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Physician-assisted death (PAD)



In February 2015, in *Carter v. Canada*, the Supreme Court determined that in very specific circumstances, individuals have the right to seek physician assistance to hasten death; and that in such circumstances, participating physicians would be protected from criminal prosecution. In its judgement, the court did not recognize the roles of other health professionals, like pharmacists, and therefore similar protection was not granted to them.

The Supreme Court struck down the criminal code to support physician-assisted dying when:

- The patient is a competent adult;

- The patient has given a clear consent to the termination of life; and,
- The patient has a grievous and irremediable medical condition that causes suffering that is intolerable to the individual in the circumstances of his or her condition.

The Supreme Court granted federal and provincial governments one year, from the date of their decision, to develop federal and provincial legislation to accommodate the decision. At this time, neither provincial nor the federal government has developed legislation.

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acpnews is published six times per year by the Alberta College of Pharmacists.

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Physician-assisted death (PAD) *continued from page 1*

Why is this important to pharmacists and pharmacy technicians?

Physician assisted dying, whether it occurs in a facility, or in another setting facilitated through a prescription written by the physician, will likely include the services of a pharmacist and/or a pharmacy technician in preparing and dispensing the drugs. The Supreme Court judgement, in the absence of new federal and provincial legislation, may not protect pharmacists or pharmacy technicians from criminal conviction, should they contribute to the patient's death.

There are many other questions requiring clarification such as (this is not an exhaustive list):

- Does provincial legislation that governs the practice of pharmacists and pharmacy technicians support their role in this context?
- What steps must a pharmacist or pharmacy technician take if they wish to exercise conscientious objection to serving this role?
- What is a competent adult?
- What constitutes an acceptable form of consent? When? How?
- How can a pharmacist or pharmacy technician determine if appropriate procedures for consent have been granted?
- What is a grievous and irremediable medical condition? Who can determine it?
- How will these services be coordinated in Alberta?
- What support is required for health professionals who participate in these roles?

The bottom line is that you must be knowledgeable about the personal and professional obligations and considerations that arise with respect to your role in physician assisted dying, and the steps that you must take to fulfill each responsibly.

What is ACP doing?

Council became increasingly informed about discussions and initiatives that have occurred provincially and nationally through a panel discussion at its last meeting. A provincial-territorial advisory committee submitted its report to the provinces on November 30, and this should be available for

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Physician-assisted death (PAD) *continued from page 2*

review shortly. Alberta Health Services has been coordinating a provincial approach to meeting the requirements, and a DRAFT for review is anticipated imminently. Other organizations such as the College of Physicians and Surgeons of Alberta, Covenant Health, and the Canadian Society of Hospital Pharmacists have developed documents that will assist in formulating direction.

ACP has appointed a working group of pharmacists, a pharmacy technician, RxA, and legal counsel to review these documents, identify questions that are significant and priorities to pharmacy practice, with a goal of informing registrants about considerations that they should make in fulfilling personal and professional responsibilities.

What's next?

ACP's working group will be convening before Christmas and will be meeting weekly thereafter. We will post materials on ACP's website as soon as approved versions are available. Watch for information from ACP and RxA throughout January, to assist you in making personal and professional decisions important to you before February 2016.

Discuss the advent of physician assisted dying with your pharmacy team members and other health colleagues in your practice. Learn from one another, and learn how you will support one another if you are involved in providing services related to physician assisted dying.



Specialties in pharmacy

The Pharmacist and Pharmacy Technician Regulation restricts use of the term specialist; and the Pharmacy and Drugs Regulation restricts a licensee or proprietor from identifying themselves as a pharmacy that offers specialized services. While discussion about specialties in pharmacy have a long history in Canada, consensus has not been achieved about a framework for them. Akin, ACP council has not established criteria for specialties, and therefore they are not recognized by ACP.

