

IN THIS ISSUE...

Notes from Council

- 4 ■ Welcome from new president
- 5 ■ New council executive
 - Vi Becker reappointed
- 6 ■ ACP strategic plan introduced
- 7 ■ In memory
 - Pharmacists pull together in time of need
 - Conference update

Quality Pharmacy Practice

- 8 ■ Rules for pharmacy students administering injections
- 9 ■ Change to Drug Schedules resource on ACP website
- 10 ■ Dispensing oral vitamin K
 - Naturopath prescriptions
- 11 ■ Changing faces, new policies in ACP Professional Practice department
- 12 ■ New century. New look. New address.



Alberta
College of
Pharmacists

*Healthy Albertans
through excellence
in pharmacy practice*

Pharmacy technician regulation a reality

Effective July 1, 2011, the Alberta College of Pharmacists (ACP) will begin regulating pharmacy technicians.

Alberta Health and Wellness Minister Gene Zwozdesky announced the passing of amendments to the Pharmacists Profession Regulation at ACP's annual general meeting in Jasper on May 22. That was the final step in what has been over ten years in planning.

"For almost a decade, pharmacy technicians, pharmacists, and ACP have worked together to develop the framework for technician registration in Alberta," said ACP Registrar Greg Eberhart. "We're excited to see the legislation – the last piece of the puzzle – finally in place. It's good news for the professions and the public."

Registrar Eberhart explains, "The regulation of pharmacy technicians helps fulfill two of the college's primary goals: protecting the public and optimizing the use of pharmacy professionals' skills. By regulating pharmacy technicians, ACP can be assured – and can assure the public – that these regulated individuals have met entry-to-practice standards and are competent to take on more responsibility within compounding and dispensing functions."



What changes when?

July 1, 2011

- Amendments to the Pharmacists Profession Regulation come into effect.
- *Pharmacy technician* becomes a restricted title. Only those individuals on an ACP technician register may call themselves a pharmacy technician.

July 4, 2011

- Updated standards – Standards of Practice for Pharmacists and

continued on page 2

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Joan Pitfield

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Council members can be reached by email via our website at pharmacists.ab.ca under *About ACP/ Council*, or by using the search feature to locate them by name.

Staff Directory

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Pharmacy technician regulation

continued from page 1

Pharmacy Technicians and Standards for Operating Licensed Pharmacies – will be available on the ACP website.

- Application forms for technician registers will be posted on the ACP website. There will be:
 - a **provisional register** for those working toward becoming regulated pharmacy technicians,
 - a **pharmacy technician register** for those who have met the registration requirements, and
 - a **courtesy register** for those registered as a pharmacy technician in good standing in another jurisdiction and who require registration in Alberta on a temporary basis for locum work or accredited CE provision.

Registration on the provisional register will be open to:

- graduates of CCAPP-accredited pharmacy technician programs, *or*
- candidates on the ACP voluntary register, *or*
- candidates enrolled in bridging programs, *or*
- candidates who successfully completed the PEBC Evaluating Exam (or PTCB-AB or OCP exam), *or*
- candidates who have worked 2000 hours as a pharmacy technician in the last three years.

Individuals currently on ACP's voluntary register will be eligible to move to the provisional register after July 1, 2011, but must apply to do so. Application to move to the provisional register may occur any time after July 1, but is not required until the end of the year.

Jan. 1, 2014

- Deadline for Path 1 (transition) candidates to complete the PEBC Evaluating Exam (For more details on the paths to technician regulation, go to *Registration & Licensure/Technicians* section of the ACP website.)

Dec. 31, 2015

- Path 1 (transition) option expires

Understanding pharmacist and pharmacy technician roles

Pharmacists must still assess the appropriateness of each prescription and assess and counsel patients. However, once the pharmacist has assessed the patient and their prescriptions, regulated pharmacy technicians will be able to compound and dispense drugs without a pharmacist having to perform the final check. They will also be able to supervise other technicians, assistants and pharmacy technician students in the pharmacy.

Is pharmacy technician registration mandatory?

No. ACP does not expect that all individuals currently working as technicians will pursue registration. Pharmacy licensees will not be required to hire a pharmacy technician. In fact, we anticipate that uptake will be gradual and that there will continue to be a variety of viable pharmacy business models with and without regulated technicians.

