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Message from the Registrar

Just because you *can*, doesn't mean that you *should!*

Privileges provided to pharmacists and pharmacy technicians through "restricted activities" approved in the Pharmacists and Pharmacy Technicians Profession Regulation must not be read and performed in isolation. They must be read in context with the role statements for each profession under Schedule 19 of the *Health Professions Act*. The authority to perform a restricted activity must not be viewed as an entitlement; but rather as enabling authority to use a particular intervention in a manner that complies with our Code of Ethics, and the Standards of Practice for Pharmacists and Pharmacy Technicians. "Just because you can perform an activity, it doesn't mean that you should!"

Further guidance is provided through best practices and guidelines that span multiple professions.

Underlying all is your responsibility to hold the health and well-being of each patient as your primary consideration, and to understand your personal limitations and restrict your practice to activities and decisions that you are competent to perform. These considerations all need to be made in context with one and other. As a health professional you must apply judgement. "Just because you can perform an activity, it doesn't mean that you should!"

When you determine it is appropriate to proceed, you should be mindful to include patients in decisions about their care, and ensure that your

decisions must be made in context with those of other members of patients' health teams. Decisions you make and actions you take affect the patient; but you must remember that your decisions and actions may also affect decisions previously made by other health professionals and may impact follow-up care that is required. Therefore, depending on the situation, you must determine the level of collaboration or communication that is necessary. Collaboration versus communication alone improves care, and improves relationships amongst health team members.

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Collaborative relationship ...

means a relationship between two or more regulated health professionals that is developed to:

- i. facilitate communication,
- ii. determine mutual goals of therapy that are acceptable to the patient,
- iii. share relevant health information, and
- iv. establish the expectations of each regulated health professional when working with a mutual patient

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Just because you *can*, doesn't mean that you *should*! Adapting prescriptions

All pharmacists are permitted to “adapt” prescriptions. ACP provides several resources and references that outline the requirements when adapting a prescription.

■ The Code of Ethics

- Principle One – “Hold the well-being of each patient to be my primary consideration”
Visit the ACP website at pharmacists.ab.ca/code-ethics

■ The Standards of Practice for Pharmacists and Pharmacy Technicians

Visit the ACP website at pharmacists.ab.ca/standards-practice

- Standards 3 – considering appropriate information (page 16)
- Standard 11- comply with regulatory framework if prescribing (page 31)
- Standard 12 – procedures when adapting a prescription (page 33)

■ Chat, Check and Chart tools including “Vital to Chat, Check and Chart”

Visit the ACP website at pharmacists.ab.ca/print-materials-tools

You *can* adapt a prescription if you follow the direction provided in these references, but as described above, you must apply judgment to consider whether you *should*. Adapting always requires that another health professional has made a prescribing decision. The assessments and decisions of pharmacists are equally important, but supplementary to this. You must determine mutual goals of therapy that are in the best interests of the patient and in doing so you must not make assumptions. Contrarily, should you assume any information important to a prescribing decision, you expose patients and yourself to risk.

Just because you can adjust a dose, it doesn't mean that you should!

Sometimes a better practice would be to contact the original prescriber, and discuss the merits of a change in dose, before doing so. This demonstrates collaboration, as compared to simple communication through notification. If a prescriber is unavailable and/or you determine that, based on the merits of all the information you have considered it makes sense to proceed, you can do so. However, by exercising the diligence to stop and consider whether you should proceed, you will make better decisions, your patients and you will be exposed to fewer risks, and your relationships with other prescribers will improve.

“Just because you can, it doesn't mean that you should!” What do you think? Please forward your thoughts to executiveassistant@pharmacists.ab.ca

Vital behaviors critical to your decision to adapt include ...

- **Connect with patients** – Engage patients at every encounter and create an opportunity for patients to collaborate in their care
- **Confirm and document indication** – Confirm the indication so that you know what needs to be assessed
- **Access Netcare** – Use Netcare routinely as part of your assessment, care plan, and follow up
- **Assess at refill** – Reconnect with patients and find out how their medications are working for them.

APEX AWARDS

Alberta Pharmacy Excellence

Pinnacle category recipients

M.J. Huston Pharmacist of Distinction

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



Roberta Stasyk
*Manager, Pharmacy Services,
 Royal Alexandra Hospital,
 Alberta Health Services; Edmonton*

Roberta's passion lies in adult education and in the pursuit of excellence in pharmacy practice. In her current leadership role as Manager of Pharmacy Services at the Royal Alexandra Hospital, Roberta is an advocate, teacher, manager, and collaborator with colleagues, pharmacy teams, and multi-disciplinary stakeholders. She counsels and provides opportunities for other pharmacists to expand their scopes of practice, and supports a team of over 140 individuals to deliver exceptional pharmacy service to the patients of the Royal Alex.

