

SCOPE newsletter

QUALITY PHARMACY CARE IN SASKATCHEWAN

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Health Canada - Marihuana for Medical Purposes Regulations (MMPR)



Dear Sir/Madam,

Please be aware that the *Marihuana for Medical Purposes Regulations* (MMPR) have come into force and have been published in Canada Gazette, Part II, on June 19, 2013 (<http://gazette.gc.ca/rp-pr/p2/2013/2013-06-19/html/sor-dors119-eng.php>).

These draft regulations were published in *Canada Gazette, Part I*, on December 15, 2012. Thank you to everyone who provided input during the CGI consultation period as well as to those who participated in the various consultations Health Canada held across the country. Your input was invaluable in helping us to refine the final MMPR.

The MMPR will only replace the *Marihuana Medical Access Regulations* (MMAR) as of March 31, 2014. The regulations aim to treat marihuana as much as possible like any other narcotic used for medical purposes by creating conditions for regulated licensed companies to be responsible for production and distribution. The regulations will enable access to quality-controlled marihuana for medical purposes, produced under secure and sanitary conditions, for those Canadians who need it, while strengthening the safety of Canadian communities.

Under the new regulations:

- the process for applicants and health care practitioners will be streamlined, eliminating the need for individuals to provide Health Canada with their personal information or apply to the department for an Authorization to Possess;
- on March 31, 2014, personal and designated production licences will expire and Health Canada supply will no longer be available;
- current options to access marihuana for medical purposes will be replaced by regulated, commercial licensed producers who will be able to produce a variety of strains, thereby offering more choice to individuals who use marihuana for medical purposes;
- licensed producers will have to demonstrate compliance with regulatory requirements such as quality control standards, record-keeping requirements, and physical security measures to protect against potential diversion;
- licensed producers will distribute marihuana for medical purposes to the registered client via secure courier. Storefronts or retail outlets will not be permitted; and
- nurse practitioners will be able to support access to dried marihuana for medical purposes if permitted within their respective province or territory.

In order to ensure that Canadians who need marihuana for medical purposes can continue to have access to it while licensed producers are being established, both

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the current *Marihuana Medical Access Regulations* (MMAR) and the new MMPR will be in effect until March 31, 2014. This means that Canadians who need marihuana for medical purposes can access it through either the current Marihuana Medical Access Program (the Program) or the new regime of licensed producers. On March 31, 2014, the MMAR will be repealed and the only legal supply of medical marihuana will be through the system of licensed producers.

For more information on the regulations, including information on how to become a licensed producer, please visit Health Canada's website at:

<http://www.hc-sc.gc.ca/dhp-mps/marihuana/index-eng.php>

Sincerely,

Marihuana for Medical Purposes Regulatory Reform
Controlled Substances and Tobacco Directorate
Healthy Environments and Consumer Safety Branch
Health Canada

TRANSITIONING TO A NEW REGIME OF LICENSED PRODUCERS

(Link to Health Canada website: <http://www.hc-sc.gc.ca/dhp-mps/marihuana/transition/index-eng.php>)

Excerpt:

The new Marihuana for Medical Purposes Regulations include provisions that are intended to transition from the current *Marihuana for Medical Purposes Regulations*, to the new system of supply and distribution. The above link from the Health Canada website may help by providing an overview of the transition period and its key milestones.

The *Marihuana for Medical Purposes Regulations* (MMPR) are now in effect. These regulations will change the way Canadians access marihuana for medical purposes by allowing for the creation of a system of supply and distribution by licensed producers. These producers will be regulated by Health Canada and will be subject to security requirements, inspections, and good production practices.

Individuals will be allowed to use either their valid Health Canada-issued Authorization To Possess (ATP) or a medical declaration signed by their physician, valid for up to one year after signature date, to register with and place an order for dried marihuana from a licensed producer.

Once the first established licensed producer has set a price for dried marihuana, Health Canada will change the price of its own supply to match the price set by the licensed producer.

Q: Will patients still have to get a "Health Canada" approval letter to obtain medical marihuana?

A: Individuals will not require a licence or authorization from Health Canada to possess or obtain medical marihuana. The process is explained in the FAQs at the following link: <http://www.hc-sc.gc.ca/dhp-mps/marihuana/info/faq-eng.php#a1>

Q: Will Health Canada be providing a list of approved licensed grower/sellers?

A: A list of licensed producers will be available at the following website: <http://www.hc-sc.gc.ca/dhp-mps/marihuana/info/list-eng.php>

Council Highlights

REGINA, SEPTEMBER 12, 2013
REGISTRAR'S REPORT

At each Council meeting the Registrar reports on the four Key Action Areas in the current Strategic Action Plan.

1. Increased Public Involvement –

Public focus groups and a survey on inducements is planned. Amendments to *The Pharmacy Act, 1996* (the “Act”) requesting to increase the number of public members on Council have been submitted to the Minister of Health.

2. Organizational Structure Review

– Administrative reorganization and office renovations have been completed; pending are amendments to the Act for regulation of Pharmacy Technicians; SCP is currently negotiating a reserve strategy with our bank; and have submitted amendments to the Act to increase the number of public members on Council. We have engaged a communications consultant on a retainer basis.

3. Practice Re-Design & Regulatory Reform

– We have been informed that PIP CeRx integration is on schedule; the SCP Continuous Quality Assurance (CQA) pilot project has been announced, the name chosen is ComPASS (Community Pharmacists Advancing Safety in Saskatchewan) with the branding and visual identity design pending; CQA informational sessions have been held in September – Regina on September 8, 2013 and Saskatoon on September 15, 2013. Please see separate article on [page 11](#).

4. Citizenship in SCP –

- a. We are currently testing communications strategies with the CQA pilot.
- b. We have distributed two surveys to members via email:
 - Committee / Inventory 2013 Survey - asking members to indicate areas of interest and willingness to sit on a College Committee. We

are pleased to report that there has been a good response from the membership. We thank everyone who has volunteered and regret that not everyone will be assigned to a Committee. Thank you for your interest, as we will use this information over the next three years should new opportunities arise.

- Conditional Practising Membership Review Survey – it has been 10 years since Council approved this new category of membership and the Registration and Licensing Policies Committee deemed it time to evaluate both the criteria for a “Conditional Practising” membership and processes for registration. Results of the survey will be compiled and reviewed by the Committee at their upcoming fall meeting.

c. Resources from the Pharmacy Coalition on Primary Care are now posted on the SCP website www.saskpharm.ca.

d. SCP will continue to partner with PAS for their joint regional meetings /Telehealth sessions and WebEx broadcasts.

Prescriptive Authority

Council received a report prepared by the Drug Plan's Financial and Information Services Unit, regarding the fees processed for prescriptive authority services and minor ailments prescribing. Except for minor ailments, for most categories, it appears as though the level of prescribing is stabilizing. Minor ailments sensitive to the seasons are fluctuating accordingly, while other conditions seem to be trending upwards. Please see separate article on [page 8](#) for the latest statistics or SCP website.

Bylaw Amendments

Council was informed that the Bylaw amendments approved by Council at their April 2013 meeting and submitted to the Minister of Health for

approval have now been approved and published in the Saskatchewan Gazette. The two new amendments act to: 1) affect the prescribing limits (waived or amended) upon the authorization of the original prescriber and 2) make Level I Prescriptive Authority training a requirement for licensure and membership renewal. A detailed explanation of these amendments can be found on [page 5](#) of this publication.

Mutual Cooperation and Assistance Agreement with the Alberta College of Pharmacists

Council was notified that the Mutual Cooperation and Assistance Agreement (the “Agreement”) between SCP and the Alberta College of Pharmacists (ACP) (the “Colleges”) has been finalized. This Agreement is consistent with our commitments under our partnership agreement with them and the College of Pharmacists of British Columbia. As technological advances become integrated into today's pharmacy practice, the opportunity for pharmacy services to cross provincial borders is becoming more prevalent. The Colleges





VISION

Quality Pharmacy Care in Saskatchewan.