However:

- only those individuals on an ACP technician register may call themselves a pharmacy technician; and
- only regulated pharmacy technicians (i.e., those who have met the criteria and are officially registered on the pharmacy technician register) may work under indirect supervision.

Regulated pharmacy technicians will have to meet educational and practice standards, will be subject to disciplinary actions, and will also be required to carry \$1 million in liability insurance to register with ACP.

What will a regulated pharmacy technician be able to do?

Schedule 19 of the *Health Professions Act* provides the following role statement for pharmacy technicians:

In their practice, pharmacy technicians promote safe and effective drug distribution and, in relation to that, do one or more of the following under the direction of a pharmacist:

- a) receive, gather, enter and store prescription and patient information,
- b) store and repackage products,
- c) participate in the management of systems for drug distribution and inventory control,
- d) participate in the research, development, implementation and evaluation of quality assurance and risk management policies, procedures and activities,
- e) provide restricted activities authorized by the regulations,
- f) instruct patients about the use of health aids and devices, and
- g) teach the practice of pharmacy technicians.

Subsection (e) refers to restricted activities. What are these?

Section 21 of the *Pharmacists and Pharmacy Technicians Regulation* explains that under the direction of a clinical or courtesy pharmacist, a pharmacy technician will be authorized to:

- dispense a Schedule 1 drug or Schedule 2 drug;
- compound, provide for selling or sell a Schedule 1 drug or a Schedule 2 drug;
- compound blood products.

(continued on page 4)

Role comparisons

Roles

Pharmacists will

- assess patient
- review patient history, medication history
- ensure appropriate drug therapy
- counsel patient
- monitor ongoing therapy
- provide direction to technician

(Pharmacists will continue to be authorized to conduct all pharmacy technician roles.)

Pharmacy technicians will

- prepare and distribute prescriptions
- compound
- sell
- check to ensure correct drug is dispensed
- copy prescriptions for authorized recipients
- transfer prescriptions to, and receive prescriptions from, other pharmacies
- receive and transcribe verbal prescriptions given by a prescriber
- instruct patients re: health aids and devices
- be authorized to check compounds and prescriptions prepared by individuals employed in a pharmacy

Responsibilities

- continue to be accountable for the overall supervision of pharmacies and the systems that are in place to ensure the safe storage, compounding, packaging and distribution of drugs.
- continue to be solely responsible and accountable for assessing the appropriateness of drug therapy (both new and continuing) and providing patient consultation. A prescription cannot be released to the patient without a pharmacist having performed these functions.

- Always practice in an environment where:
 - procedures are in place to ensure the safety and integrity of the dispensing or compounding process (i.e., under the direction of a pharmacist).
 - a pharmacist is available to ensure appropriateness of drug therapy and consult with patients.
- Exercise professional judgement at all times and be able to recognize when the clinical expertise of the pharmacist is required.



Pharmacy technician regulation *continued from page 3*

A pharmacy technician may only perform the restricted activity if:

- a pharmacist has evaluated the prescription for the drug,
- a pharmacist has assessed the patient, the patient's health history and medication record and has determined that the drug therapy is appropriate for the patient, and
- a pharmacist is available to counsel the patient and to monitor the patient's drug therapy.

Does this mean that regulated pharmacy technicians can dispense refills or sell Schedule 2 drugs without a pharmacist?

No. A pharmacist must still assess the appropriateness of each prescription and the sale of each Schedule 2 drug and counsel patients as per the standards of practice. Pharmacy technicians will be able to compound and dispense drugs without a pharmacist having to perform the final check.

What does "under the direction of" mean?

For the purpose of this section, "under the direction of" means that the pharmacist who is providing the direction must:

- practice at the same pharmacy as the pharmacy technician, unless otherwise authorized in writing by the Registrar;
- ensure there is a system in place in the pharmacy that complies with the Standards of Practice under which
 - a pharmacist is available to consult with, provide guidance to and, if necessary, provide assistance to the pharmacy technician,
 - the involvement of the pharmacy technician in the restricted activities can be monitored and assessed,
 - the pharmacy technician reports to the pharmacist who is responsible

for providing direction to the pharmacy technician; and

- be authorized to perform the restricted activities for which the pharmacist is providing direction to the pharmacy technician.