Through the Blueprint for Pharmacy, the Canadian Pharmacists Association conducted a "National Needs Assessment of Specialization in Pharmacy in Canada (July 2015)". To view the report, visit: <http://199.103.61.199/docs/resource-items/needs-assessment-of-specialization-in-pharmacy-in-canada---final-report.pdf>.

The report identifies that pharmacists and proprietors have many different perspectives about specialties in pharmacy. More discussion is required

amongst pharmacists, to reach stronger consensus about a philosophy for specialization that provides value to patients, stakeholders and Canada's/ Alberta's health systems. A successful model must be competency-based, providing rules and processes for:

1. Identifying specialties
2. Qualifying and maintaining specialty status
3. Using the term specialist or any similar term
4. Incorporating/ implementing specialties within and across practices.

We encourage registrants to review the needs assessment, accessible through the above link. What are your thoughts about the importance of specialties in pharmacy practice; and what considerations do you believe are important if they were to be recognized? Please share your comments with us by emailing: communications@pharmacists.ab.ca.



Inducements Judicial review of amendments to ACP's Standards and Code of Ethics

In April 2014, ACP council approved amendments to the Standards of Practice for Pharmacists and Pharmacy Technicians, Standards for the Operation of Licensed Pharmacies, and the Code of Ethics to prohibit the use of inducements that are conditional on the provision of drugs or pharmacy services.

In June 2014, Sobeys applied for and received an interim injunction from the Court of Queen's Bench. As a result the amendments cannot be implemented pending completion of the judicial review of Council's decision.

The judicial review was originally scheduled for January 2015. However, the court was unable to make a justice available and the matter was rescheduled to the next court dates available for a two day judicial review, which were December 2 and 3, 2015.

Sobeys and ACP appeared before a Justice in Chambers on December 2 and 3, 2015. There were two days of legal argument about the standard which the court will use to review the amendments and the admissibility of certain evidence. The matter is now set over again for further argument. The injunction remains in place pending the final determination of the court on the judicial review.

November discussions and decisions

Council convened on November 30-December 1, 2015. Following are highlights from the meeting:

Physician-assisted death (PAD)

(See article on front page of this issue of [apnews](#))

A panel including ACP's legal counsel, and leaders from the College of Physicians and Surgeons of Alberta (CPSA), Alberta Health, Alberta Health Services, and Covenant Health updated council on national and provincial discussions about PAD. Based on a Supreme Court decision (Carter/Feb2015), patients will have the right to physician-assisted dying on February 6, 2016. ACP established a working group to prioritize issues, and to guide the development of messaging to pharmacists and pharmacy technicians to support them in making personal decisions, and fulfilling their professional responsibilities with respect to PAD. Please watch for guidance in the January 2016 editions of *The Link*.



Combating opiate deaths

In 2015, it is anticipated that more people will die from fentanyl use than traffic collisions and homicides combined. Two thirds of the fentanyl overdoses occur in suburban communities. There were 213 deaths involving fentanyl in the first nine months of this year. Click the following link to watch a video and learn more about fentanyl, its impact in Alberta, emergency interventions, and prevention/harm reduction strategies: www.youtube.com/watch?v=UCAj2IBdlMA&feature=youtu.be

Alberta Health Services is leading a provincial strategy to improve access to Naloxone as an antidote to opiate overdoses. AHS has resources about opiate overdosing and Naloxone available at: www.albertahealthservices.ca/drugsfool.asp.

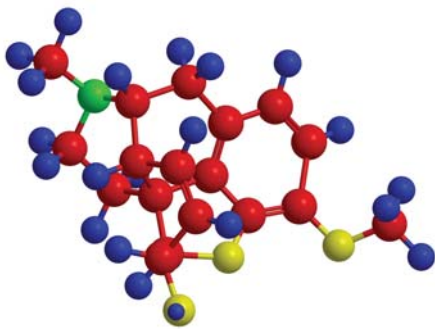
Both RxA and ACP are working with Alberta Health and AHS to determine how pharmacy can best contribute to this strategy. Please keep informed by monitoring future editions of *The Link* and RxA's *The Capsule*.



