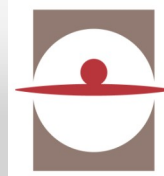


SCOPE

NEWSLETTER



SASKATCHEWAN
COLLEGE OF
PHARMACISTS

VOLUME 1

ISSUE 1

MARCH 2011



We are pleased to launch our first edition of **SCOPE-Saskatchewan College of Pharmacists e-newsletter!** During our centennial and on the same day as prescriptive authority, a major change in our

scope of practice, becomes effective. The launch is also meaningful as we approach Pharmacist Awareness Week and the release of our public education campaign on the new prescribing role for pharmacists. SCOPE is also part of our "paper light" strategy aimed at reducing costs.

SCOPE replaces the Newsletter that has served as the cornerstone of our communications strategy for several years. During our centennial year it symbolizes a new era in our attempts to communicate more effectively with members. We will no longer be publishing and mailing the Newsletter. Instead our plan is to make SCOPE available on a timelier basis on our home page at www.NAPRA.ca.

Except for paid advertising, our editorial policy will not change. The content will continue to be articles and notices of interest to members, and information required for pharmacy practice or by *The Pharmacy Act, 1996*. We will no longer be selling advertising space for notices relevant to the profession and will instead refer advertisers to the Pharmacists' Association of Saskatchewan. This service is more compatible with the mandate of PAS than our mandate as a regulatory body.

Prescriptive authority for pharmacists in collaborative practice environments is the culmination of several years of collaboration and consultation with stakeholders in the health care system. Pharmacists, physicians, nurses, dentists, optometrists, regional health authorities, government and members of the public have been the primary stakeholders involved in this process leading to the development of legislation authorizing this role for the pharmacist. Physician leaders have described the guiding philosophy and process as a model that is worth duplicating in other jurisdictions. Hence, as we embark upon this new role for pharmacists, we are confident that members will rise to the challenge so that others in the health care system will more readily recognize your role as medication therapy experts.

Pharmacist Awareness Week provides the ideal opportunity to promote this role to the public and other health care providers. We have been involved in the planning led by PAS that also included the Canadian Society of Hospital Pharmacists and pharmacy students. Members will experience well coordinated initiatives showcasing the valuable contributions of pharmacists to patient care.



Our public education campaign on pharmacist prescribing is intended to enhance public understanding of this role. Using various media as cost effectively as

possible, we plan to demonstrate that this role is not designed to replace physicians or other health care providers, but is designed for the pharmacist to be more effective in helping physicians and other prescribers in managing patients' drug

therapy needs. We also intend to give you the tools you will need to convey this message to your patients.

We look forward to this new era in communications and scope of practice for the profession. Your feedback is welcome.

Ray Joubert, BSP
Registrar
Saskatchewan College of Pharmacists

For more information on Prescriptive Authority please visit:

<http://napra.ca/pages/skprescriptiveauthority/default.aspx>

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Wide Open Future



“Wide Open Future” is the theme of the Canadian Association of Pharmacy Students and Interns (CAPSI) Professional Development Week 2011 (PDW 2011), and was brought to life as the University of Saskatchewan’s College of Pharmacy and Nutrition welcomed 600 pharmacy students from across the country to the annual conference last month. Students were shown that the possibilities available to them upon graduation are as endless as the Saskatchewan horizon.

With energy and enthusiasm, delegates participated in panel discussions, educational sessions, social events, inter-college competitions, a health fair and a plethora of other activities. One of the conference highlights was motivational speaker Catriona Le May Doan, a two-time Olympic gold medalist, who delivered a profound message stating that you owe it to yourself to see how great you can be. Her speech complemented the challenge set to all attendees to look beyond the current limits of pharmacy to find a way that the healthcare system can best utilize their skills and knowledge.

The inter-college marquee event, a pharmacy trivia competition called the “Pharmafacts Bowl”, saw students rally behind their college’s four-member team. Conference host, the University of Saskatchewan, took the title this year in extra rounds.

A number of students who make invaluable contributions to pharmacy through their academic excellence and leadership abilities were also recognized at PDW. This year’s national awards recipients were: CAPSI-CPJ Student Literary Challenge—Derek Cho of UBC; Pharmasave Patient Interview Competition—Ashley Young of U of A; Pfizer Consumer Healthcare OTC Competition—Phillips Ngo of Université de Montréal; Medisca Compounding Competition—Tiffany Kan, Jonathan Fung, Ken Dong and Kwon Ma of U of T; CSHP-CAPSI Hospital Pharmacist Award—Jessica Gagatek of U of S and Timothy Leung of the U of A; Pfizer Guy Genest Passion for Pharmacy Award—Tim Leung, Kaitlyn McMillan, Kristina Jandavs, Jenny Seguin, Tina Hwu, Alix-Anne Gendron, Christine Boudreau, Kathleen Moran and Amanda Teti. The University of British Columbia was awarded both the prestigious TEVA Award of Professionalism for their outstanding Pharmacy Awareness Week, as well as the Wal-Mart IPSF Health Campaign Award. For a full description of the awards please visit the CAPSI website at www.capsi.ca.