Direction will most often be provided by the pharmacy licensee; however, this is not a requirement as the responsibility may be delegated to another pharmacist.

What is the difference between *direction* and *supervision*?

Supervision is provided by the pharmacist on shift that day and that pharmacist must be available to provide hands-on assistance, either immediately or within a reasonable period of time.

Direction is provided by a pharmacist who works in the same pharmacy, but not necessarily on the same shift as the technician. That pharmacist is responsible for:

- ensuring that there are appropriate policies and procedures in place to maintain the integrity of the dispensing and compounding processes,
- monitoring to ensure compliance with the policies and procedures, and
- making sure that a pharmacist is available to work with the technician as required in the regulations and the standards.

This is an exciting time of transition. Look for updates and further details in:

- future editions of *apnews*
- The Link
- The *Registration & Licensure/Technicians* section of the ACP website.

Welcome from new president



Anjali Acharya

Anjali Acharya was inducted as the president of the Alberta College of Pharmacists for 2011-12 at the college's AGM in Jasper. Her term begins on July 1. Anjali works at a travel clinic in Calgary, where she uses her authorizations to prescribe and administer drugs by injection to ensure her patients have safe and healthy journeys. Anjali has represented District 5 on council since 2006. In her acceptance address at ACP's annual general meeting, held in Jasper on May 22, she made the following comments.

"On council, we have successfully seen pharmacists expand their scope of practice – via prescribing and providing injections, update their legislation, standards of practice and code of ethics, order lab values and, with the Minister's announcement today, obtain technician regulation. It has certainly been an exciting few years.

I will continue to support our partners such as RxA and Alberta Health and Wellness in their discussions around pharmacist economic reimbursement. While the college does not play an active role in the discussions on economics, we are committed to develop and administer our competence programs such that each pharmacist and pharmacy technician feels supported in meeting and exceeding the standards of practice.

A big part of my upcoming term will involve supporting and integrating registered pharmacy technicians into the college. These individuals will play a valuable role in ensuring that all Albertans receive excellent pharmacy care. I believe that we will begin to see pharmacy technicians take on their dispensing role in the community and develop pharmacy practice teams such that a pharmacist may spend more time providing the clinical care and follow-up that their patients need, and less time dispensing medication.

These teams will look different across the province and will likely result in frontline changes in work flow and patient engagement. It is a time of change. I believe that Alberta pharmacists have what it takes to use the tools provided to them to continue to optimize the excellent level of care they provide and provide that care to more patients.

I am committed to finding newer and better ways to engage our registrants and ensure safe pharmacy practice. I am a big believer in the value of technology. When used responsibly, it has the power to connect, provide insight and create efficiencies.

On this historic occasion we celebrate 100 years of regulated pharmacy practice in Alberta and I am just as proud to be pharmacist in Alberta today as I was when I first graduated.

While my years as a pharmacist have not come even close to 100 years, I have seen a great many changes in our profession. If someone had asked me 10 years ago if I thought it was possible to be practising as an independent clinician, prescribing for my patients and injecting them with vaccinations, I am not certain I would have believed it was possible. Yet here we are. Now with technician regulation here, pharmacists and our pharmacy teams are in a position, over the next few years, to truly embrace their role in managing drug therapy and providing Albertans with a level of care unparalleled in Canada. It will be my honour to serve you."

Anjali Acharya, ACP President

Vi Becker reappointed



Vi Becker

We are pleased to announce that the Minister of Health and Wellness has re-appointed Vi Becker for a second three-year term as a public member of ACP's council. ACP's mandate is to protect the health and well-being of the public, so it is critical to have the public voice included in decision making.

We are awaiting the appointment of a third public member to join Vi and Pat Matusko. The new member will replace the position held by Joan Pitfield, who has completed her second term.

Meet your new council executive

At their meeting on May 19, ACP council elected the executive committee for the 2011-12 council year. On July 1, the following councillors assume their new roles.

President	Anjali Acharya	(District 5)
President Elect	Kaye Andrews	(District 5)
Vice President	Kelly Olstad	(District 4)
Past President	Donna Galvin	(ex-officio)

ACP strategic plan introduced

ACP council introduced its strategic plan at the college's annual general meeting on May 22. ACP council designed the plan to ensure Albertans receive the highest quality of care from pharmacists and pharmacy technicians.