Non-prescription codeine products

Over the past several years, council has discussed the availability of non-prescription codeine products, and alternatives that may assist in addressing the misuse and abuse of these drugs. Awareness was heightened through the report of Alberta's Child and Youth Advocate in 2014, when a newborn died as a result of drug toxicity arising from the mother's abuse of benzodiazepines and non-prescription codeine products.

ACP will be discussing the possibility of rescheduling non-prescription codeine containing products with Alberta Health, when reviewing the Schedule Drugs Regulation in 2016.



Pharmacist survey 2016

Council thanks all pharmacists who participated in its tri-annual survey. The quantitative survey and the qualitative research conducted through focus groups has provided a wealth of information about pharmacists' perspectives about their practices, opportunities and threats, and ACP. Council looks forward to discussing highlights from the survey with registrants during regional meetings and webinars being scheduled across Alberta in early 2016. Watch *The Link* for dates and locations to be announced in January, and mark your calendars so that you can further discuss these with ACP leaders.

Perceptions of pharmacists' roles and professional development needs in the era of expanding scopes of practice

Council received presentation from Dr. Christine Hughes and Terri Schindel on research they conducted through the support of ACP. They found that pharmacists' description of their roles were changing and had an increasing patient focus; however, there were large variances observed. The importance of workplace learning and mentorship was cited by many, and it was clear that change across the profession cannot be effectively achieved through a "one-size fits all" approach to learning. The researchers provided recommendations in each of these areas.

Pharmacists impacting chronic diseases

Dr. Ross Tsuyuki presented council highlights of four research projects that he and colleagues have conducted in Alberta about pharmacists' impact on patients with hypertension, dyslipidemia, and chronic kidney disease. The results consistently demonstrate that pharmacists working at full scope of practice are highly effective in supporting patients in achieving personal health targets; and through the effective use of laboratory results, can contribute to the early detection of secondary and tertiary health conditions. These results are important to patients, the health system, and the value proposition of the profession.



Spring regional meetings

ACP looks forward to engaging with pharmacists and pharmacy technicians across Alberta during the spring to further discuss perspectives that were collected through the pharmacists' survey. This will also be an opportunity to discuss the development of quality care plans and specialties in pharmacy; both of which were identified by members submitting resolutions. Watch for dates and locations to be announced in a January edition of *The Link*.

Don't risk it: professional "assumptions" can be costly

A recent hearing tribunal issued its written decision on the merit and orders regarding the conduct of a pharmacist who was a pharmacy owner and proprietor during the period of the alleged misconduct. Central to the allegations considered in this case, was that the pharmacist, as the owner and proprietor of a licensed community pharmacy, provided pharmacy services from a second, unlicensed, location.

A pharmacy owner/proprietor's "assumption" that ACP was aware of, and had authorized the provision of pharmacy services at a location, other than from the primary licensed community site, was later found to be incorrect.

The hearing tribunal found that the pharmacy owner/proprietor did not consciously deceive ACP about the operations at an unlicensed site; and heard that once the situation was brought to the attention of ACP, the pharmacy owner/proprietor collaboratively worked with ACP to immediately cease operations at the unlicensed site. The hearing tribunal noted that there was a potential for patient harm in the provision of pharmacy services at a site that was unknown to, unauthorized by, and not inspected by the ACP.

Additionally, the tribunal expressed concern that in not verifying her "assumptions" about the pharmacy operations, as the proprietor and pharmacy owner, the pharmacist compromised the ability of her pharmacy staff to practice in accordance with the Standards of Practice.



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

"[The pharmacist's] actions not only endangered the public because the College was unaware of the [second pharmacy site] and unable to provide adequate regulatory oversight to protect the public, but also harmed the integrity of the regulated pharmacy profession."

"When pharmacists demonstrate that they have not exercised due diligence, it harms the integrity of the pharmacy profession."

"The Tribunal hopes that all regulated members of the College will take notice of this case, and the importance of ensuring that all pharmacy operations in Alberta are properly licensed and thus supervised by the College."