VALUES

Visionary Leadership

Professionalism

“Patient First” care

Accountability

Effective Communications

Collaboration, Education

KEY ACTION AREAS

Increased Public Involvement

Organizational Structure Review

Practice Re-design and Regulatory Reform

Citizenship in the Saskatchewan College of Pharmacists (SCP)

recognize that they have a duty to the public and to their members to effectively regulate the practice of pharmacy in circumstances where a member, pharmacy or proprietor may be providing pharmacy services and pharmaceutical products across provincial boundaries into other jurisdictions. The Colleges wish to ensure that the provision of pharmacy services across provincial boundaries is not restricted unnecessarily, but also wish to ensure that such pharmacy services are fully and effectively regulated for the protection of the public. The Agreement is intended to set out the basis under which the colleges will cooperate in clarifying responsibility and demonstrating accountability for the purpose of protecting the public with respect to the regulation of the practice of pharmacy and the delivery of pharmacy services and pharmaceutical products in and between the jurisdictions of the two colleges.

We are currently addressing the system and administrative implications of this Agreement at the College office. Information for pharmacists, pharmacies and proprietors who may be contemplating inter-provincial provision of pharmacy services or pharmaceutical products will be distributed once the necessary processes have been finalized.

Amendments to *The Pharmacy Act, 1996*

Council was informed that the final submission for Amendments to *The Pharmacy Act, 1996* (the “Act”) has been submitted to the Ministry of Health with the expectation of obtaining a position on the queue for the 2014 legislative calendar. Proposed primary amendments to the Act are:

- Regulation of Pharmacy Technicians;
- Administration of Drugs by Injection and/or Other Routes/Vaccinations by Injection; and
- Ordering, Accessing, Conducting, Using and Interpreting Medical Laboratory Tests.

Should the Ministry agree to open the Act there are also secondary Amendments that we would like to address at this time:

- Acceptance of the entry level PharmD as well as the baccalaureate degree as a first professional degree for entry to practice;
- Modernizing Prohibited Practices and Scope of Practice definition;
- Addition of more public members to the SCP Council;
- Enhancements for the effectiveness of the complaints management and discipline processes;
- Increase the penalties for offences;
- Update references in the Act; for example, the Representative Board of Saskatchewan Pharmacists (RBSP) needs to be changed to the Pharmacists’ Association of Saskatchewan (PAS);
- Addition of Drug Scheduling by Reference to the NAPRA National Drug Schedules; and
- Modernization of Service of Notices by electronic means.

The New Marihuana for Medical Purposes Regulations

The new Medical Marihuana for Medical Purposes Regulations have come into force with a transition period ending March 31, 2014. Pharmacies will not be involved in distribution. As we expect that patients will have questions please see more information on [page 1](#) of this issue.

REFERENCE MANUAL UPDATE

Please know that the following have been updated in the Reference Manual:

- [1. Narcotic and Controlled Drugs Record Keeping Requirements](#)
- [2. Narcotic and Controlled Substances Reconciliation](#)
- [3. Narcotic and Controlled Drugs – Destruction Request Form](#)

WARNING: TALKING ALLERJECT

I am writing to bring to light a safety issue with a new product on the market. It is the Allerject “talking” epinephrine injection system used for anaphylaxis. It is similar to an EpiPen but has a built in voice that guides the patient on how to inject it. Sounds like a great idea. The issue comes with the fact that the French system and the English system have the same DIN. So checking the DIN does not check the language. This issue worries me as this is used in life-threatening situations and if the wrong product was given, it would not probably be noticed until the product was needed. Imagine the confusion and anxiety for the patient to not understand the language of the direction being spoken by the device.

Debbie McCulloch
Rosetown Pharmasave

Bylaw Amendment

PRESCRIPTIVE AUTHORITY TRAINING NOW REQUIRED FOR LICENSURE

Since the inception of prescriptive authority for pharmacists (March 4, 2011), Council has been considering mandatory training for licensure.

Because of a high level of member uptake, along with a desire to minimize fragmentation of care, Council decided to make **Level I prescriptive authority training**, with one exception, **a requirement for licensure**, as follows:

These amendments require Level I training for practising membership renewal (licence to practise) as follows:

1) Level I prescriptive authority training includes minor ailments training. The latter includes training on the patient assessment and prescribing policies; and processes and the guidelines for the first three approved indications (e.g. cold sores, mild acne, insect bites). This training has already been offered and continues to be available online;

2) Minor ailments training on other conditions as they were added (allergic rhinitis, diaper dermatitis, oral aphthous ulcers and oral thrush) and others as they become approved for implementation will be offered to members as optional training. This optional training is intended to be a “primer” for pharmacists to assist them with using and applying the respective guidelines appropriately and is not intended to repeat the original more in-depth training;

3) The current bylaws will continue to require Level I training as a pre-requisite to Level I and Level II prescriptive authority;

4) Level I training with minor ailments as in 1) above will be a requirement for licensure for all pharmacists who practise in an environment where they have an opportunity to provide

self-care services as described in the bylaws. In other words, this training is required where members have an opportunity to treat minor ailments, such as in community pharmacies;

5) Level I training without minor ailments training will be a requirement for licensure for other pharmacists who do not have the opportunity to treat minor ailments. This includes hospital pharmacists practising in acute care settings where minor ailments are not normally treated; or for which pharmacists may not be granted the privileges to treat;

These requirements are now Council policy and are part of regulatory by-law amendments that came into force August 16, 2013. This means that all practising members **MUST have Level I Prescriptive Authority training (including Minor Ailments training if practising in a self-care environment) for membership renewal in the spring of 2014. Effective immediately, all new registrants must meet these requirements before being granted their initial licence.**

The full text of the Bylaw amendments can be found at [Bylaws-Regulatory Schedule III](#)

Prescribing Limits May be Waived or Amended Upon the Authorization of the Original Prescriber

For a variety of reasons, it is becoming a more common occurrence where pharmacists are unable to pre-scribe beyond the time and quantity limits allowed under bylaws. Some of these reasons for this are related to shortages of physicians and barriers/delays in patients accessing physician services, The most common example is continuing existing prescriptions, also known as the provision of interim

supplies. Under the bylaws, the pharmacist may “prescribe an additional quantity of a drug previously prescribed to the patient by a Practitioner, with the additional quantity not to exceed the lesser of:

- (i) the quantity equivalent to the amount last dispensed to the patient by a Licensed Pharmacist; or
- (ii) one hundred (100) days’ supply of the drug, at the frequency and dosage level last dispensed by the Licensed Pharmacist;”

At times, patients and pharmacists experience challenges with obtaining new prescriptions beyond the additional quantity provided. When that occurs, the pharmacist is not allowed to provide further supplies without the authority of

a prescription from a practitioner and the patient could be denied access to needed medication.

Upon the recommendation of the interdisciplinary advisory committee, Council approved regulatory bylaw amendments that came into force August 16, 2013, allowing these limits to be waived or amended upon written or verbal agreement of the original prescriber.

The full text of the Bylaw amendments can be found at [Bylaws-Regulatory Schedule III](#)

This means that upon the verbal or written request of the original prescriber, these limits can be waived or amended. For example, if the last dispense was a month’s supply, the current bylaws limit extending a refill for one month. The

amendments allow for a longer period, or waived entirely; if requested verbally or in writing by the original prescriber. Similarly, pharmacist prescribing is limited to 100 days’ supply, or longer, or waived entirely; if requested verbally or in writing by the original prescriber.

These limits cannot be extended indefinitely. Council policy that a prescription is valid for one year from date of issue, except when the physician ceases to attend the patient, whichever comes first, remains unchanged. This same policy applies to pharmacist prescribing because pharmacists are taking responsibility for these prescriptions. Therefore, waiving or amending the limits cannot extend the validity of the prescription beyond one year from the time it is issued by the pharmacist.

