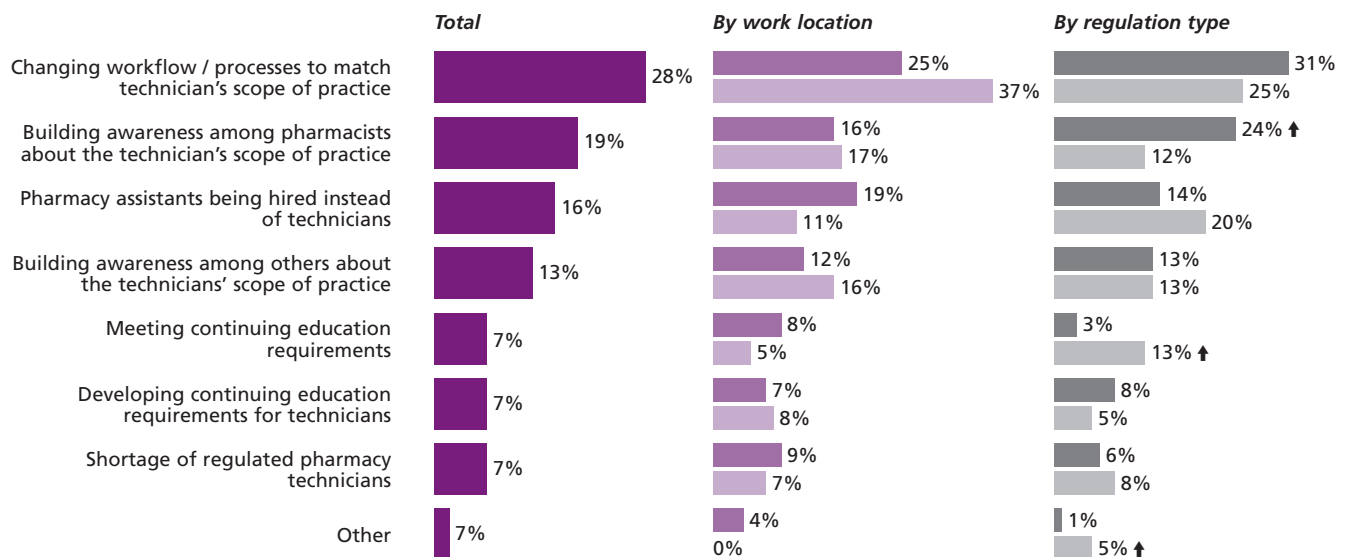
ACP's mandate

Technicians generally have a good understanding of ACP's mandate. Satisfaction with performance of the mandate is highest for:

- Promoting high standards
- Protecting the health of Albertans

continued on page 4

Figure 1: Greatest challenge for pharmacy technicians in the next year



Significantly more regulated technicians say that the greatest challenge will be "building awareness among pharmacists." Significantly more provisionally registered technicians say that the greatest challenge will be "meeting continuing education requirements."

■ Hospital only
■ Community only

■ Regulated
■ Provisionally registered

Figure 2 – Elements believed to be part of ACP’s mandate



Significantly more community based technicians believe that “develop practice tools,” “develop professional development courses” and “coach and mentor registrants” are part of ACP’s mandate.

Scope of Practice

- Although pharmacy technicians are not presently performing the full range of skills as outlined in the scope of practice, this is often because the task is not performed at all in their work setting.
- One notable exception to this is final checks; one-quarter of technicians report that their pharmacist is not

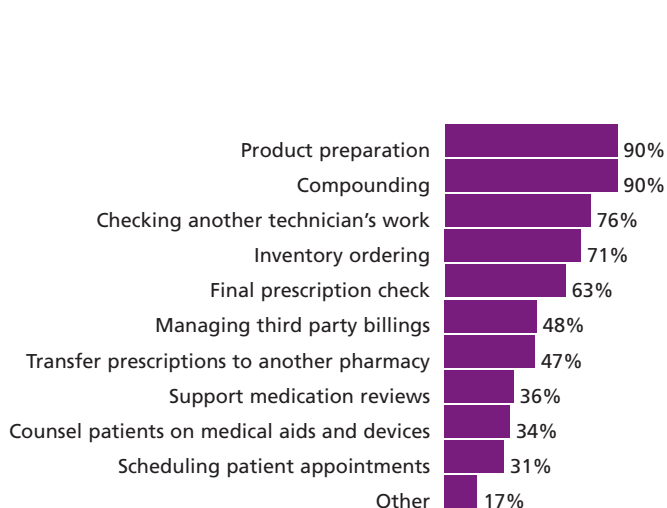
comfortable with them performing this task.