Prior to her current position, Roberta was a community pharmacist, hospital pharmacist, and regional pharmacy supervisor before taking on the role of Competence Director at the Alberta College of Pharmacists where she spent

The APEX awards recognize excellence in pharmacy practice in Alberta. On behalf of everyone here at ACP, congratulations to this year's recipients. We are proud to celebrate your outstanding contributions to the pharmacy profession.

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

Over the next few issues of *apnews*, it will be our pleasure to profile this year's award recipients.

12 years leading change in the pharmacy profession. Here, she developed and rolled out the framework and processes for the RxCEL Competence Program.

Roberta's leadership in promoting continuing professional development raised the bar not only for what the public should expect of pharmacists, but also for the care they should receive from them. Her role in establishing the additional prescribing authorization framework was essential in helping pharmacists to take on new levels of responsibility and provision of patient care.

W.L. Boddy Pharmacy Team Award

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

Ryan Stempfle
*VP Clinical and Pharmacy Strategy,
 Pharmicare Clinical Pharmacist Team;
 Edmonton*

Autonomy, access to cutting edge technology, professional development, and having influence in making decisions is what Ryan Stempfle, Pharmicare's

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Pharmacare Clinical Pharmacist Team (L to R): Jayson Lee, Tyler Watson, Gillian Hansen, Ryan Stempfle, Travis Featherstone, Michael Paulsen, Ashley Young, Andrew Fuller, Ron Marcinkoski

W.L. Boddy Pharmacy Team Award
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Vice President of Clinical and Pharmacy Strategy, feels makes a great team and great work environment.

Ryan leads the Pharmacare team – a dynamic and high performing group of professionals who place an emphasis on working to their full scope of practice. In

fact, pursuing additional prescribing authorization has become the team’s top strategic initiative, along with acquiring training in disease state management, and developing capacity to precept pharmacy students.

“Ultimately our team brings access to care into the community, bringing a full scope of practice to offer timely assessment, intervention, and follow-up

to improve health outcomes, reduce risks of hospitalization, and enhance quality of life for our patients,” explains Ryan.

Ryan believes in the massive power of team work. “Everyone’s input is valued and we are all part of the idea process. Not only is it a privilege to be part of this team, but also to serve our patients in the community, and to provide them with positive health outcomes.”

Peak category recipients

Future of Pharmacy



Michelle Berresheim
*Clinical Practice Leader,
 Queen Elizabeth II Hospital,
 Alberta Health Services;
 Grande Prairie*



Andrew Fuller
*Clinical Operations Manager,
 Pharmacare Specialty Pharmacy;
 Edmonton*



Tyler Watson
*Clinical Operations Manager,
 Pharmacare Specialty Pharmacy;
 Edmonton*

Friend of Pharmacy



Ann Vlahadamis
*Nurse Practitioner, Cross Cancer
 Institute, Alberta Health Services;
 Edmonton*



Robert Mattice
*Pharmacist/Owner,
 Grand Centre Value Drug Mart;
 Cold Lake*

Pfizer Consumer Healthcare Bowl of Hygeia

Lessons learned

Don't let perceived business expediencies trump professional obligations

A recent hearing tribunal issued written decisions on the merit and subsequent orders regarding the conduct of a pharmacist, who was a pharmacy licensee, during the period of the alleged misconduct. Amongst the allegations considered was that the pharmacist failed to create and maintain appropriate and required patient records.

A licensee's "business decision" was not accepted by the hearing tribunal as justification to not fulfill the licensee's record keeping responsibilities. Rationale for the tribunal's decision is reflected in its following statements:

If the evidence established that there were only one or two missing documents, or one or two triplicates that were dispensed late without documentation, then the evidence would not be sufficient to prove the allegations, or to demonstrate that the integrity of the profession was impacted by [the pharmacist's] conduct. But, that is not the case here. [The pharmacist] was audited in the past and should have learned from his past audit results and changed his practice. Instead, he chose to make a business decision to not worry about it and just pay a penalty. This is definitely damaging to the integrity of the profession.

Other lessons that can be learned from this matter include:

- Repetitive practice doesn't necessarily make for good or acceptable practice.
- Licensees must ensure that all required pharmacy records are not only created, but are also maintained in a manner that allows for effective, systematic retrieval.
- Records must be created properly. Records must be complete, clear, concise, and comprehensible.
- The ability to retrieve patient records is an important element in providing proper care and maintaining the public's trust in our profession. In their decision on orders, the hearing

tribunal stated: "Record keeping and documentation is fundamental to protecting the public."