"[The pharmacist] placed the licensee of [the pharmacy] in a compromising position by assuming that pharmacy services were in compliance at the [second pharmacy] site when in fact pharmacy operations were being carried out in an unlicensed facility."

Another lesson that can be learned from this matter:

- Pharmacy owners and proprietors must be aware that their actions and omissions may not only affect their standing with the ACP, but can greatly impact licensees', pharmacists' and pharmacy technicians' ability to full comply with the standards of practice.

Pharmacy owners and proprietors – incorporate these lessons into your practice:

1. Review the *Pharmacy and Drug Act* and the *Pharmacy and Drug Regulation* with regard to your responsibilities in owning and assisting in the operation of your pharmacies.
2. Review and discuss your obligations and the professional requirements of the pharmacy with the pharmacy licensee and staff to ensure that the pharmacy has the resources needed to meet these obligations and that all pharmacy operations are licensed.
3. Don't assume, especially when taking over an existing pharmacy operation or opening a new pharmacy. When in doubt contact ACP.

ACP Leadership Development Award Cassandra Woit: leader in the making

Earlier this year, the inaugural ACP Leadership Development Award was presented to Cassandra Woit, a fourth year Pharmacy student at the University of Alberta. Created to support the development and advancement of professionalism, citizenship, and leadership in pharmacy, the award provides up to \$5,000 for an exemplary third or fourth year University of Alberta pharmacy student to participate in a high-level professional development course or leadership conference. Cassandra used this opportunity to attend the FIP World Congress of Pharmacy and Pharmaceutical Sciences 2015 in Dusseldorf, Germany.

When Cassandra received the news that she'd been selected for the award, she was, as you would expect, brimming with excitement at the opportunity to attend an international leadership conference; but it was about much more than that. "It's incredibly meaningful to know that ACP had faith in me to represent Alberta pharmacists on an international level," says Cassandra. "As students, we're always striving to excel academically and learn as much as we can to prepare ourselves for the future, so it's nice to have the validation and support that comes with winning an award."

As part of the submission process, candidates are asked to write an essay outlining the most significant opportunities and challenges for pharmacy practice in the next ten years; the importance of leadership, citizenship, and professionalism in pharmacy practice; and how you and others will benefit by virtue of you receiving the award. In her essay, Cassandra discussed the challenge of equalizing pharmacy practice across the country, and within Alberta itself. She focused on the unique opportunity Alberta pharmacists have to influence and empower pharmacists in



other provinces to enhance their practice. "We need to prove that our expanded scope of practice is worthwhile to continue across the country by demonstrating the positive effect it has on patient care. This requires greater uptake of the scope by practicing pharmacists, which can be aided by pharmacists using their leadership skills to inspire their peers to follow suit."

This fall, Cassandra experienced leadership on a global level at the FIP World Congress in Dusseldorf, Germany. The conference was unique in that it featured aspects of pharmacy Cassandra, and other Canadian students, may not have otherwise been exposed to, such as military and emergency services, and industrial pharmacy. One of the highlights of the conference for

Cassandra was a pharmacy leadership panel held on the last day. "It was a great opportunity to have open conversations with accomplished pharmacists from around the world," says Cassandra. "I was lucky enough to connect with some great resources for a research project I'm working on, which was definitely a bonus. I think it's always valuable to have connections you can collaborate with or draw on for support down the road. Conferences like this are great for making connections. It's a very supportive environment."

So what's next for Cassandra? Next fall, she plans to begin her Masters in Pharmacy Practice at the University of Alberta. Cassandra's masters studies will focus on the competence and confidence of health care students in prescribing; a topic which originally began as a four-month research project in her current program, and later evolved into a master's thesis at the recommendation of the faculty. Cassandra hopes to practice part-time while working on her masters and looks forward to all the exciting possibilities that await her after graduation. With a future so bright, you can expect to hear more about Cassandra in the years to come.