Membership Statistics 2013 - 2014

Membership Renewal Summary As of July 1, 2013						
	2008	2009	2010	2011	2012	2013
Practising Members	1261	1297	1310	1317	1373	1418
Community	928	913	975	n/a	976	965
Hospital	200	215	213	n/a	231	245
Out of Province	36	41	32	n/a	84	35
Other	76	102	80	n/a	38	119
Conditional Practising	21	26	10	n/a	44	54
Non Practising Members	60	57	56	52	45	44
Associate Members	75	71	69	59	55	50
Retired Members	62	60	74	85	91	91
TOTAL MEMBERSHIPS	1458	1485	1509	1513	1564	1603
Membership Terminations	67	71	66	77	79	69

As of July 1, 2013 there were a total of 1603 members on the register, compared to 1564 members in July of 2012. This year’s total consists of: 1418 Practising Members, 44 Non Practising Members, 50 Associate Members and 91 Retired Members.

We wish to welcome our newest members and encourage them to become active in their profession within their

communities and provincially by working with the College and other regulatory and advocacy bodies.

There were 88 graduates from the 2013 BSP class at the University of Saskatchewan. Out of the 88 graduated, 65 became registered. Of the 65 who registered, 11 registered as Practising members and 54 registered initially as Conditional Practising members. To date 48 of the

Conditional Practising members have had the conditions removed.

Between July 1, 2012 and July 1, 2013 there were 18 candidates from outside of Saskatchewan who registered (of the 18, 8 were U of S Grads). There were 7 International Pharmacy Graduates (IPG) who registered as Practising members during that time.

From the Desk of the Dean

“FROM THE DESK OF THE DEAN,” OCTOBER 2013
DR. DAVID HILL
COLLEGE OF PHARMACY AND NUTRITION



The College launched its Centennial Year on September 20, 2013. A large number of students, faculty, staff, alumni and friends joined the College on the steps of the historic Thorvaldson Building for speeches from the dean, division heads, co-chairs of the Centennial Planning Committee, the Government of Saskatchewan's Minister of Justice, and student society co-presidents. The event culminated with the unveiling of a banner that will hang on the Thorvaldson Building until July 2014. The College continued the celebration by hosting a tailgate party at the U of S Huskies Football game.

The College continues to plan for its Centennial in 2013-2014. The co-chairs for the Centennial Planning Committee are Dr. Dennis Gorecki, BSP 1969,

and Garry King, BSP 1970. The College will be holding its Centennial Reunion Weekend on June 26-28, 2014 which will include the Golden Suppository Golf Classic, campus tours, class visits and a gala. The College will also be honouring alumni who have contributed in outstanding ways in their endeavours.

The College move-over to the new Health Sciences facility is continuing with a large segment of faculty and staff moving in October-November. Because most of the undergraduate pharmacy and nutrition labs, classrooms, student society spaces and Dean's Office space will not be ready until fall 2015 at the earliest, the College will retain some space in its current Thorvaldson Building location for the time being to maintain these functions.

Planning has begun for the large CPhA/PAS/AFPC conference in 2014. The conference will be held from May 31 – June 4 in Saskatoon. The planning committee met on September 2 to begin working on the various programs, events and activities associated with the conference.

Dean's Search – the search committee for the new Dean of the College of Pharmacy and Nutrition has begun with dates set in November 2013 for candidate interviews and seminars. I will complete my term as Dean on June 30, 2014 and will then begin a one year period of administrative leave.

If you have questions or comments on the above, please get in touch with me at david.hill@usask.ca. We welcome your feedback.

Canadian Patient Safety Week (CPSW) and Canada's Virtual Forum on Patient Safety and Quality Improvement

Canadian Patient Safety institute (CPSI) and ISMP Canada have partnered this year in planning Canadian Patient Safety Week (CPSW) and Canada's Virtual Forum on Patient Safety and Quality Improvement which is planned for Oct. 28th to Nov. 1st, 2013

The two events aim to share information and best practices in patient safety with healthcare professionals, patients and their families across Canada. The theme this year is to promote safe medication practices.

To get more information about CPSW and the Virtual Forum on Patient Safety and Quality Improvement, or to register see the CPSI website at www.asklistentalk.ca. or see the link on the SCP website.