The conference also included CAPSI National’s Annual General Meeting with the highest attendance in recent memory. Elections were held as the CAPSI National Executive members near the end of their terms. In addition, CAPSI members and stakeholders in the industry were able to network, forging valuable relationships with one another.

The PDW 2012 Planning Committee from Dalhousie University will be carrying on the tradition next year in Halifax from January 11-15, 2012.

Jeff Wandzura
2nd Year Pharmacy Student
University of Saskatchewan

HAVE YOU MOVED?

Keeping Your Information Current

Please remember to inform the Saskatchewan College of Pharmacists office if you have changed your email address, mailing address or place of employment. 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.

Centennial Celebrations 1911-2011



The Saskatchewan College of Pharmacists is honored and proud to announce that 2011 is the College's Centennial!

As such the Saskatchewan College of Pharmacists has commissioned an art piece by Saskatchewan Artist Ward Schell, formed the Centennial Scholarship Fund, developed a Centennial Pharmacy Award and will highlight our history at the 2011 Annual General Meeting/PAS Conference.

Centennial Scholarship Fund

The College is also pleased to announce the formation of the Saskatchewan College of Pharmacists Centennial Scholarship Fund. This fund will continue to provide scholarships for qualified students at the College of Pharmacy and Nutrition at the University of Saskatchewan. The Centennial Scholarship is registered as a charitable foundation with Canada Revenue Agency and is exempt from income tax.

Centennial Pharmacy Award

The Saskatchewan College of Pharmacists is celebrating its Centennial in 2011. As such, we would like to include all pharmacies in Saskatchewan who are also sharing in this honor and celebrating their centennial along side the College this year. Or maybe you've already celebrated your Centennial? Congratulations! We would love to hear about that too!

The Saskatchewan College of Pharmacists has introduced a new award this year to recognize the great accomplishment of operating as a pharmacy for 100 or more years. The Centennial Pharmacy Award will be awarded to those pharmacies who can document their roots back 100 years.

We are looking for all Saskatchewan pharmacies that have been in continuous operation by the same or different owners or up to and over 100 years.

SCP is asking for a history of the pharmacy including ownership and key dates and changes. We are also asking for any outreach and involvement in your communities that the pharmacy has done and/or continues to do. Based on the information given to the College about your pharmacy we will assess the need for recognition. Recognition will be given in an appropriate manner.

We look forward to hearing your stories and sharing them with our members.

Please forward your pharmacy's history, accomplishments and community involvement to:

Dawn Pederson
Public Relations and Communications Coordinator
Saskatchewan College of Pharmacists
700 - 4010 Pasqua Street
Regina SK S4S 7B9
Phone: 306 584-2292 Fax: 306 584-9695
Email: dawn.pederson@saskpharm.ca

Please look to www.saskcollegepharm.ca for more upcoming events and scholarship fund announcements that will coincide with the Centennial Celebrations.



SASKATCHEWAN
COLLEGE OF
PHARMACISTS

100th Annual General Meeting

Mark Your Calendars Now!

Annual General Meeting
Saturday, April 30, 2011
9:30 – 10:30 a.m.

**SCP 25 & 50 Year
Anniversary Recognition
Award Reception
Dinner Buffet**
Friday, April 29, 2011
7:00 p.m.

**SCP President's Luncheon
& Awards**
Sunday, May 1, 2011
12:15 p.m.

Hotel Saskatchewan Radisson Plaza
Regina, Saskatchewan

Please contact the PAS office at 306-359-7277 for detailed Conference 2011 registration and accommodation information.



September 7, 2010

Saskatchewan College of Pharmacists
700 – 4010 Pasqua Street
Regina SK
S4S 7B9

Dear Complaints Committee,

I am writing this letter to the members of the Complaints Committee of the Saskatchewan College of Pharmacists (SCP), and to the Executive Director of the National Association of Pharmacy Regulatory Authorities (NAPRA), in order to describe what I perceive to be a substantial problem in the everyday practice of pharmacy at the provincial and national levels. The problem centres on the violation of the rights of patients to medical privacy and confidentiality.