Think you're a strong candidate for the ACP Leadership Development Award? Visit the ACP website at <https://pharmacists.ab.ca/acp-awards> to learn more about the criteria, requirements, and how to apply.

The deadline for applications is May 15, 2016. For more information about the award visit our ACP's website.

Passion for patient-centered practice

Future of Pharmacy award recipient Andrew Fuller

The APEX Awards recognize excellence in pharmacy practice in Alberta. In this issue of *aφnews*, we continue our regular feature to highlight the 2015 APEX award recipients and celebrate their outstanding contributions to the pharmacy profession. In this issue, we are pleased to introduce you to Andrew Fuller, recipient of the Future of Pharmacy award.

In his current role as Clinical Operations Manager for Pharmacare, Andrew manages and mentors a team of clinical pharmacists through coaching, support and evaluation of clinical assessment, documentation, and monitoring. Through his passion for patient-centered care, Andrew encourages others to practice to their full scope, establish multidisciplinary collaboration, and improve patient outcomes.

Andrew works primarily with mental health and addictions clients, many of whom do not have regular contact with a



Andrew Fuller
Clinical Operations Manager
Pharmacare

family physician or means of monitoring chronic conditions. Andrew acts as an important part of the healthcare team for these patients, adapting and prescribing therapies and interventions to reduce the effects of chronic conditions and improve health outcomes. He has also contributed to the development of innovative pharmacy programs at Pharmacare, such as the Mobile Methadone Program, and electronic clinical documentation templates designed to improve quality, efficiency and completeness of care plans.

“When I found out I had won the award and heard the term *excellence*, I thought about my team and striving to go beyond patient expectations of the old model of pharmacy,” says Andrew. “By prescribing medications, providing interventions, and overall just being the frontline healthcare provider that pharmacists have become – we can all achieve excellence by going just that one step further.”

Andrew shares his unique practice with pharmacy students through guest lecturing and facilitating labs at the University of Alberta’s Faculty of Pharmacy. He uses patient cases to illustrate the scope of practice required by pharmacists and to demonstrate patient-pharmacist skills. Andrew offers the following advice to students, “Work hard on what you think you need to achieve the practice you want, focus on what will make you a better pharmacist and what will impact your patients the most.”

Andrew is currently working on his Masters of Science in Pharmacy Practice at the University of Alberta, where he is focusing on exploring patient-oriented eHealth interventions and tool that promote patient engagement.



Reminder of Continuing Competence Program requirements:

Every year, all pharmacists on the clinical register are required to:

1. Complete at least 15 CEUs during the CE cycle and document each learning activity on one or more Learning Records;
2. Implement at least one CEU worth of learning into their practice and document this on an Implementation Record; and
3. Complete any required learning that has been assigned by the Competence Committee. **For the 2015/2016 CE cycle, the prescribed learning is the Jurisprudence Self-Assessment tool** and is found in the Self-Assessment/Prescribed Activities section of the CCP portal.

Exceeding established standards

Continuing Competence Program (CCP) audit results are in!

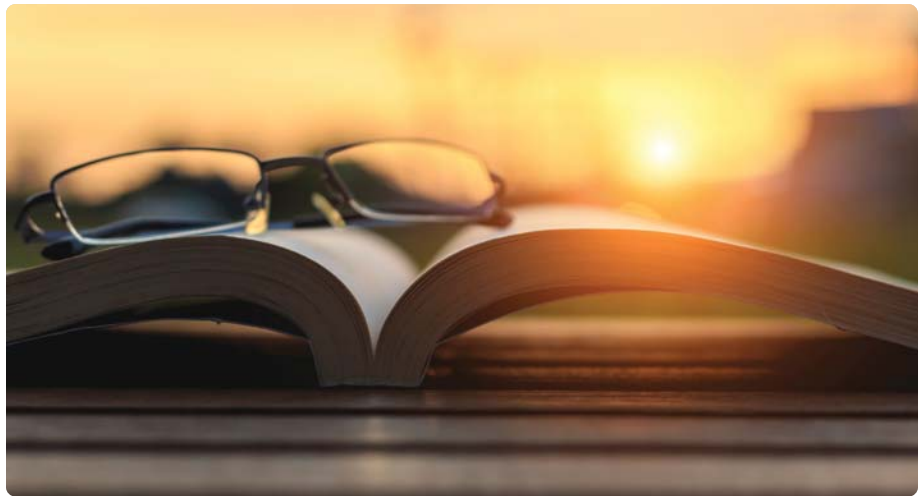
Congratulations pharmacists! The Continuing Competence Program audit results are in and an overwhelming 91 per cent of participants met or exceeded established standards of the program – a fantastic accomplishment and great reminder of the talent and passion in our province.