- Few technicians are performing tasks that they don’t feel competent in performing.
- More training in inventory ordering, final checking, and transferring prescriptions may be in order, as 1 in 10 technicians who perform this task do not feel competent.

For more information

To learn more about the survey findings, view the full report on the ACP website at <https://pharmacists.ab.ca/articles/technician-survey-results>.

Figure 3: Tasks performed



Reasons for NOT performing task

	Service not offered	Licenses/ pharmacists do not feel comfortable	Workflow/ staffing	I do not feel comfortable	Not part of job	Other reason
Product preparation	34%	0%	3%	0%	38%	24%
Compounding	21%	0%	10%	7%	38%	28%
Checking another technician’s work	14%	8%	22%	4%	11%	46%
Inventory ordering	6%	0%	66%	7%	13%	9%
Final prescription check	15%	23%	25%	6%	9%	32%
Managing third party billings	65%	1%	12%	2%	16%	5%
Transfer prescriptions to another pharmacy	63%	9%	11%	0%	14%	7%
Support medication reviews	27%	14%	39%	11%	9%	12%
Counsel patients on medical aids and devices	53%	7%	21%	11%	14%	5%
Scheduling patient appointments	78%	2%	8%	1%	10%	4%

Pharmacist annual permit renewal coming soon

Pharmacists – you must apply to renew your practice permits by May 31.

Use the checklist below to get ready to renew!

Complete the mandatory Continuing Competence Program (CCP) tutorial

Available in the Self-Assessment/ Prescribed Activities section of the CCP portal

Complete and document at least 15 CEUs

Complete at least 15 CEUs during the CE cycle (June 1-May 31) and document each activity on a Learning Record.

Remember, the CE year is not the same as the registration year. Even though your practice permit doesn't expire until June 30, 2015, all CEUs earned in June 2015 apply to the 2015-16 CE year. You cannot carry over CEUs you did not claim for the 2014-15 CE year.

Complete at least one Implementation Record

Put your learning to use by implementing a minimum of one CEU into your practice and documenting this on an Implementation Record (you only need to complete one record).

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

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

Update your contact information in your registrant profile

You can do this online at any time by:

1. Clicking on the teal "Login" button on the top of the ACP homepage (pharmacists.ab.ca)
2. On the login page, enter your username (registrant number) and your password.*
3. Click on the *My Profile* at the top of the page.
4. You will be asked to login to the registrant profile (use the same username and password).
5. Click on *View Profile*. Click on the *Edit* button in the appropriate section and update your information.
6. Click *Save*.

* *Forgot your password?*

To reset your password online:

1. Click on the teal "Login" button on the top of the ACP homepage (pharmacists.ab.ca)
2. Click the *Forgot your password?* link (below the *Username* and *Password* boxes)
3. Follow the prompts to reset your password.

If you have authorization to administer drugs by injection

Make sure you meet CPR and first aid requirements

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

- a. Valid and current CPR (Level C) – Council policy requires that you have minimum CPR Level C, so if it's time to renew your CPR certification, make sure it's Level C.
- b. Valid and current first aid (standard or emergency)

Ensure you have taken action to maintain both your clinical and technical competencies required for administering injections

In conjunction with your annual practice permit renewal you will be required to complete a declaration that you have maintained the clinical and technical competencies required for administering injections by ensuring you:

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



Ten tips on documenting your implementation

There are only a few months left to complete the Continuing Competence Program. You must submit your Learning and Implementation Records by May 31, 2015 to be eligible to renew your 2015/2016 pharmacy practice permit online.

One of the biggest changes with the revised competence program is that you are required to apply or “implement” something that you’ve learned during the current CE cycle, which is something you are probably already doing on a regular basis. Your implementation does not need to be complicated, time-consuming, or all-encompassing; as long as you can **demonstrate that “learning was put to use”** and as a result, **“improvements were made or knowledge was transferred,”** then you are on the right path.

Once you have completed implementation, you are required to document this on an Implementation Record. The Implementation Record is intended to be straightforward and easy to complete. Here are ten tips on how to document your implementation.



TIP #1

Answer the questions asked. Be clear and specific in your answers and focus on what was implemented, not what was learned.