ACP council and staff will align their efforts with the plan's seven strategic objectives, continuously driving the college toward reaching the three critical success factors: quality care, effective organization, and public and stakeholder confidence.

When designing the plan, council took into account environmental trends and projections such as:

- demographic changes that are increasing demand for health services and resources;

- AHW/AHS priorities – accessibility, quality, and health system sustainability;
- emerging themes of individualized care, team-based delivery, emphasis on wellness rather than treatment;
- overlapping scopes of practice requiring new partnerships amongst health professionals;
- individuals wanting to participate in their health and healthcare decisions
- pharmacists increasingly engaging in patient care roles outside of pharmacies;

- new technologies revolutionizing drug distribution and patient care opportunities; and
- regulated pharmacy technicians increasingly taking responsibility for product procurement, preparation, and packaging.

Based on the core strategies, ACP will develop five-year action plans that will be updated annually. These will be supported by an annual budget and three-year financial projections.

You can view the entire strategic plan on ACP's website under *About ACP/Council/Policy development*.





In memory...

Alvan "Bud" Clarke died on May 2, 2011 at age 81. Bud was born in Dinsmore, SK and moved to Camrose. He apprenticed in pharmacy and later studied pharmacy at the U of A. Bud spent his career as a sales representative with Warner Chilcott, Frank W. Horner Limited, Charles E. Frosst and finally with Merck. He attended the Calgary branch of Association of Senior Apothecaries.

Pharmacists pull together in time of need

Our sincere condolences go to everyone affected by the devastating fire in Slave Lake. ACP also wants to pass along great thanks to all the pharmacists who offered support to their pharmacy colleagues and displaced patients during this time of need. The profession's generosity and patient focus really shone through.



Conference update

It was the coming together of two years of planning, 14 educational sessions, 22 speakers, over 220 delegates, and 100 years of pharmacy practice – and what an event it was! The ACP/RxA Alberta Pharmacy Centennial conference was truly a celebration of pharmacy and its potential in Alberta.

Right from the enthusiastic standing ovation at the opening keynote to the belly laughs at the closing gala, delegates infused Jasper Park Lodge with an energy and enthusiasm that revealed our pride in the past and our hope for the future.



Here are just a few glimpses from the weekend's events...



Celebrating in style at the gala banquet



Margaret Wing, RxA CEO with Greg Eberhart, ACP Registrar



Future of Pharmacy winner Candace Necyk with ACP President Donna Galvin (in her 1962 class blazer!)

continued on page 8

Conference update continued from page 7



Award of Distinction recipients



Calgary artist Ingrid Christensen with commissioned centennial painting, *Completing the Circle*



Donna Pipa and Val Fong showing their pharmacy team spirit



Display from Castor Pharmacy Museum



Minister Zwozdesky presenting centennial plaque to RxA president Julia Zhu and ACP president Donna Galvin

Rules for pharmacy students administering injections

If you are hiring a pharmacy student for the summer, keep in mind that U of A pharmacy students who have just completed third or fourth year may only administer drugs by injection, including immunizations, IF:

- they successfully completed the injections training program at the U of A Faculty of Pharmacy and Pharmaceutical Sciences; and
- they are working under the direct supervision of a pharmacist who has injections authorization from ACP; and
- they are working within a structured practical training (SPT) program (i.e., U of A rotations, post-grad hours), or structured extracurricular student work experience program provided either by the Alberta College of Pharmacists or the University of Alberta Faculty of Pharmacy and Pharmaceutical Sciences.

Unstructured extracurricular hours spent working in a pharmacy are not eligible as SPT. Students must notify ACP of any extracurricular activities being undertaken as a student pharmacist by completing and forwarding the *Extracurricular Student Work Experience Notification Form*, found on the ACP website under *Pharmacist Resources/Forms*, to the ACP office.



Change to Drug Schedules resource on ACP website

ACP is moving to a better way of providing you with drug schedule information than the lists we had generated on our website. To ensure we offer the most current and complete information, the ACP website will now link viewers to the National Association of Pharmacy Regulatory Authorities (NAPRA) and Health Canada databases.

Why the change?

In April 2007, the Scheduled Drugs Regulation to the *Pharmacy and Drug Act* came into force. Based on this legislation, Alberta's drug schedules are mostly aligned with and change according to the national drug scheduling model developed by NAPRA. However, the regulation also identifies some drugs where the schedule in Alberta is different than what is listed in the NAPRA schedules.