Pharmacy licensees – incorporate these lessons into your practice

1. Review the *Pharmacy and Drug Act* (Section 10), the *Pharmacy and Drug Regulation* (Sections 12 and 12.1), and the *Standards for the Operation of Licensed Pharmacies* (Standard 8) in relation to your pharmacy's standard operating procedures.
2. Review your professional obligations and the corresponding resources needed to meet these obligations with your pharmacy staff and owner.

3. Continuously challenge your pharmacy's "old way" of record keeping. Review current practices and your corresponding professional obligations to ensure you are meeting your responsibilities.
4. Discuss the record keeping requirements with your peers and implement better practices.
5. Seek the assistance of others (regional pharmacy personnel, ACP pharmacy practice consultants) to identify solutions to any resource shortfalls and to improve record keeping efficiencies within the pharmacy.

For the complete written decision, go to: <https://pharmacists.ab.ca/sites/default/files/porzoni-merit2014.pdf>

Compliance with the ACP Continuing Competence Program is your professional obligation

A recent hearing tribunal issued its written decision on the merit and orders regarding the conduct of a pharmacist failing to meet an established document submission deadline prescribed by ACP's competence committee.

A pharmacist's initial decision to stop practicing and contemplate "walking away" from the profession was not accepted by the hearing tribunal as justification to ignore deadlines prescribed by the competence committee while on the clinical pharmacist register. Even though the hearing tribunal heard information about the pharmacist's medical issues and stressors as partial response for not complying with an ACP established document submission deadline, the hearing tribunal affirmed the necessity for pharmacists to fully comply with the requirements of the Competence Program while on the clinical pharmacist register.

In a nut shell: As a pharmacist, if you are unable to comply with the deadlines and requirements of the Competence Program, then you likely should not be on the clinical register, whether you're actively engaged in practice or not.

Rationale for the tribunal's decision is reflected in its following statement:

An expectation of safe and effective pharmacy practice is for all pharmacists to remain current with clinical best practices and up-to-date medication knowledge. The Alberta College of Pharmacists' Competence Program is a necessary part of ensuring that pharmacists continue to demonstrate their clinical skill and ongoing competence to practice pharmacy. Compliance with this program is a requirement for all pharmacists, and [the pharmacist's] repeated failure to do so demonstrates conduct that undercuts the basic duties and obligations of pharmacists.

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Lessons learned

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Pharmacists – incorporate these lessons in approaching ACP's Competence Program:

Review your professional responsibilities for complying with the Continuing Competence Program and in responding to ACP. Principles 9, 10, and 11 of the Code of Ethics will provide you with valuable guidance in this respect.

1. Review and understand all aspects of ACP's Competence Program. Excellent information about the CCP can be found in recent editions of *apnews*, on the ACP website in the competence sections, and through the CCP online tutorial.
2. Proactively respond to and complete all requirements of the CCP. Don't wait until the last minute to respond, especially if you think you may not be able to fully respond to a requirement of the CCP.
3. If you think you need help understanding or complying with the CCP, ask for, and accept assistance.
4. Discuss the CCP requirements with your peers.

For the complete written decision, go to: pharmacists.ab.ca/sites/default/files/Embedded_3717_2015.pdf

If you plan to renew your 2015/2016 practice permit, you are required to complete all the requirements of the new Continuing Competence Program (CCP) prior to renewal. Only exemption: pharmacists who register on the clinical register for the first time in Alberta between January 1, 2015 and June 30, 2015.

reminder

Renewal reminders for pharmacists and pharmacies

Pharmacist practice permit renewals due by May 31

In April, ACP emailed renewal notices to all pharmacists. Complete details on renewing practice permits can also be found on ACP's website under "Bulletin Board" located on the homepage – "*Pharmacist online renewal now open.*"

Pharmacy licence renewals due before June 16

Pharmacy licence renewals have been mailed to each pharmacy. Be sure to contact ACP if you have not received your package.

What if someone else is paying fees?

Pharmacists: If your employer is paying your fees, you are still responsible for ensuring ACP receives payment before May 31. Practice permits will not be issued until ACP receives payment, and as you are aware, pharmacists cannot practice without a valid permit.

Licensees and proprietors: If your pharmacy is paying renewal fees for your employees and your pharmacy, please note payment for your pharmacists must be received by ACP no later than May 31.