In the Implementation Record, you are asked to document how you implemented your learning and reflect on the outcome; this is different from the Learning Record, where you are asked to document and reflect on your learning activity. The Implementation Record consists of nine questions; each question asks for specific details and may include a help bubble that provides additional information to help you to answer the question. Ensure you read the question

completely and that your answer provides the specific details that are requested in the corresponding question.



TIP #2

Ensure all learning activities identified are relevant to your implementation objective and that at least 1 hour of learning is directly related.

In the first question, you will find a list of the Learning Record titles you have entered during the current CE cycle. Only identify the relevant learning activities that are associated with your implementation objective. Your implementation must be directly related to a minimum of 1 continuing education unit of learning activities that you completed within the current CE cycle. In other words, if your implementation is related to diabetes, ensure that you have completed at least one hour of learning on diabetes during the current CE cycle.

Should your portfolio be audited, assessors will assess whether your identified learning activities are all relevant to your implementation objective. Therefore, it is important that your Learning Records are comprehensive and include details on the specific learning that is relevant to what has been implemented.



TIP #3

Make your implementation objective SMART (specific, measurable, achievable, relevant, and time-based).

Although not mandatory, we highly recommend that you write your objective in a SMART format. Your objective should provide specific details on the learning being implemented, the

intended audience, and the outcome from your implementation.



TIP #4

Ensure your objective relates to one of the pharmacy domains.

Your objective must relate to one of the pharmacy domains: pharmacy practice, medical knowledge, and/or systems-based practice.



TIP #5

Be engaged in the process and answer questions to the best of your knowledge.

In Questions 3 and 4 of the Implementation Record, you are asked to identify what domain(s) your implementation relates to and what prompted you to implement this into your practice. Since these answers are subjective, you only need to answer to the best of your knowledge.



TIP #6

Implement something that is meaningful, relevant, and beneficial to you and/or the people around you.

In Question 5, you need to clearly indicate why you chose your objective and how it is relevant to you and/or your practice. In the competence program, the term “practice” refers to the overall practice of pharmacists. Your implementation objective may be related to your current practice, your future practice, or your overall professional practice. There is no right or wrong reason for choosing a particular objective; however, if you implement something

that is meaningful, relevant, and beneficial to you and/or the people around you, you would most likely have a stronger response to this question.



TIP #7

Ensure your record clearly outlines the steps you took to achieve your implementation record and your role, if it was a team effort. Provide all the requested details.

In Question 6, you are required to describe the steps you took to achieve your implementation objective including details such as timelines, the audience, people involved, and your role if it was a team effort. Ensure that your answer is clear and comprehensive so that should your portfolio be chosen for audit, an assessor will know exactly the steps you took to achieve your implementation objective.



TIP #8

Ensure the outcome of your implementation and the impact on your audience are clearly explained.

In Question 7, provide specific details on what resulted from your implementation (i.e., how was practice improved or what was the outcome from the transfer of knowledge). Ensure you include how

To learn more about the Continuing Competence Program for pharmacists, complete the mandatory CCP tutorial, review the recently updated Competence Program FAQs available on the ACP website (FAQ > Competence Program), refer to recent issues of *apnews*, and/or contact a member of the competence department at competence@pharmacists.ab.ca.

your audience (e.g., your patient, your coworker, another healthcare professional) was impacted.



TIP #9

Ensure your evidence showcases that you've achieved your implementation objective.

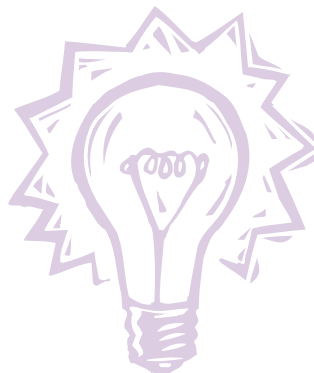
You only need to submit one piece of evidence that showcases what you've achieved. Depending on what you've implemented, this may be a patient's record of care, revised policies and procedures, or a resource/presentation you've developed. Choose the one piece of evidence that you believe best showcases what you've achieved and demonstrates that it was achieved by you during the current CE cycle (i.e., includes your name and a date within the current CE cycle). Depending on your evidence, you may wish to provide additional narrative in the Implementation Record or directly on the evidence to provide further explanation.



TIP #10

Ensure your portfolio appears professional.

Your portfolio consists of your Learning and Implementation Records. Ensure your records are easy to read and free of spelling/grammatical errors.



In memory...