Exceptions exist due to the lists in the Scheduled Drugs Regulation or because of timing issues. For example, Alberta passed regulations making pseudoephedrine single entity products Schedule 2 drugs before the change was made to the national drug schedules. Therefore when the national drug schedules for pseudoephedrine were made, they were not implemented in the Alberta Drug Schedule list. As a result, combination products containing pseudoephedrine are Schedule 3 in other provinces but are unscheduled in Alberta. Due to such schedule differences, ACP has maintained an Alberta Drug Schedule list on our website for many years.

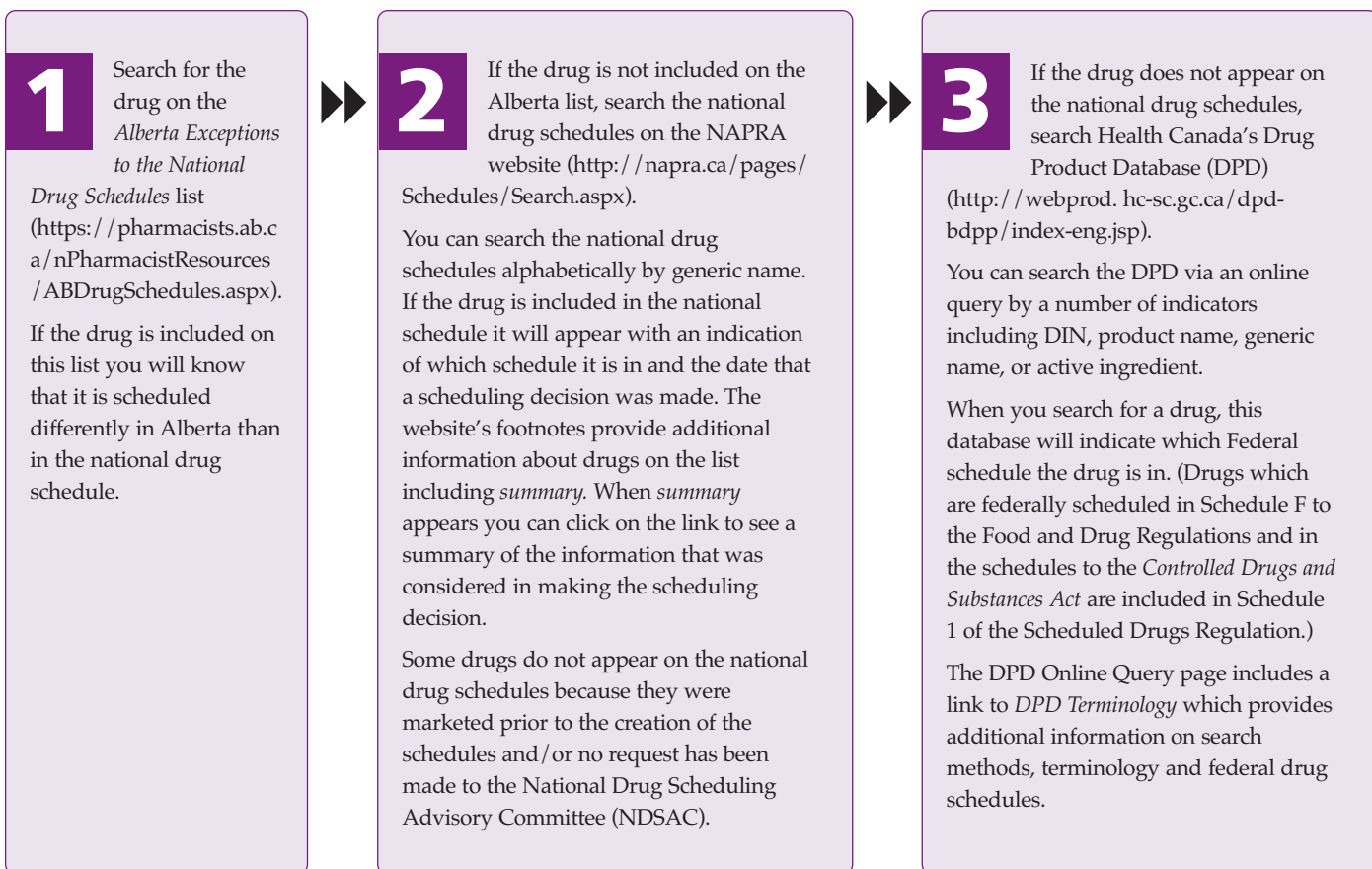
The list of drugs that are Alberta exceptions to the national schedules is small and has not changed since the