When a patient submits his or her prescriptions to a pharmacist, and subsequently returns to collect and pay for the medications, personal and medical data are invariably solicited from the patient (e.g. the patient's full name, address, the names of the prescribed medications and other health-related information). While it is acknowledged that it is necessary for pharmacists to gather and discuss various aspects of a patient's personal and medical history, it is expected that pharmacists will conduct this exchange of information in a manner that protects the patient's basic right to privacy and confidentiality. This expectation is based on the assumption that pharmacists are professionally, ethically and legally required to do so. In an effort to gain some clarity regarding the actual responsibilities of pharmacists with respect to patient confidentiality, I conducted a brief search to locate relevant legal statutes and ethical codes of conduct. I offer the following three documents, bearing in mind that the legal statutes may have been revised or replaced with subsequent legislation. First, section 17 of *The Pharmacy Act (1996)* contains a code of ethics, which clearly states (in item #5): "A pharmacist shall protect the patient's right of confidentiality". Second, the *Standards of Practice for Saskatchewan Pharmacists (1989)* similarly states that when pharmacists speak with patients about their prescriptions and health background, that "this communication should be performed in a manner that respects the patient's right of confidentiality." And finally, the *Health Information Protection Act* (part III, subsection 16, "Duty of Trustee to Protect Personal Health Information") provides a somewhat lengthier commentary, which specifically states that;

"Subject to the regulations, a trustee that has custody or control of personal health information must establish policies and procedures to maintain administrative, technical and physical safeguards that will:

- (a) protect the integrity, accuracy and confidentiality of the information;
- (b) protect against any reasonably anticipated:
 - (i) threat or hazard to the security or integrity of the information;
 - (ii) loss of the information; or
 - (iii) unauthorized access to or use, disclosure or modification of the information;
- (c) otherwise ensure compliance with this Act by its employees."

Despite the above-mentioned ethical and legal mandates, I maintain that many pharmacists fail to protect the privacy and confidentiality of their patients. This assertion is based, in part, on personal experience. Recently, during a visit to my local pharmacy to pick up my prescription medications, the pharmacist on duty repeated my full name and then immediately listed off the names of each of my medications at a volume level that could be heard at least 10 to 15 feet away. The pharmacy was very busy at the time and there were other pharmacy customers in line directly behind me. At the risk of stating the obvious, every stranger in the vicinity of the pharmacy counter had direct knowledge of my identity and what medications I was taking. At the time, I was completely taken aback and angered by the pharmacist's undeniable lack of ethical and professional decorum. While I considered lodging a formal complaint against this particular pharmacist with the SCP, I acknowledged that this was not the first time that my right to privacy and confidentiality was completely disregarded by a pharmacist. Therefore, it seemed pointless to seek disciplinary action against one individual when the problem appeared to be more widespread and even systemic in nature. Indeed, when recounting the experience I described above to friends and co-workers, I was amazed to learn that virtually everyone I spoke to had, at one time or another, experienced similar violations of their right to privacy and confidentiality when dealing with pharmacists. Oddly enough, most of the people I spoke to about this issue stated that they have come to accept the likelihood that their personal and medical information may easily be overheard by others when speaking with pharmacists.

In light of the above, it seems fairly clear to me that the fundamental problem that exists in current pharmacy practice is that the *actual* procedures that are used to protect the patient's right to privacy and confidentiality are left up to the discretion of the individual pharmacist. Essentially, this means that while one pharmacist may conduct conversations with patients about their personal and medical history in a discreet manner, another pharmacist may be utterly .../2

careless in this regard. The fact that personal differences in discretion and decorum among pharmacists ultimately dictate whether or not a patient's right to privacy and confidentiality is upheld is completely unacceptable. Definitive procedures and infrastructure should be in place to ensure a patient's right to privacy and confidentiality. Patients should not approach each encounter with a pharmacist wondering whether or not the pharmacist will divulge personal and medical information to complete strangers.

In an effort to emphasize the gravity of this issue, I would argue that violations of a patient's right to privacy and confidentiality by pharmacists could easily result in substantial legal action. Consider, for example, a scenario in which a pharmacist loudly confirms a patient's name and then inquires whether or not the patient has ever taken "medication X" before. In this scenario, it is entirely conceivable that as a result of the stigma attached to certain medications, a patient could experience humiliation, ridicule, or social rejection. Further, it is entirely possible that the violation of a patient's right to confidentiality could result in demonstrable damage, the subsequent pursuit of disciplinary actions against the offending pharmacist, and even lawsuits to secure financial compensation.

In light of the arguments presented above, it seems prudent for the SCP and the NAPRA to develop, implement and enforce a definitive set of procedures for pharmacists to follow that would protect patients from violations of their right to privacy and confidentiality. Along these lines, I would greatly appreciate a written response that outlines any specific ideas that you may have in this regard. In asking for your response, I will respectfully suggest that many of the current procedures that are used to safeguard patient confidentiality are inadequate. I am referring to procedures such as: 1) the practice of asking patients who are waiting to speak to a pharmacist to stand behind a line on the pharmacy floor that is located back and away from the pharmacy counter (a procedure which may or may not be followed); or 2) the installation of "consultation booths" at pharmacy counters which are usually not enclosed and therefore do little or nothing to enhance privacy. Again, these types of procedures and physical changes to the infrastructure of the pharmacy are fundamentally flawed as they rely on the discretion of the individual pharmacist. After giving this problem some thought, I believe that there are a number of common-sense solutions that could be explored.