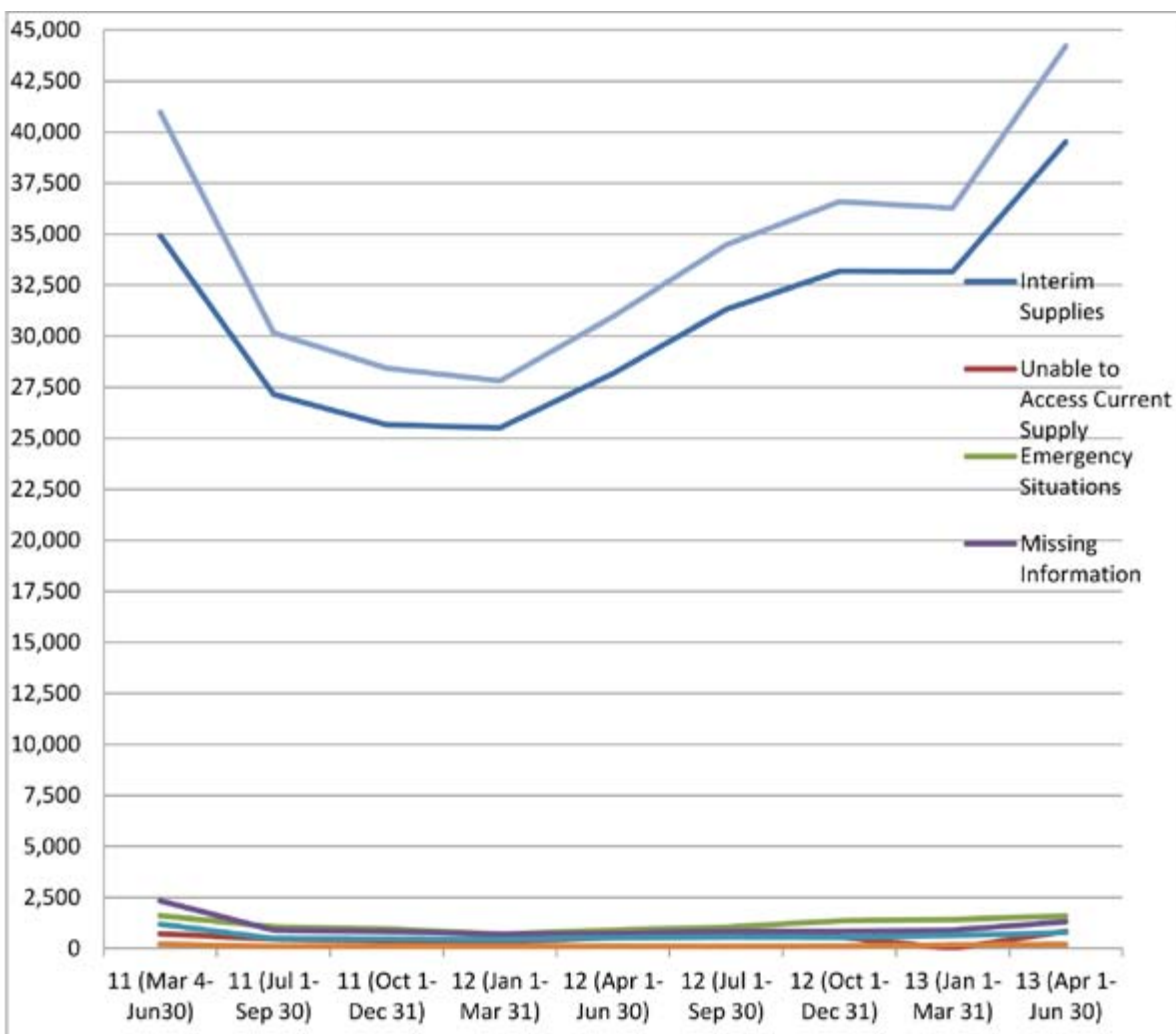
Register Now! www.asklistentalk.ca



Saskatchewan Drug Plan & Charts

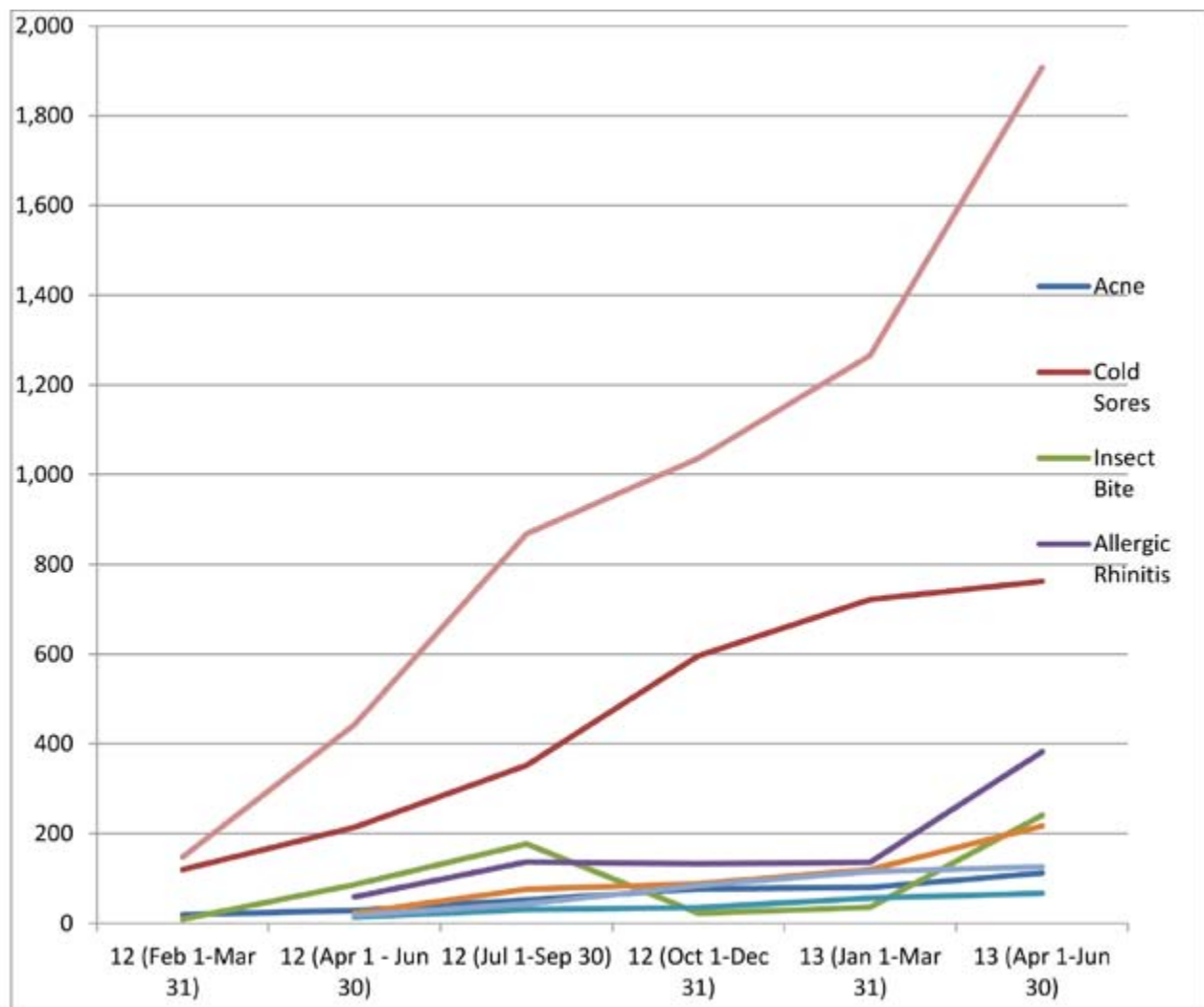
Saskatchewan Drug Plan - Prescriptive Authority Level I Patient Assessment Fees Related to Prescriptive Authority for Pharmacists March 4, 2011 to June 30, 2013

TIME PERIOD	# of Billings						TOTALS
	INTERIM SUPPLIES	UNABLE TO ACCESS CURRENT SUPPLY	EMERGENCY SITUATIONS	MISSING INFORMATION	ALTER DOSAGE/FORM	DRUG RECONCILIATION	
11 (Mar 4-Jun30)	34,912	720	1,607	2,325	1,188	208	40,960
11 (Jul 1-Sep 30)	27,144	453	1,068	903	492	97	30,157
11 (Oct 1-Dec 31)	25,651	402	957	825	476	114	28,425
12 (Jan 1-Mar 31)	25,503	352	710	710	441	95	27,811
12 (Apr 1-Jun 30)	28,167	508	904	743	513	117	30,952
12 (Jul 1-Sep 30)	31,316	612	1,049	834	561	107	34,479
12 (Oct 1-Dec 31)	33,186	565	1,351	836	547	110	36,595
13 (Jan 1-Mar 31)	33,166		1,413	900	631	172	36,282
13 (Apr 1-Jun 30)	39,516	839	1,593	1,307	774	186	44,215



Saskatchewan Drug Plan - Minor Ailments
Patient Assessment Fees Related to Prescriptive Authority for Pharmacists
February 1, 2012 (effective date) to June 30, 2013

# of Billings							
TIME PERIOD	ACNE	COLD SORES	INSECT BITES	ALLERGIC RHINITIS	DIAPER DERMATITIS	ORAL APHTHOUS ULCER	ORAL THRUSH
12 (Feb 1-Mar 31)	19	120	9				
12 (Apr 1 - Jun 30)	29	214	86	59	14	23	18
12 (Jul 1-Sep 30)	52	352	177	137	31	76	43
12 (Oct 1-Dec 31)	77	596	23	133	35	88	84
13 (Jan 1-Mar 31)	80	722	36	136	56	120	116
13 (Apr 1-Jun 30)	112	762	241	382	67	217	126



Responsibilities to Prevent Drug Abuse and Diversion

1. Robberies and break and enters in Saskatchewan pharmacies continue to cause concern. Not only do these thefts impact on the individual pharmacy that suffers the loss but each time the culprits “gets away with it” the thieves are emboldened to continue. The sooner the police can apprehend those involved the safer is our drug supply, as well as it reduces the risk of harm to individuals in other pharmacies.

Should you find that the pharmacy has been broken into or should you be involved in a robbery please follow these steps:

- a. Ask all individuals in the building to leave (record the names and phone numbers in case the police need to speak with them), lock the pharmacy and do not allow others into the building as it may compromise a police investigation. Do not touch anything.
- b. Contact the local police immediately.
- c. When the police arrive, cooperate fully; this includes provision of a list of stolen items and any identifying marks on the items. The police may require closure of the pharmacy for a period of time in order for the police to perform “identification procedures”.
- d. If the loss includes narcotics, controlled substances and/or benzodiazepines and targeted substances, complete a loss/theft report (accessible in the SCP [Reference Manual](#)) and submit it to:

Health Canada
Office of Controlled Substances
Compliance, Monitoring & Liaison
Division
A.L. 3502B
Ottawa, ON K1A 1B9
Tel./Tél. : (613) 954-1541
Fax: (613) 957-0110

e. A copy of the loss/theft report must be submitted to the Saskatchewan College of Pharmacists along with the details of the event.

f. If stolen packaging includes labels or documents that contain personal health information, contact the individuals to inform them of the suspected privacy breach in accordance with the requirements of The Health Information Protection Act (HIPA).

When accepting returned or unused medication from a patient or their agent and when holding expired prescription medication waiting for destruction, remember to make a record of what you are holding. Should the thieves remove these items from the pharmacy during a robbery or burglary you will have the information required by the police to alert them to what has been taken. Also, this information will be required to complete the loss/theft report for Health Canada.

Please take all necessary precautions to record returned, unused or expired stock and secure it in the pharmacy. This should include proper destruction of all packaging containing personal health information to prevent privacy breaches.

2. Identity Theft and Drug Diversion

There have been media reports in other provinces (and it is unlikely that Sas-

katchewan has escaped unscathed) of increasing use of stolen identity information to obtain large quantities of narcotics and controlled substances.