implementation of the regulation in 2007. At the same time there have been many changes to the national schedule. It has become increasingly difficult to ensure that the Alberta list is up to date and consistent with the NAPRA list. Therefore, ACP has removed the Alberta Drug Schedule list from our website and replaced it with:

- a list of Alberta exceptions to the national drug schedules;
- a link to the national drug schedules on NAPRA's website; and
- a link to Health Canada's Drug Product Database.

How do you conduct a search?

When searching for the schedule of a drug in Alberta, consider using the process below.



Dispensing oral vitamin K: fact or fiction?

CAUTION CAUTION CAUTION CAUTION

Even in optimal circumstances, the day-to-day management of warfarin may result in critical INRs. A “critical” INR, defined within the Edmonton area, is an INR greater than 5.0. In many situations, the administration of vitamin K, by mouth, in doses ranging from 1 to 5 mg, is used to minimize the duration of supra-therapeutic anticoagulation and the associated bleeding risk.

Given that vitamin K is only supplied in an ampoule intended for intravenous use in hospital, it needs to be extemporaneously compounded into an oral preparation for outpatients. The following are answers to some FAQs about how to properly prepare and administer oral vitamin K.

Can I fill a prescription from...

ACP has fielded many questions from pharmacists asking if they can fill prescriptions written by naturopaths in British Columbia. The answer is no.

While naturopaths are authorized to prescribe in BC, the Alberta government has not approved naturopath prescribing in this province. Alberta pharmacists must not fill prescriptions written by prescribers not recognized in Alberta.

Can vitamin K be given by injection?

For warfarin reversal, intravenous administration of vitamin K is recommended in emergency situations only. This route of administration is limited to hospital use only. Intramuscular injections are contraindicated because deep IM injections may result in a hematoma and this route has delayed release of vitamin K. Subcutaneous administration of vitamin K has also demonstrated delayed absorption of vitamin K and is NOT recommended.

Can the Vitamin K in ampoules be administered orally?

Absolutely! However, some challenges are:

- small volumes of vitamin K solution are required orally for reversal (e.g., 0.1-0.5 mLs); and
- the liquid product must be a preparation containing the prescribed amount of vitamin K diluted into a larger volume of liquid (usually water or simple syrup).

Vitamin K being administered orally (not injected) does NOT require preparation within a sterile environment of a laminar flow hood or via the use of a filter-tip needle.

How should I prepare the dose for the patient?

Most vitamin K solutions are commercially available as 10mg/ml. Given the small doses prescribed (typically Vitamin K 1-2.5 mg orally) accurate administration involves diluting

the vitamin K 10 mg/mL solution into a larger volume (either 15-30 mL of distilled water or simple syrup). The patient should then be instructed to swallow the entire contents of the diluted solution as soon as possible. Historical practice was to draw up the diluted solution into an oral syringe, but this has often resulted in confusion from the patients or their caregivers, who then think that the medication needs to be administered via intramuscular or subcutaneous injection. To avoid this problem, we suggest providing the solution in a normal amber bottle as you would for any oral liquid.

Dispensing the ampoule with instructions to the patient to open or crack the ampoule and withdraw a defined quantity is discouraged. Patients have reported cutting themselves, and clearly with a critical INR, this should be avoided.

As a result of the necessity for urgent administration and the requirements to prepare an appropriate oral formulation, managing critical INRs effectively with oral vitamin K presents definite challenges for both clinicians managing the INRs and pharmacists in community practice. Due to these challenges, should you or any member of your team have any questions surrounding the preparation or dispensing of oral vitamin K, the University of Alberta's Anticoagulation Management Service clinic has offered to take your questions. You can contact the clinic at 780-407-8597.

Thanks to the University of Alberta's Anticoagulation Management Service for providing this synopsis.