One of the most important aspects of self-regulated professionals is the responsibility to maintain competence. Maintaining competence means that your family, friends and neighbours can be assured that Alberta pharmacists are providing quality care. In addition to providing a competence program to help you meet these responsibilities, we at ACP are committed to providing feedback for improvement through a peer audit.

This year, 534 pharmacists were selected to have their professional portfolios reviewed as part of the annual continuing competence program audit.

Selected portfolios go through an administrative audit, and implementation records are peer-assessed by two pharmacists trained in assessment. The peer assessment is based on established criteria to ensure the assessment is as fair and objective as possible. The purpose of the audit is to determine whether you have met the program's objectives, met the established standards, and adequately demonstrated that you have implemented learning into your practice. Based on the results of this year's audit:

- **91 per cent met or exceeded the program standards** (Category 1) of the professional portfolios. Excellent job!
- Eight per cent had minor deficiencies (Category 2) in their portfolios. These pharmacists have the opportunity to use the feedback provided to



improve on their professional portfolios for the current CE cycle, which will be audited.

- One per cent had significant gaps in their portfolios due to a lack of implementation and/or lack of engagement. Completing the Continuing Competence Program is a professional responsibility, and failure to complete the requirements may be considered unprofessional conduct. These pharmacists have been referred to the Competence Committee to determine next steps.

During the audit, our assessors looked for the following key indicators in your Learning / Implementation Records:

- ✓ Were the learning activities you identified relevant to your implementation objective?
- ✓ Was your implementation objective clearly outlined and related to pharmacy practice, medical knowledge, and/or systems-based practice?
- ✓ Was your rationale for choosing your implementation objective, and relevance to your practice clearly indicated?

- ✓ Were the steps you took to achieve the implementation objective clearly indicated?
- ✓ Was the outcome of the implementation clearly explained?
- ✓ Was it evident that you achieved your implementation objective and that you played a role in the implementation?
- ✓ Were your records professional?

Positive feedback from the assessors

- "I am really impressed with the great work pharmacists are doing across the different settings."
- "Keep up the amazing work! The patient care evident in the implementation records is a shining example of all that pharmacists provide for their patients."
- "Many pharmacists used this process to advance their scope of practice."
- "I am impressed with the pharmacists I audited. Each pharmacist, in their own right, is making a difference to our society. I am humbled and I will strive to do better myself."

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Opportunities for improvement

The peer assessors offered a few helpful tips to help polish up your portfolios for next year, based on common themes observed during this cycle's audit.