This is a reminder to be aware of the possibility of people presenting false or stolen information to obtain medications. When someone unknown to you presents with a prescription, be diligent in identifying the person by requesting photo ID in addition to the Saskatchewan Health Services Card. In one instance the individual told the pharmacist that her wallet had been stolen, so she verbally offered her name, birth date and address and asked them to look up her health number, which the obliging pharmacist did, and then proceeded to give her the number. From there the person managed to fill many prescriptions written by many physicians and filled at a variety of pharmacies: some were valid prescriptions and some were forgeries.

We have also been told that individuals may tell the pharmacist that they are from another province and will just pay cash for the prescription. This results in the information for the dispensing of that prescription to not be captured in the system, and therefore it will not be displayed through the PIP Viewer. Often these individuals are Saskatchewan residents who don't want you to check their profile in PIP.



Questions Arising from eHealth Presentation at the PAS Annual Conference Spring 2013

At the 2013 PAS Annual Conference, representatives from eHealth Saskatchewan (eHS) provided a demonstration of the new eHR Viewer.

The following questions were raised after the session. The response received from eHealth Saskatchewan is provided below.

Q: One member suggested that PIP data, in the eHR Viewer, be able to be manipulated in order to be displayed in graph format similar to the lab data. It was suggested that it be displayed graphically in a way that would give the pharmacist an easy visual tool to evaluate how well the patient is complying with their medication.

A: PIP and eHR Viewer are distinct interfaces. At this time, PIP information cannot be manipulated and displayed in the same manner as lab data in the eHR Viewer. This suggested change to the PIP display functionality will be provided to the eHR Viewer team at eHealth

Saskatchewan for consideration. An initial scan indicates that this functionality would require a significant change within the system.

Q: It was asked if PIP is able to display vaccines that are dispensed in pharmacies. Twinrix®, Gardasil® (Schedule I) and Dukoral® (Schedule II) are examples of vaccines that may either be dispensed upon prescription or sold without a prescription. Is it possible for the immunization record on the eHR Viewer to show vaccines that are dispensed in the pharmacies and does the PIP patient profile include this vaccine information?

A: The Saskatchewan Immunization Management System (SIMS) records public health vaccines only. PIP is able to capture all vaccines dispensed by community pharmacies. However, while PIP can capture all vaccines, it does not distinguish them in a separate tab or category. The pharmacist or other PIP user would need to review the entire

profile to determine which vaccines were dispensed.

As per the Prescription Drugs Act, pharmacies are expected and required by the Drug Plan to submit ALL products dispensed to PIP and ADAPT, when they are ordered on a prescription, and whether or not they are benefits under the Drug Plan. The completeness of PIP profiles relies on the submission by pharmacies of dispense information for all medications.

One exception would be Dukoral® which may or may not be sent to ADAPT and PIP, as this is a non-prescription (OTC) product. In instances where the Dukoral® is provided pursuant to a prescription, it is to be submitted to the Drug Plan and PIP for capture, and in instances where the pharmacist provides this product as an OTC purchase by a patient, the pharmacist may choose to submit the information to PIP as an FYI prescription.

ComPASS CQA Pilot Project is Officially Underway in Saskatchewan

SCP is very excited to report that the CQA (Continuous Quality Assurance) pilot project is underway and a name has been chosen to brand the project. After much discussion and consideration of many names, **ComPASS**, which stands for **Community Pharmacist Advancing Safety in Saskatchewan** was the top choice. The ComPASS pilot project will run for 1 year from Sept. 2013 to August 2014.

To launch the project, two in-person medication safety continuing education sessions were held in September in both Regina and Saskatoon. Certina Ho of ISMP (Institute of Safe Medication Practices) Canada was the feature

speaker and attendees participated in hands on training with the ISMP tools which included the CPhIR (Community Pharmacist Incident Report) and the MSSA (Medication Safety Self-Assessment) programs. An online version of the medication safety CE session is being prepared by Continuing Professional Development for Pharmacists (CPDP) at the University of Saskatchewan and should be available by the end of October.

SCP is very excited to report that we have 5 pharmacies who have stepped up to voluntarily participate in the pilot project, and more are anticipated to be added. Our goal is to have at least ten

pilot pharmacies so there is still room to participate. There are many benefits to getting in on the ground floor of the pilot project which include the potential for improved work flow efficiencies, greater awareness of safety issues and possible cost savings due to a reduction in the number of medication errors.

If you would like to volunteer for **ComPASS** or would like more information please contact Jeannette Sandiford, Field Officer, SCP at 306-584-2292 ext 6 or email at info@saskpharm.ca.

Safety should be our priority!

KEEP YOUR INFORMATION CURRENT

Please remember to inform the SCP office if your email address, mailing address or place of employment has changed. It is the member's responsibility to keep their

personal information current and up-to-date with the College. It is also the member's responsibility to inform the College of their current place of employment. This information helps the College in determining the electoral divisions for College election and allows the College to keep the member informed of urgent matters. These changes can be done by using your member log-in at the SCP website www.saskpharm.ca.

REMINDER: PIP ACCESS

When new employees join the dispensary staff, the pharmacy PIP approver will contact eHealth to nominate the new employee for a Pharmaceutical Information Program (PIP) access code dependent on the employee's role (pharmacist or pharmacy assistant). The individual is assigned a user name and password that is connected to that particular pharmacy. If the individual works at more than one pharmacy then he has to be added by each pharmacy manager in order to be able to choose which pharmacy they are accessing PIP from. This has to be done by each pharmacy manager (or assigned approver for that pharmacy). What many pharmacy approvers' overlook is that when a pharmacist or pharmacy assistant leaves your employ, the individual's PIP access code must be terminated for that particular pharmacy. This can be accomplished by calling e-health and requesting they remove the individual's access code for that pharmacy. If this is not done, the pharmacist or pharmacy assistant will be able to indefinitely access personal health information utilizing the access code from your pharmacy.

Unauthorized Personnel in the Dispensary

Pharmacists have undergone extensive training with regard to privacy and confidentiality issues arising from *The Health Information Protection Act* (HIPA). Surprisingly, we do hear that members are continuing their practice of inviting high school students, who may be thinking of a career in pharmacy, into the dispensary to spend time shadowing the pharmacist. While we understand that this may be of benefit to the young person trying to make a career choice, the pharmacist must remember his/her obligation to the patient.

From Regulatory Bylaw 17 - Code of Ethics:

3. A pharmacist shall observe the law, particularly those affecting the practice of pharmacy; uphold the dignity of the Profession; strive for its betterment; maintain a high standard of ethics; and report to the proper authority, without fear or favour, any unethical or illegal conduct which may be encountered within the Profession.

7. A pharmacist shall protect the patient's right of confidentiality.

Look at this situation from the point of view of your patients:

1. Does Mrs. Smith (High School teacher) want one of her students seeing/hearing about her personal health information?
2. Does Mr. Jones expect that his personal health information would be viewed or overheard by the kid next door?

It would be impossible for someone to spend time in a pharmacy dispensary or the professional services area and not become aware of personal health information. These young people are not employees and in most cases would not be aware of, nor understand the confidentiality and privacy concerns; and that anything learned while in the pharmacy may become "common knowledge" in a very short time. Your desire to share an understanding of the profession with a young person cannot override the trustee's responsibility which is to keep all personal health information private.

Save the Date – 2014 CPhA Conference



CONFERENCE 2014
SASKATOON, SK • May 31–June 3

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Canadian Pharmacists
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CANADIAN PHARMACISTS ASSOCIATION
ASSOCIATION DES PHARMACIENS DU CANADA

PAS
The Pharmacists' Association of Saskatchewan
L'Association des pharmaciens de la Saskatchewan

Discipline Matters

(1) Phan/La Ronge March 12, 2013

On March 12, 2013 the Discipline Committee was convened to consider charges that the Respondents', Hien Phan and Perpetual Holdings Inc. operating as La Ronge Drug Store of which Mr. Phan was pharmacy manager and a director, were guilty of professional and proprietary misconduct, respectively, within the meanings of Sections 25 and 26 of *The Pharmacy Act, 1996* (the "Act").