Harry Nolan died on Nov. 20, 2014, at the age of 87. Originally from Trochu, he graduated with a U of A pharmacy degree in 1952. He initially owned and operated Nolan's Drugs on 118 Ave. in Edmonton with his brother Maurice. He went on to make Lynwood Drugs a cornerstone of the community. Loved by his customers, Harry was awarded a CHED "Good Guy" award. He retired in 1989. He was a dedicated husband to Ruth and father to Carla and Janice. He was also an accomplished artist and sculptor.

Prudence A. Penley died on Nov. 18, 2014, at the age of 92. Prue graduated from the U of A pharmacy program in 1944. Not long after, she married classmate Ken Penley. She worked at several well-known pharmacies including the Calgary General Hospital, Galt Hospital (Lethbridge), and Dunford Drug. In 1947, Prue and Ken opened their first pharmacy in Calgary. They went on to open two others in the area; one in Killarney (1953), and another in Chinook Centre (1950). Prue was a willing supporter and active member of the Alberta Pharmaceutical Association (APhA) and subsequently ACP. In 1994, she was honoured for being a 50-year member of the APhA.

Martin W. Valentine died on Nov. 20, 2014, at the age of 86. Originally from Elk Point, Martin moved to Edmonton in 1947 and apprenticed at Liggett's Pharmacy. He graduated from the U of A in 1953 with a BSc in Pharmacy. After graduating, Martin married Stella, his loving wife of sixty-two years, and began his career as a pharmacy owner. Over the years, he owned "Valentine Central Drugs" stores in Taber, Hanna, and Calgary. In 1965, he bought a pharmacy in Red Deer, where he practiced until he retired in 1993. He held memberships with the Alberta Pharmaceutical Association and the Pharmacy Examining Board of Canada for forty years.



REMINDER: Time is running out to meet CCP requirements

*You must complete the new competence program by May 31, 2015 to be eligible to renew your 2015/2016 practice permit online!**



Program requirements:

1. **Complete the mandatory Continuing Competence Program (CCP) tutorial** – Available in the Self-Assessment/Prescribed Activities section of the CCP portal
2. **Complete learning activities** – Complete at least 15 CEUs during the CE cycle (June 1-May 31) and document each activity on a Learning Record
3. **Put your learning to use** – Implement a minimum of one CEU worth of learning into your practice and document this on an Implementation Record (you only need to complete one record)
4. **Submit your Learning and Implementation Records to ACP**

How do I access the CCP portal?

You can access all CCP materials through the CCP portal on the ACP website (Resource Centre > Competence > CCP portal, or pharmacists.ab.ca/ccp-portal). Use your registration ID and password to login.

Where can I find more information?

- CCP portal
- Competence and FAQ sections of the ACP website
- Recent issues of *acpnews*

If you have any questions about the competence program, please contact our competence department at competence@pharmacists.ab.ca.

Dispensing ticagrelor prescriptions for angioplasty patients

ACP was recently made aware of a situation where a patient had a delay in having his ticagrelor prescription filled by his community pharmacist upon discharge from the hospital. This situation was significant in that serious harm occurred to the patient as a direct result of the disruption to the patient's ticagrelor therapy. The disruption to the patient's medication therapy occurred largely because the community pharmacy did not have the medication in stock. The pharmacy staff did not take adequate steps to ensure the patient would obtain the medication from another source in a timely manner. Similar incidents have occurred in the past due to lack of stock or billing issues for Restricted Benefit/Special Authorization status drugs under Alberta Blue Cross.

Patients discharged from hospital requiring ticagrelor must receive it without disruption to their ongoing therapy. If a community pharmacy is unable to carry a small amount of inventory, they should assist the patient in finding another pharmacy that does have stock so that the patient's therapy can continue uninterrupted.

If there is a delay in receiving third party insurer authorization, the pharmacist should take steps to ensure that the patient is aware of the critical need to not interrupt therapy and consider making alternate arrangements to provide the patient enough medication for a period of time until the authorization is available.

Standard 5 of the Standards of Practice for Pharmacists and Pharmacy

continued on page 9

* Only exemption: pharmacists who register on the clinical register for the first time in Alberta between January 1, 2015 and June 30, 2015.

Dispensing ticagrelor prescriptions
continued from page 8

Technicians requires that pharmacists take appropriate action if they determine that the patient has or is likely to have a drug therapy problem. Missing doses of ticagrelor could have devastating results for a patient and may result in stent thrombosis with subsequent fatal or nonfatal myocardial infarction. It is

crucial that the patient acquires the medication promptly after discharge.