| Opportunity for improvement | Assessors' comments | Tips |
|---|--|---|
| <p>A clear and specific implementation objective will help you meet your goals</p> | <p>"If the implementation objective is not clear, then it's hard to assess the rest of the portfolio. It's difficult to assess whether they have arrived at their destination if you don't know where they are going."</p> | <p>Write a SMART objective and ensure that your objective clearly describes what you are trying to achieve (i.e., how you will apply your learning).</p> <p>To assist you with writing an implementation objective, please review the How to Write SMART Objectives tool in the Competence section of the ACP website.</p> |
| <p>Take time to distinguish the differences between your learning and implementation</p> | <p>"There were a number of pharmacists who focused on what they learned versus what they did with the learning."</p> | <p>A learning objective is different from an implementation objective. In a learning objective, you are stating what you plan to learn. In an implementation objective, you are stating what you plan to accomplish, or do with what you've learned.</p> <p>See the How to Write SMART Objectives tool to see examples of learning and implementation objectives.</p> |
| <p>Highlight what has been improved in your practice</p> | <p>"Many pharmacists' answers were brief, not specific, and did not expand on the impact/outcome of the implementation objective."</p> <p>"For outcomes – reflecting on next steps, or how the implementation impacted the audience, is often lacking or vague."</p> | <p>"We need to see what happened - what action or change occurred as a result of the learning; who was affected/benefitted from the learning done by the pharmacist? The weaker submissions seemed to be struggling around that point."</p> <p>It is important to clarify what has been improved from previous practice. It doesn't have to be a major change, every little improvement helps.</p> |
| <p>Submit the strongest evidence you can</p> | <p>"Quite a few pharmacists were unclear on what type of evidence was required. Some uploaded a blank CACP form, when it would have been much stronger evidence had they uploaded a patient-specific case for us to see."</p> | <p>One document can have multiple pages if scanned into one file.</p> <p>Depending on your implementation objective and the implementation type, supporting documentation will vary in order to provide your strongest evidence. Since you can only submit one piece of evidence, select the document that best showcases what you've achieved and ensure that it's directly related to your implementation objective and outcome.</p> <p>For example, if you:</p> <ul style="list-style-type: none"> ■ Managed drug therapies – upload a patient's record of care documenting what you did ■ Developed/ revised a policy – upload the policies and procedure ■ Created a new tool/form – upload a filled-out version of the tool or form that showcases how the resource was put to use ■ Created a presentation – upload your PowerPoint presentation |

Update on the Continuing Competence Program for pharmacy technicians

It is an exciting time behind-the-scenes here at ACP as we complete the final proofreading and revisions for the new Continuing Competence Program (CCP) for pharmacy technicians.

This new, interactive program will help technicians identify their learning needs, create plans to fill any knowledge gaps, and record and reflect upon their learnings. The program will be administered through a convenient online portal that will hold all your learning records, and will be accessible anywhere you are.

When the CCP launches in January 2016, pharmacy techs will have access to the CCP portal and an in-depth tutorial that explains the program. Feedback from a November pilot program was overwhelmingly positive, with many pharmacy technicians from the pilot group expressing confidence in their ability to navigate the portal and understand the requirements after completing the video tutorial.

"I liked that you could stop, start, go back, and review," said one technician of the tutorial functionality.

Another technician liked the short pop quizzes: "I like that it was interactive

and gave the right, as well as wrong, answers. There were lots of explanations and [opportunity to go] through all the processes on the actual portal."

"This is a first for pharmacy technicians, but we're confident the portal and the tutorial will quell a lot of fears – the tutorial is quite in-depth and covers absolutely everything you need to know about the program step-by-step," said Competence Director Debbie Lee.

After completing the tutorial and reviewing the program guidebook, pharmacy technicians will have until November 30, 2016, to submit their CCP professional portfolio – an important requirement for annual permit renewal. The continuing education cycle for pharmacy technicians begins December 1 of each year and ends November 30 the following year.

More information and FAQs about the Continuing Competence Program for pharmacy technicians is available online at pharmacists.ab.ca/ccp-requirements.

Watch for special feature articles on the new Continuing Competence Program in the next issue of *apnews!*



Reminder when submitting your application for additional prescribing authorization


Administrative staff and assessors have recently noted that some patient information is visible on application materials. Prior to submitting your application for additional prescribing authorization, it is important to ensure that all patient information is sufficiently anonymous. For the protection of your patients, it is important to ensure that their name, personal health number, address and phone numbers cannot be identified. If using a black marker, ensure that the patient's personal information cannot be seen; white out correction tape works well also.

You do not need to mask the physician or pharmacist information. In fact, it is crucial that assessors know who did what. When several physicians are involved in the patient's care, it is important for them to know who you are sending information to and when.