The formal charges against the Respondents' alleged that between January 2, 2010 and March 31, 2010:

(a) Without the approval of the prescribing physician, the Respondents' dispensed on numerous and several occasions, Ratio brand when that brand was not designated as the Standing Offer Contract (SOC) product a required under the Saskatchewan Ministry of Health Drug Plan Formulary. As such, the Respondents' have breached the Proprietor Agreement with the Minister of Health and particularly the provisions regarding the purchase and dispensing of SOC Drugs.

(b) On numerous and several occasions, the Respondents' submitted to the Drug Plan and Extended Benefits Branch, the Drug Identification Number (DIN) information for GD-Amlodipine product (the SOC drug) when the patient was dispensed the Ratio product.

(c) Further to paragraph (b), the Respondents' compromised the integrity of the Pharmaceutical Information Program (PIP) by disseminating incorrect information which has the potential risk of harm to patients and causes confusion to other health care professionals relying on PIP.

(d) On numerous and several occasions, the Respondents' prepared

incorrect prescription labels as the prescription labels provided to patients did not indicate which brand of product was dispensed.

(e) The Respondents' engaged in this conduct and these practices after all members had been warned in the October, 2009 College newsletter in an article entitled "Spinning DINs" that such practices were unacceptable and must cease immediately.

The matter proceeded pursuant to an Agreed Statement of Facts. The Agreed Statement of Facts included the admission that the Respondents' actions constitute professional misconduct and proprietary misconduct, as those terms are defined in the Act, and amounts to a breach of the Act, *The Prescription Drugs Act*, the Bylaws of the Saskatchewan College of Pharmacists (the "College"), as well as the NAPRA Model Standards of Practice for Canadian Pharmacists. The Discipline Committee accepted the admission that the agreed facts constitute professional and proprietary misconduct.

The background to the conduct that underlies the charges brought against the Respondents' involved "DIN spinning" and was therefore similar to that involved in several recent cases that have come before the Discipline Committee of the College. In previous decisions, the Discipline Committee had characterized "DIN spinning" as very serious misconduct and determined it did not need to review or explain this in its Decision and Order in this case. It emphasized that each case presents factual variations from previous decisions and as a consequence the Discipline Committee has attempted in every instance to treat each case on its own merits.

The evidence presented suggested that the Respondents' actions were done for economic gain and the activity was deliberate and ongoing. Counsel for

the Respondents' explained that the pharmacy had a very large Non-Insured Health Benefits (NIHB) client base and because the SOC does not apply to NIHB clients that there were several financial and practical reasons why the Respondents' had not purchased the SOC amlodipine. The Respondents' admitted that the SOC drug company did not offer discounts and that these discounts were important to the viability of the business. The Respondents' had stated that the SOC only applied to 10% of his client base.

The Discipline Committee noted that this was not an isolated occurrence but rather it occurred repeatedly during the period of time covered by the charge. Mr. Phan knowingly participated in activity that not only implicated the proper administration of the Drug Plan and associated with it the public trust of pharmacies and pharmacists, but had the potential to cause harm patients, to the extent that the Respondents' provided false information to the Drug Plan. It was also apparent that this activity continued until the Respondents' became the subject of the College's investigation.

The Discipline Committee noted that it is generally fair that where misconduct has occurred the necessary and reasonable costs of investigating and prosecuting that misconduct be borne by the member and/or pharmacy involved in the activity. To the extent that the cooperation of the Respondents' makes the process less expensive, they realize a corresponding benefit through the reduction of the expenses incurred by the College through the disciplinary process.

The Discipline Committee determined that it is appropriate that (a) Mr. Phan should pay a fine in the amount of \$4,000.00; (b) the pharmacy shall pay a fine in the amount of \$15,000.00; (c) the Respondents' shall pay the costs be fixed

Continued from Discipline Matters...

in the amount of \$8,730.00; and (d) a summary of the Discipline Committee's decision should be published and the complainants' be provided with a copy of the Discipline Committee's decision and its Order.

(2) Toth/Toth March 13, 2013

On March 13, 2013 the Discipline Committee was convened to consider charges that the Respondents', Ryan Toth and Toth Pharmacy Ltd. operating as Kipling Pharmasave of which Mr. Toth is pharmacy manager and a director, were guilty of professional and proprietary misconduct, respectively, within the meanings of Sections 25 and 26 of *The Pharmacy Act, 1996* (the "Act").

The formal charges against the Respondents' alleged that between January 2, 2010 and March 31, 2010:

(a) Without the approval of the prescribing physician, the Respondents' dispensed on numerous and several occasions, Apotex brand when that brand was not designated as the Standing Offer Contract (SOC) product a required under the Saskatchewan Ministry of Health Drug Plan Formulary. As such, the Respondents' have breached the Proprietor Agreement with the Minister of Health and particularly the provisions regarding the purchase and dispensing of SOC Drugs.

(b) On numerous and several occasions, the Respondents' submitted to the Drug Plan and Extended Benefits Branch, the Drug Identification Number (DIN) information for GD-Amlodipine product (the SOC drug) when the patient was dispensed the Apotex product.

(c) Further to paragraph (b), the Respondents' compromised the integrity of the Pharmaceutical Information Program (PIP) by disseminating incorrect information which has the potential risk of harm to patients and causes confusion to other health care professionals relying on PIP.

(d) The Respondents' engaged in this conduct and these practices after all members had been warned in the October, 2009 College newsletter in an article entitled "Spinning DINs" that such practices were unacceptable and must cease immediately.

(e) On numerous and several occasions, the Respondents' dispensed Apotex brand of Amlodipine 5 mg and represented to the Drug Plan that these prescriptions were authorized by the prescriber as "no sub" which was false, inaccurate and incorrect.

The matter proceeded pursuant to an Agreed Statement of Facts. The Agreed Statement of Facts included the admission that the Respondents' actions constitute professional misconduct and proprietary misconduct, as those terms are defined in the Act, and amount to a breach of the Act, *The Prescription Drugs Act*, the Bylaws of the Saskatchewan College of Pharmacists (the "College"), as well as the NAPRA Model Standards of Practice for Canadian Pharmacists. The Discipline Committee accepted the admission that the agreed facts constituted professional and proprietary misconduct.

The Discipline Committee noted that the evidence suggested that the Respondents' actions were done for economic gain and the activity was deliberate and ongoing. The Discipline Committee noted that the improper dispensing was not an isolated occurrence but rather it occurred repeatedly during the period of time covered by the charge. In addition, it is clear that once Mr. Toth realized that he could not dispense the APO brand amlodipine under the SOC, he did not discontinue the practice. Rather, he continued to dispense the non-SOC drug by submitting the APO brand to the Drug Plan as a "no-sub" prescription. Mr. Toth knowingly participated in activity that not only implicated the proper administration of the Drug Plan and associated with it the public trust of pharmacies and pharmacists, but had the potential to cause harm to his patients, to the extent that the Respondents' provided false information to the Drug

Plan. It is also apparent that Mr. Toth continued this activity until he became the subject of the College's investigation.

Mr. Toth had input the non-SOC brand drugs as "no sub" prescription, after he became aware that he was engaged in the practice of DIN spinning. The Discipline Committee was not satisfied that this was equivalent to a cessation of misconduct. Rather, the Discipline Committee viewed his efforts to dispense the drugs as "no sub" drugs as further evidence of the Respondents' deliberate continuation of the misconduct. The "no sub" option exists solely to recognize the paramount nature of the order of the prescriber, whose only concern is, or should be the health of the patient. The Discipline Committee did note while the SOC DIN was transmitted to the Drug Plan, when filling prescriptions, Mr. Toth correctly labelled the product packaging given to patients with the APO brand DIN. As a consequence, the risk of harm to patients was limited to risks that might follow from the provision of incorrect information to the Drug Plan.