Ticagrelor will have automatic approval through Blue Cross when the prescription is written for the treatment of Acute Coronary Syndrome, defined as unstable angina or myocardial infarction when initiated in hospital and prescribed by a Specialist in Cardiology, Cardiac Surgery, Cardiovascular & Thoracic

Surgery, or Internal Medicine or General Surgery. Treatment must be in combination with low dose ASA. When submitting a claim, ensure the prescriber’s license number is correct in your pharmacy’s software system. If you are unsure of who the prescriber is, please contact the hospital unit and clarify with them.

Drug schedule changes for topical hydrocortisone and hydrocortisone acetate in concentrations of 1% or less

On December 25, 2014, amendments to the prescription drug list under the Food and Drug Regulation came into effect, removing certain hydrocortisone products. The National Drug Schedule Advisory Committee met in advance to review these drugs; which on December 30, 2014 became scheduled as shown in Figure 5.

Figure 5

Drug	Package size	Now Schedule
Hydrocortisone or hydrocortisone acetate when sold in a concentration that provides 1% or less hydrocortisone in preparations for topical use on the skin in adults and children 2 years of age and over	Package sizes containing more than 30g	1
Hydrocortisone or hydrocortisone acetate, when sold in a concentration that provides 1% or less hydrocortisone in preparations for topical use on the skin in children under 2 years of age		1
Hydrocortisone or hydrocortisone acetate, when sold in a concentration that provides 1% or less hydrocortisone in preparations for topical use on the skin in adults and children 2 years of age and over	Package sizes containing no more than 30g	3

Drug schedule changes for triamcinolone acetonide nasal spray

Triamcinolone acetonide in a nasal spray that delivers 55 mcg per spray for those 12 years of age and older was removed from the Prescription Drug List effective January 14, 2015. The National Drug Schedules were amended to add the listings for triamcinolone acetate nasal spray on January 15, 2014, as shown in Figure 6.

Figure 6

Drug	Dose/Package size	Now Schedule
Triamcinolone acetonide in an aqueous nasal spray	55 mcg per metered spray for adults and children 12 years of age and older, in package sizes containing no more than 120 metered sprays	3
Triamcinolone acetonide in an aqueous nasal spray	55 mcg per metered spray for adults and children 12 years of age and older, in package sizes containing more than 120 metered sprays	2

Disciplinary report summary

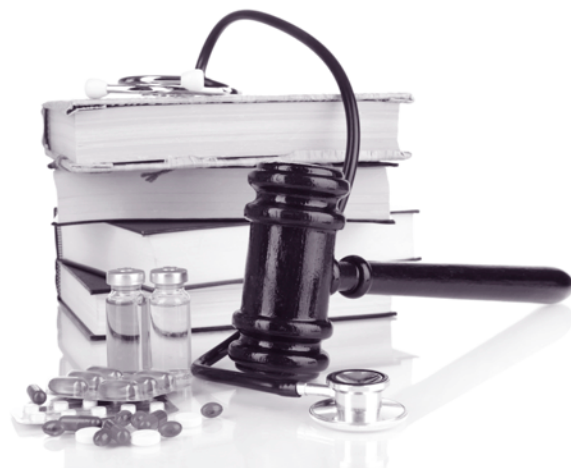
An investigation and hearing into the professional conduct of Serena Westad has recently concluded. Following is a summary of the hearing tribunal report. You can view the full report on ACP's website under *Resource Centre > Complaints > Hearing Decisions*.

A hearing tribunal made a finding of unprofessional conduct against Serena Westad when the following allegations were proven to be true. Between August 2013 and February 2014, she:

1. Diverted and misused approximately 700 capsules of Adderall and approximately 180 tablets of Dexedrine;
2. Abused her position of trust as a pharmacist by forging prescriptions and creating false patient records to conceal her diversion of the drugs;
3. Abused her position of trust as a pharmacist by billing, without authority or consent, false prescription fills to patients' third party insurers;
4. Failed to cooperate with the complaints director of the Alberta College of Pharmacists in his role as the investigator by providing contradictory information; she initially fully admitted orally and in writing to the alleged conduct and then subsequently recanted her admissions; she provided explanations that were contrary to the evidence she knew, or should have known, would be considered by the complaints director;
5. Attempted to self-treat her health issues by diverting Adderall and other medications, in the absence of any legitimate/current physician involvement, which created an environment that had the real potential to have created patient harm and to decrease the public's trust in the profession;
6. Created false dispensing records and forgeries for the aforementioned pharmacy patients that had the real potential to have disrupted their care and to have created harm;
7. Acted in a manner that impacted the integrity of the profession and the public's trust in the profession of pharmacy; and
8. Failed to act ethically or honestly in her dealings with her employer and with the third party insurers of those patients who were billed for medications that were not dispensed to them.