Please take the time to ensure that this is done on both copies; staff may return the package to you if it is not properly done.



In memory...

 **Myros Bohdan Samyrcia** passed away on Saturday, September 19, 2015 in Edmonton at the age of 91. Myros was born in Edmonton and raised in Radway, Alberta. He served in the RCAF during World War II and graduated from the University of Alberta with a pharmacy degree in 1951. He started Myros Pharmacy in 1952. The business remained in the family for 56 years and is still in operation today.


Many of his family are pharmacists – two daughters, one son, two daughters-in-law, one son-in-law, three granddaughters, one grandson-in-law as well as his brother and niece. Myros was very proud of his family.

In 2001, Myros established the **Myros Samyrcia Family Award** for Pharmacy students at the U of A, awarded to two students each year. The awards are selected on the basis of exemplary

professionalism in the courses related to professional practice, financial need and contributions to student life.

In 2005, he established the **Myros Samyrcia Family Lab** for the pharmacy technician program at Norquest College, as well as two annual scholarships.

Myros will be lovingly remembered by his wife of 65 years, Natalie, his four children and their families.

 **Alan Arnold Campbell** passed away on October 9, 2015 at the age of 88 years, following a courageous battle with cancer. Alan was born in Wayne, Alberta and grew up in Beiseker, Alberta. He graduated from St. Mary's High school in Calgary then went to the University of Alberta where he graduated in Pharmacy in 1954.

He married Wanda Bartkiewicz from Edmonton and headed to Peace River

where he worked as a pharmacist. Opportunities brought them to Calgary where he ran two retail pharmacies. Alan and Wanda had five children. Outside of work, Alan was very involved in the Kinsmen Association, the Glencoe Club, Earl Grey Golf Club and the CFL Stampeder Football Board. Alan was known for his positive outlook meeting each challenge with courage and inspiration, inspiring everyone he met.

After retiring as a pharmacist in Calgary he relocated to Vancouver, BC and pursued many of his favorite hobbies. He loved sports; baseball, football, curling, golfing, skiing, and fishing. His love of jazz music took him all over North America.

He will be sadly missed by many family members and friends.

Connect with us!

At ACP, we invite you to join in on the conversation and follow us on Facebook and Twitter. Social media allows us to connect with a wider audience and engage in conversations about pharmacy practice in Alberta. We discuss ACP's mandate, our expectations of pharmacy practitioners, current news stories, local and international events and the standards that both pharmacists and pharmacy technicians follow. ACP is a trusted resource for people when they have questions or concerns about pharmacy practice.

We welcome your questions and comments via social media. Our goal is to provide a community where individuals can share content, ideas and experiences and find helpful information.

Visit us at www.facebook.com/ACPharmacists or Tweet to us @ACPharmacists.



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.

Best wishes

for the holidays and for a healthy, happy New Year!

As the year comes to a close, we think about all we are grateful for. We celebrate the tradition of giving, the beauty of the season, and feel a sense of renewed hope for a New Year filled with peace and happiness.

It is very personal for us to honour the true spirit of the season and continue to be a light to those who need it. We believe it is a privilege to help change the destiny of someone's life and act on our ongoing concern for so many who live in harm's way.

The Alberta College of Pharmacists highly regards the work of the Boyle McCauley Health Centre, who provide crucial support to the most vulnerable members of our community. They compassionately serve a client group challenged by multiple barriers, including poverty, homelessness, mental health, multiple addictions and social isolation through a vast array of critical programs and services.

It is our honour this year to gift the Boyle McCauley Health Centre and support their tireless efforts to make a lasting difference in our diverse and challenging communities.

May Peace, Joy, Hope and Happiness be yours, and the true meaning of the holiday season fill your heart and home.

Merry Christmas,



Rick Hackman, President & Greg Eberhart, Registrar
on behalf of the Alberta College of Pharmacists staff and council

 Alberta
College of
Pharmacists