In directing that the Respondents' pay the full costs of investigation and the hearing, the Discipline Committee noted that the award of costs is not part of the punishment or penalty, but rather reflects that it is the member and pharmacy that have been the cause of the proceeding. To the extent that the cooperation of the Respondents' had made the process less expensive, they realize a corresponding benefit through the reduction of the expenses incurred by the College through the disciplinary process.

The Discipline Committee determined that it is appropriate that (a) Mr. Toth should pay a fine in the amount of \$4,000.00; (b) the pharmacy shall pay a fine in the amount of \$15,000.00; (c) the Respondents' shall pay the costs be fixed in the amount of \$7,930.00; and (d) a summary of the Discipline Committee's decision should be published and the complainants' be provided with a copy of the Discipline Committee's decision and its Order.

2013

On March 28, 2013 the Discipline Committee was convened to consider charges that the Respondents', Niklas Voelk and Moose Jaw Co-operative Association Ltd. operating as Moose Jaw Co-op Pharmacy of which Mr. Voelk is pharmacy manager, were guilty of professional misconduct and proprietary misconduct, respectively, within the meanings of Sections 25 and 26 of *The Pharmacy Act, 1996* (the "Act").

The formal charges against the Respondents' alleged that between January 2, 2010 and March 31, 2010:

1 (a) Without the approval of the prescribing physician, the Respondents' dispensed on numerous and several occasions, PMS brand when that brand was not designated as the Standing Offer Contract (SOC) product a required under the Saskatchewan Ministry of Health Drug Plan Formulary. As such, the Respondents' have breached the Proprietor Agreement with the Minister of Health and particularly the provisions regarding the purchase and dispensing of SOC Drugs.

(b) On numerous and several occasions, the Respondents' submitted to the Drug Plan and Extended Benefits Branch, the Drug Identification Number (DIN) information for GD-Amlodipine product (the SOC drug) when the patient was dispensed the PMS product.

(c) Further to paragraph 1(b), the Respondents' compromised the integrity of the Pharmaceutical Information Program (PIP) by disseminating incorrect information which has the potential risk of harm to patients and causes confusion to other health care professionals relying on PIP.

(d) On numerous and several occasions, the Respondents' prepared incorrect prescription labels as the prescription labels provided to patients did not indicate which brand of

product was dispensed.

(e) The Respondents' engaged in this conduct and these practices after all members had been warned in the October, 2009 College newsletter in an article entitled "Spinning DINs" that such practices were unacceptable and must cease immediately.

2 (a) On numerous and several occasions, the Respondents' dispensed PMS brand of Amlodipine 5 mg and represented to the Drug Plan that these prescriptions were authorized by the prescriber as "no sub" which was false, inaccurate and incorrect.

The matter proceeded pursuant to an Agreed Statement of Facts. The Agreed Statement of Facts included the admission that the Respondents' actions constitute professional misconduct and proprietary misconduct, as those terms are defined in the Act, and amounts to a breach of the Act, *The Prescription Drugs Act*, the Bylaws of the Saskatchewan College of Pharmacists (the "College"), as well as the NAPRA Model Standards of Practice for Canadian Pharmacists. The Discipline Committee accepted the admission that the agreed facts constitute professional and proprietary misconduct.

The fundamental underlying facts involved Mr. Voelk, as pharmacist and manager, submitting to the Drug Plan that prescriptions filled from the pharmacy as if the prescriptions had been designated by the prescription writer as "no sub", when they had, in fact, not been so designated. In contrast to other decisions that have recently come before the Discipline Committee that have involved so-called "DIN spinning", correct information as to the drug dispensed were provided both to the patient and to the Drug Plan. The fundamental underlying wrong in this case was the submission of information to the Drug Plan that the prescriber had directed that non-SOC drugs had been prescribed on a no-substitution basis.

The Complaints Committee and

Respondents' made a joint submission as to the appropriate order, which submission the Discipline Committee accepted. In the circumstances, it ordered that (a) Mr. Voelk should pay a fine in the amount of \$4,000.00; (b) the pharmacy shall pay a fine in the amount of \$15,000.00; (c) the Respondents' shall pay the costs be fixed in the amount of \$9,100.00; and (d) a summary of the Discipline Committee's decision should be published and the complainants' be provided with a copy of the Discipline Committee's decision and its Order.

(4) Brownlee/Carrot River March 28, 2013

On March 28, 2013 the Discipline Committee was convened to consider charges that the Respondents', Scott Brownlee and Brownlee Holdings Ltd. operating as Carrot River Pharmacy, of which Mr. Brownlee is pharmacy manager and a director, were guilty of professional misconduct and proprietary misconduct, respectively, within the meanings of Sections 25 and 26 of *The Pharmacy Act, 1996* (the "Act").

The formal charges against the Respondents' alleged that between January 2, 2010 and March 31, 2010:

(a) Without the approval of the prescribing physician, the Respondents' dispensed on numerous and several occasions, Apotex brand when that brand was not designated as the Standing Offer Contract (SOC) product a required under the Saskatchewan Ministry of Health Drug Plan Formulary. As such, the Respondents' have breached the Proprietor Agreement with the Minister of Health and particularly the provisions regarding the purchase and dispensing of SOC Drugs.

(b) On numerous and several occasions, the Respondents' submitted to the Drug Plan and Extended Benefits Branch, the Drug Identification Number (DIN) information for GD-Amlodipine product (the SOC drug) when the patient was dispensed the Apotex

product.

(c) Further to paragraph (b), the Respondents' compromised the integrity of the Pharmaceutical Information Program (PIP) by disseminating incorrect information which has the potential risk of harm to patients and causes confusion to other health care professionals relying on PIP.

(d) On numerous and several occasions, the Respondents' prepared incorrect prescription labels as the prescription labels provided to patients did not indicate which brand of product was dispensed.

(e) The Respondents' engaged in this conduct and these practices after all members had been warned in the October, 2009 College newsletter in an article entitled "Spinning DINs" that such practices were unacceptable and must cease immediately.

The matter proceeded pursuant to an Agreed Statement of Facts. The Agreed Statement of Facts included the admission that the Respondents' actions constitute professional misconduct and proprietary misconduct, as those terms are defined in the Act, and amounts to a breach of the Act, *The Prescription Drugs Act*, the Bylaws of the Saskatchewan College of Pharmacists (the "College"), as well as the NAPRA Model Standards of Practice for Canadian Pharmacists. The Discipline Committee accepted the admission that the agreed facts constitute professional and proprietary misconduct.

The background to the conduct that underlies the charges brought against the Respondents' involved "DIN spinning" and was therefore similar to that involved in several recent cases that have come before the Discipline Committee of the College. In previous decisions, the Discipline Committee had characterized "DIN spinning" as very serious misconduct and determined it did not need to review or explain this in its Decision and Order in this case. It emphasized that each case presents factual variations from previous

decisions and as a consequence the Discipline Committee has attempted in every instance to treat each case on its own merits.

The Complaints Committee and the Respondents' agreed on all aspects of an appropriate Order, except in respect to the amount of fine that should be paid by the pharmacy. Even in respect to this, the disagreement was whether the fine should be \$5,000, as proposed by the Respondents', or \$7,000, as proposed by the Complaints Committee. The disagreement between the parties turned on the significance of the fact that the stock of generic Amlodipine that was the subject of the "spinning" had been ordered before a competing generic equivalent had been granted SOC status. When SOC status was granted to the other product, the pharmacy was left with a large stock which it could not dispense through the Drug Plan. The Discipline Committee recognized this as a mitigating factor, but felt that this was already reflected in the fine proposed by the Complaints Committee, and was consistent with previous cases. The Discipline Committee also noted that although the stock was deliberately purchased and the pharmacy had alternative outlets for the stock.

In the circumstances, the Discipline Committee accepted the submission of the Complaints Committee respecting the amount of the fine to be paid by the pharmacy, and otherwise accepted the joint submission of the parties. In the result it ordered that (a) Mr. Brownlee should pay a fine in the amount of \$3,000.00; (b) the pharmacy shall pay a fine in the amount of \$7,000.00; (c) The Respondents' shall pay the costs be fixed in the amount of \$7,000.00; and (d) a summary of the Discipline Committee's decision should be published and the complainants' be provided with a copy of the Discipline Committee's decision and its Order.