Changing faces, new policies in ACP Professional Practice department



Jennifer Voice



Mark Palyniak

ACP recently welcomed two new pharmacy practice consultants: Jennifer Voice and Mark Palyniak. Both have considerable community pharmacy experience and continue to work in community practice as relief pharmacists. They will bring this experience to their pharmacy assessments and practitioner mentoring.

Welcome Jennifer and Mark!



Randy Frohlich

We are also saddened to report that long-time ACP pharmacy practice consultant Randy Frohlich is leaving. Randy began providing contracted services

to the former Alberta Pharmaceutical Association in 1997, and joined ACP full time in 2000. We thank Randy for his passion for the profession and his commitment to his role and wish him all the best.

Two new pharmacy assessment policies introduced

As well as adding new staff, the Professional Practice department has added two new policies. Pharmacy assessments will no longer be scheduled and the pharmacy practice consultant does not need to conduct the assessment with the licensee and can speak with any licensed pharmacist present during the assessment.

The purpose of a pharmacy practice and operations assessment is to improve patient care and ensure patient safety by making certain that pharmacy practice meets and/or exceeds the minimum standards. The move to unscheduled visits was made to allow ACP pharmacy practice consultants to more efficiently and comprehensively support licensees and their pharmacy teams through an educational approach. The authority to conduct unscheduled visits is granted to ACP under Section 21(2) of the *Pharmacy and Drug Act*.

Managers of pharmacies selected for assessment will receive a letter notifying them that an assessment will be performed within the next 15 to 120 days.

If any deficiencies are found during the initial visit, the pharmacy will receive a follow up visit from the consultant to review the corrected deficiencies, address additional practice topics and assist with the implementation of recommendations. This increased support is made possible by efficiencies created through not scheduling the assessments. ACP consultants were finding it difficult to coordinate their visits based on geography because one licensee couldn't accommodate them

while another one could in the same town. This new policy means consultants can follow up with 100% of pharmacies after their routine assessment – a much higher level of support than ACP was able to offer before.

ACP also believes that every pharmacy team member is important to the practice and operations of the pharmacy. Therefore, the unscheduled assessment allows us to interact with as many pharmacists and pharmacy technicians as possible to discuss continuous quality improvement. All staff pharmacists should be aware of the operating procedures of the pharmacy. If staff pharmacists are oriented thoroughly and have access to the current operations manual, they are in a good position to provide feedback concerning any questions or concerns with the pharmacy practice and operation.

Practice consultants understand that the assessment may be interrupted and they will allow the pharmacist to catch up on his/her work during the assessment. The process is as minimally disruptive as possible. And, by not having scheduled visits, consultants can spend the time required to address the concerns of the pharmacy team instead of having to rush off to their next appointment. This helps ensure that quality assurance and quality improvement measures are implemented and sustained to enhance patient safety and your practice.

If you have any questions about the pharmacy assessment process, please contact Jennifer Shuman, Professional Practice Administrator at jennifer.shuman@pharmacists.ab.ca or at 780-990-0321 or toll free at 1-877-227-3838.

New century. New look. New address.



To reflect ACP's rich history and progressive outlook, we've updated our look. The deep purple and phi [φ], the first letter of the Greek word *pharmakon* (pharmacy), celebrate pharmacy's past. The modern α reflects ACP's innovative leadership, which enables high standards of pharmacy practice.

ACP is celebrating pharmacy's centennial with two big changes: a new visual identity and a new address.

We planned the conversion to the new logo to coincide with ACP's move. This resulted in significant cost savings, since all stationery and signage had to be reprinted anyway.

The new logo was tested with registrants, stakeholders, and colleagues from other professions before the design was

finalized. Participants agreed that the new design more closely reflects the professionalism and attributes of the college than did the old image. Its bold, clean design and classic colour will also withstand trends and time.

As always, we'd love to hear your thoughts. What do you think of ACP's new look? Send your feedback to karen.mills@pharmacists.ab.ca.

We've moved!

On June 21, ACP moved to College Plaza. Our new address is:

**1100, 8215 - 112 Street NW
Edmonton, AB T6G 2C8**

T: 780-990-0321

TF: 1-877-227-3838

F: 780-990-0328

Our new location maintains easy access to meetings with government and stakeholders, while improving accessibility to our office for students and university partners.



ACP emails and newsletters are official methods of notification to pharmacists 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.