Pharmacist renewals – Authorization to Administer Drugs by Injection

If you currently hold **Authorization to Administer Drugs by Injection**, and intend to retain authorization (effective July 1), you will be required to re-certify upon renewal of your practice permit. The process involves completing a professional declaration indicating you:

- i. have taken action to maintain both your clinical and technical competencies required for administering injections;¹
- ii. have and will maintain valid CPR (minimum level C);
- iii. have and will maintain valid First Aid certification (minimum standard or emergency); and

¹ To see NAPRA's *Competencies on Injection for Canadian Pharmacists*, go to http://napra.ca/Content_Files/Files/Supplemental_Competencies_on_Injection_for_Canadian_Pharmacists2012.pdf

iv. have administered an injection within the past three years.

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

Professional declarations audit

If you hold Authorization to Administer Drugs by Injection and are selected to participate in a professional declarations audit, you will be required to submit:

- proof of holding a minimum \$2 million personal professional liability insurance policy;
- proof of holding current First Aid (minimal standard or emergency care level); and
- proof of holding CPR (minimal Level C).

You may be requested:

- to provide information regarding your last injections; and/or
- to provide information to indicate how you maintained your competence.

Questions? Contact us:

Pharmacist reinstatement requests:
statuschange@pharmacists.ab.ca

Pharmacist renewal questions:
registrationinfo@pharmacists.ab.ca

Pharmacy renewal questions:
pharmacyinfo@pharmacists.ab.ca

Competence Program questions:
competence@pharmacists.ab.ca

Tel: 780-990-0321
TF: 1-877-227-3838
Fax: 780-990-0328

The final step: Submitting your professional portfolio

Thank you pharmacists for continuing to work on the new Competence Program. We hope you are finding it to be a rewarding experience. Your last step is to submit your professional portfolio to the college. You will need to complete this step before you can renew your practice permit online as a clinical pharmacist for 2015/2016.

Where do I find the submit button?

One of the most commonly asked question we have received is, “Where is the submit button?”

The submit button is located on the home page of the CCP portal, along the left-hand side, and is only accessible during the online registration renewal period (end of April-May 31). Once you have completed all of the program’s requirements, then you are able to submit your portfolio by clicking on the submit button. *(Please note, once you have submitted your portfolio, you will no longer be able to make changes to the submitted records.)*

If you are unable to submit your portfolio online, it may be that some of the requirements were not fully completed. Checkmarks above the submit button identify sections of the Competence Program you’ve completed. If a checkmark is missing, please refer to the corresponding section and complete the requirement.

Portfolio submission help guide

For additional support and information, please refer to our new help guide on how to submit your professional portfolio. The help guide is located on the ACP website under *Resources – Competence – CCP Requirements.*

Feedback request

Now that you have completed the Competence Program, we would appreciate your feedback on the revised program. Upon submitting your portfolio, you will be prompted to complete a short survey. We look forward to using your feedback it to improve the program.

Audit of professional portfolios

Every year, a percentage of pharmacists, will be selected to have their professional portfolios audited. If selected, your portfolio will go through an administrative audit and

your implementation record will be peer assessed by two pharmacists trained in assessment.

Your portfolio may be selected for an audit as a result of:

- random selection;
- a late or incomplete submission; or
- a request of the registrar as a result of concerns received about your practice.

Pharmacists who have successfully completed a competence assessment/CCP audit within the last five years and pharmacists who have



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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!

Still want a paper copy?

You'll be able to update your aCPnews preference to "Regular Mail" during registration renewal, or by logging in to your registrant profile online at any time.

Audit of professional portfolios

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been granted additional prescribing authorization within the last five years will not be selected for random audit. The portfolios for these pharmacists will only be selected for an audit if there is another reason, such as a late or incomplete submission, or a request from the registrar.

Implementation Record checklist

Should your Implementation Record be chosen for audit, your peers will be looking for the following indicators:

- Are the learning activities identified relevant to your implementation objective?
- Is your implementation objective clearly outlined and related to pharmacy practice, medical knowledge, and/or systems-based practice?
- Is your rationale for choosing the implementation objective, and how it is relevant to your practice, clearly indicated?
- Are the steps you took to achieve the implementation objective clearly indicated?

- Is the outcome of the implementation clearly explained?
- Is it clearly evident that you played a role in the implementation and that the implementation objective was achieved?
- Do your records appear professional?

Because you submitted all of your information when you submitted your portfolio, you will not be notified until the audit has been completed. When the audit is complete, you will receive feedback on your portfolio. If you have achieved the established standard, no further action is required. Continue your activities within the current CE cycle. If you did not achieve the established standard, then you will be provided with further instructions. For more information about the audit process, please refer to the Continuing Competence Program Rules available on the ACP website.

For further assistance

Please contact a member of the competence team at competence@pharmacists.ab.ca; and/or review the FAQs on the ACP website.



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.