(5) Mullock/College Avenue May 22,

2013

On May 22, 2013 the Discipline Committee was convened to consider charges that the Respondents', Jack Mullock and Jem Ventures Inc. operating as College Avenue Drugs of which Mr. Mullock is pharmacy manager and a director, were guilty of professional misconduct and proprietary misconduct, respectively, within the meanings of Sections 25 and 26 of *The Pharmacy Act, 1996* (the "Act").

The formal charges against the Respondents' alleged that between January 2, 2010 and March 31, 2010:

(a) Without the approval of the prescribing physician, the Respondents' dispensed on numerous and several occasions, Apotex brand when that brand was not designated as the Standing Offer Contract (SOC) product a required under the Saskatchewan Ministry of Health Drug Plan Formulary. As such, the Respondents' have breached the Proprietor Agreement with the Minister of Health and particularly the provisions regarding the purchase and dispensing of SOC Drugs.

(b) On numerous and several occasions, the Respondents' submitted to the Drug Plan and Extended Benefits Branch, the Drug Identification Number (DIN) information for GD-Amlodipine product (the SOC drug) when the patient was dispensed the Apotex product.

(c) Further to paragraph (b), the Respondents' compromised the integrity of the Pharmaceutical Information Program (PIP) by disseminating incorrect information which has the potential risk of harm to patients and causes confusion to other health care professionals relying on PIP.

(d) On numerous and several occasions, the Respondents' prepared incorrect prescription labels as the prescription labels provided to patients did not indicate which brand of product was dispensed.

(e) The Respondents' engaged in this

Continued from Discipline Matters...

conduct and these practices after all members had been warned in the October, 2009 College newsletter in an article entitled "Spinning DINs" that such practices were unacceptable and must cease immediately.

The matter proceeded pursuant to an Agreed Statement of Facts. The Agreed Statement of Facts included the admission that the Respondents' actions constitute professional misconduct and proprietary misconduct, as those terms are defined in the Act, and amounts to a breach of the Act, *The Prescription Drugs Act*, the Bylaws of the Saskatchewan College of Pharmacists (the "College"), as well as the NAPRA Model Standards of Practice for Canadian Pharmacists. The Discipline Committee accepted the admission that the agreed facts constitute professional and proprietary misconduct.

The background to the conduct that

underlies the charges brought against the Respondents' involved "DIN spinning" and was therefore similar to that involved in several recent cases that have come before the Discipline Committee of the College. In previous decisions, the Discipline Committee had characterized "DIN spinning" as very serious misconduct and determined it did not need to review or explain this in its Decision and Order in this case. It emphasized that each case presents factual variations from previous decisions and as a consequence the Discipline Committee has attempted in every instance to treat each case on its own merits.

The Discipline Committee noted that while the admitted conduct is serious, and merits significant discipline, there were a variety of factors that took this case away from the most serious of the previous "DIN spinning" cases. These factors included that the conduct in question occurred over a relatively isolated and short period of time

(approximately one month) and involved a relatively low volume of drug and high ratio of SOC compliance, the fact that the product involved appears to have been acquired in exchange for services rendered and not part of an orchestrated plan to substitute non-SOC product for SOC product.

The Complaints Committee and the Respondents' made a joint submission as to the appropriate order to be made in the circumstance. The Discipline Committee accepted this joint submission and ordered that (a) Mr. Mullock should pay a fine in the amount of \$2,500.00; (b) the pharmacy shall pay a fine in the amount of \$5,000.00; (c) the Respondents' shall pay the costs be fixed in the amount of \$7,000.00; and (d) a summary of the Discipline Committee's decision should be published and the complainants' be provided with a copy of the Discipline Committee's decision and its Order.

Sharing Betterhealthcare.ca

One site, many stories about Lean in SK health care.

Better is a new website that is telling the story of how Lean (Toyota Production System) is helping make health care better and safer in Saskatchewan. Developed by the province's Health Quality Council, [betterhealthcare.ca](http://www.betterhealthcare.ca) brings together in one location stories, pictures, videos, and media coverage from all of the organizations working to improve care for patients and families – including health regions, the Ministry of Health, HQC, 3sHealth, and eHealth Saskatchewan.

Key Messages about www.betterhealthcare.ca

- The **Better** website shares the story of how **Lean** is being used to make health care better and safer in Saskatchewan.

- Sharing stories is a key tactic of the Lean communications framework.
- The content on the **Better** website is produced by RHAs, 3S Health, eHealth, SCA, MOH and HQC. The site was developed and will be administered by the Provincial Kaizen Promotion Office (PKPO), in collaboration with the provincial Lean Communications Working Group.
- Bringing together all of the existing Lean content that is scattered across the province in one location provides an easy to use resource that captures and chronicles the unfolding story of Lean transformation in SK's health care system.
- The primary audience for the website is the health care system.
- The secondary audiences for the site are government, public, media, Lean and quality improvement community internationally.

- The site features a steady stream of new content from across the province.
- The site has a variety of rich content including: stories – news, features, opinion pieces; information items – FAQs, glossaries, tool kits, etc.; media coverage; social media activity and videos.

If you have a story you'd like to share from your region or facility, or an idea about what you would like to see featured on [betterhealthcare.ca](http://www.betterhealthcare.ca), contact the Communications Department in your health region.

If you have questions or comments about [betterhealthcare.ca](http://www.betterhealthcare.ca), contact Greg Basky (306-668-8814 / gbasky@hqc.sk.ca) or Michael Milo (306-668-8810 ext 112 / mmilo@hqc.sk.ca)

CPhA 2013 Awards - Charlottetown, PEI

Congratulations to Kim Borschowa, BSP 1996, on receiving the CPhA Patient Care Achievement Award for Innovation in June 2013. This award recognizes a pharmacist who demonstrates innovation and leadership in pharmacy practice aimed at improving patient outcomes, access to health services, or expanding pharmacists' contributions within the Canadian health system. When Kim moved to rural Saskatchewan, to work in the town of Radville, her commitment to excellence brought the role of the pharmacist up to a level that local physicians never thought possible in a rural remote region. Kim was the first allied health professional to be granted remote access to the new electronic medical record (EMR) system which she integrated with the Rural West Primary Care Team to facilitate patient management. Congratulations Kim! (Words from Alumni and pic from CPhA)



KIM BORSCHOWA, BSP 1996



BEV ALLEN, BSP 1973

Bev Allen, BSP 1973, posthumously received an Honorary Life Membership from the Canadian Pharmacists Association in June 2013. Bev retired from the College in 2011 as an assistant professor of pharmacy responsible for the undergraduate SPEP program. Bev unfortunately passed away in March 2013, but was aware that he was to receive the award before his passing. The CPhA Honorary Life Membership Award recognizes outstanding service to Pharmacy, CPhA and the profession nationally. Bev's daughter Jodi, wife Pat and granddaughter Bree, pictured here with Paula MacNeil from CPhA, accepted the award on his behalf.



PAULA MACNEIL(CPHA), BEV'S WIFE PAT, DAUGHTER JODI AND GRANDDAUGHTER BREE.

Wellspring Award Winner 2013



Congratulations to Rob Pammett, BSP 2010, on receiving a Wellspring Award from the Canadian Foundation for Pharmacy in June 2013. The award recognizes both demonstrated and potential leadership in individuals in the pharmacy profession and the award allows recipients to further develop personal leadership through study, experiential learning, or mentorship. Upon completing his BSP, Rob became a community pharmacist in British Columbia. His love of Saskatchewan led him back to the U of S where he is currently pursuing a Master of Science degree under Dr. Derek Jorgenson. Congratulations Rob!



ROB PAMMETT, BSP 2010

Thank you to CPhA, Canadian Foundation for Pharmacy and the Alumni, Green and White, for providing the articles and pictures that are provided in this article.