The hearing tribunal ordered that:

1. Ms. Westad's practice permit be suspended for a period of 24 months; commencing on October 14, 2014.
2. Upon completion of her suspension, Ms. Westad's practice permit not be reinstated until she:
 - a. Satisfactorily completes all ACP registration requirements.
3. Any practice permit issued to Ms. Westad upon the completion of her suspension, and satisfaction of the condition in Order 2, be subject to the following conditions:
 - a. Ms. Westad must practice under direct supervision for a minimum of one year following her return to practice.
 - b. At the end of her year of direct supervision and prior to the removal of the condition requiring direct supervision, Ms. Westad must provide to the complaints director a favourable report from her supervisor that is satisfactory to the complaints director (the supervisor providing the report must have directly observed the practice and performance for a minimum of six months).
- c. For five years after her reinstatement, Ms. Westad will verify to the complaints director that she has advised the licensee and proprietor of any pharmacy at which she is employed of the decision and the orders made by the hearing tribunal and must provide such verification any time that she changes employment.
- d. Ms. Westad cannot be a licensee for a period of five years after reinstatement.
4. Ms. Westad pay a fine of \$4,000.
5. Ms. Westad must pay the costs of the investigation and hearing, reduced by the amount of the fine of \$4,000. (Total investigation and hearing costs were \$20,583.77)
6. The fine and costs be paid in equal monthly instalments, starting from when the suspension period ends or on other terms satisfactory to the complaints director.



practice *profile*: Small town excellence

At the Alberta College of Pharmacists, we want to recognize registrants who go out of their way to make an impact on the health of Albertans through excellence in pharmacy practice. In upcoming issues of apnews, we will feature a registrant or team of registrants excelling in the field of pharmacy in Alberta.

If you know a pharmacist or pharmacy technician who showcases leadership, is a creative and innovative thinker, or is an exemplary practitioner, please email communications@pharmacists.ab.ca.

Rimbey Value Drug Mart Rimbey, AB

Patrick Rurka and Janet Herzog from Rimbey Value Drug Mart epitomize excellence within the field of pharmacy. Both Patrick, the pharmacy manager, and Janet, a staff pharmacist, aim to create a positive work environment and a relaxed atmosphere for their patients. "Patients feel very comfortable in the pharmacy with our pharmacy team, which allows them to answer more questions, so we can accomplish a more in-depth diagnosis," states Janet, a pharmacist with just under 40 years of practice in the field.

Patrick has streamlined processes such as scanning documentation, and has introduced new templates to create a more efficient environment for the team. According to Patrick, "patient care is essential and paramount to our business. For this reason, we schedule two pharmacists on at all times."

Patrick has also initiated a pharmacy-based weight loss management program. This program incorporates weekly one-on-one visits with patients and uses cognitive behavioral therapy. Patrick believes that the mental side of weight loss inhibits many Albertans from making the right choices. By initiating this program, he provides a different way to lose weight by using positive points, tools, adjusting activity levels, and teaching participants how to prepare foods differently to maximize food health. "People don't have the education or tools on how to eat properly. This program will give them new tools to see larger results and to keep the weight loss sustainable."

With the goal of connecting with the community, Patrick has purchased 24-hour blood pressure monitors and plans monthly visits to the manor in Rimbey to do blood pressure monitoring. Janet also aids seniors' lodges in the area with medication assessments, stocking fittings, blood pressure monitoring, and a monthly blood pressure clinic.

As Patrick and Janet plan for the future, they aim to offer travel medications and a continuation of their smoking cessation program through Alberta Quits. "As a pharmacy, we are trying to build a community and foster relationships within the community," explains Patrick.

Thanks to Patrick, Janet, and the team at Rimbey Value Drug Mart for demonstrating excellence in pharmacy practice!





Go digital with aCPnews

As of the July-August **aCPnews** issue, we'll be defaulting all registrants' newsletter subscriptions to "email." You'll receive the same copy of aCPnews, but in an electronic PDF format to the email address on file with us. You can print it, save it to your hard drive, or view it on our website at any time. It's the same newsletter – but much more eco-friendly!

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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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