In closing, I would like to thank you in advance for reading this letter and for taking the time to provide me with a written response that clearly outlines your specific ideas about how the practice of pharmacy could be revised to better safeguard the rights of patients.

Cordially,

Name Withheld

Importation of Schedule F Drugs

The SCP office recently received an inquiry regarding the importation of Schedule F drugs. We contacted Health Canada and received the following information:

Canadian residents are not allowed to import Schedule F drugs through the mail or courier stream. So unless indicated in Policy 60 clause e) the patient is a resident of a foreign country while a visitor in Canada (or any of the other clauses) applies to the patient, the importation would be refused entry at the border. The exception is Canadians travelling abroad and carrying their Schedule F medication in hospital/pharmacy packaging on their person. They are allowed a single course of treatment or a 90 day supply when they cross the border so as to not interrupt a course of treatment. Refer to section 5.2 of Policy 60 and Section 6.0 Figure 2 of the Guide 84.

Import and Export Policy for Health Products Under the *Food and Drugs Act* and its *Regulations*: (POL-0060)

http://www.hc-sc.gc.ca/dhp-mps/compli-conform/import-export/pol-0060_biu-uif-eng.php

Guidance Document on the Import Requirements for Health Products under the *Food and Drugs Act* and its *Regulations*: (GUI-0084)

http://www.hc-sc.gc.ca/dhp-mps/compli-conform/import-export/gui-0084_biu-uif-eng.php

The Special Access Program (SAP) is an importation alternative if a physician believes a patient needs a drug which does not have market authorization in Canada.

Special Access Program Drugs

E-mail: sapdrugs@hc-sc.gc.ca

Telephone: (613)941-2108

Fax: (613) 941-3194

Release of Final Special Access Programme (SAP) for drugs Guidance Document:

http://www.hc-sc.gc.ca/dhp-mps/acces/drugs-droques/sapg3_pasg3-eng.php

Case #1 – Theft from employer and tampering with supply chain

On September 20, 2010 the Discipline Committee was convened to consider charges that the Respondent, William Verabioff was guilty of professional incompetence and professional misconduct within the meanings of Sections 24 and 25 of *The Pharmacy Act, 1996* (the “Act”).

The charges were that the Respondent: (1) while employed as a pharmacist and at various diverse times and on multiple occasions, filled prescriptions and dispensed drugs for himself and his spouse without paying for the drugs and did so without the knowledge or consent of the employer; and (2) in an effort to replace drugs dispensed to himself and his spouse, used drug samples received from a physician and pharmaceutical representatives to supplement the pharmacy’s drug inventory or stock. In doing so the public was put at risk by mingling samples into pharmacy stock bottles for resale without regard to different expiry dates and lot numbers.

The matter proceeded by way of an Agreed Statement of Facts which included an admission by Mr. Verabioff that the conduct described in those charges constitutes professional incompetence and professional misconduct as those charges are defined in the Act and amount to a breach of the *Food and Drugs Act* and Bylaws and Standards of the College.

The Discipline Committee accepted this plea and found Mr. Verabioff guilty of professional misconduct and professional incompetence, within the meaning of Sections 24 and 25 of the Act. The Committee made the following orders pursuant to Section 34 of the Act:

- (a) Mr. Verabioff shall receive a reprimand;
- (b) Mr. Verabioff shall pay a fine in the amount of \$5,000.00 to be paid on or before April 1, 2011;
- (c) Mr. Verabioff shall pay the costs of the investigation and hearing in the amount of \$10,500.00, to be paid on or before April 1, 2011;
- (d) A copy of the Decision and Order shall be provided to the complainant; and
- (e) A digest of the Decision and Order shall be published in the College Newsletter with identification of Mr. Verabioff.
- (f) Pursuant to section 9(6)(b) of the Regulatory Bylaws of the College, Mr. Verabioff shall not be entitled to use the designation “Member Emeritus” or “MESCP”.

Case #2 – Dispensing medication without a valid prescription

On September 20, 2010 the Discipline Committee was convened to consider charges that the Respondent, Laurie Dyck, was guilty of professional misconduct, within the meanings of Sections 25, of *The Pharmacy Act, 1996* (the “Act”).

The charges were that the Respondent: (1) during the period from January to March of 2009 advanced medication, for which a prescription was required, to her husband without a valid order from a physician; and (2) on or about April 8, 2009, filled and billed through prescriptions for her husband for which she did not have valid authorization from the physician.

The matter proceeded by way of an Agreed Statement of Facts which included an admission by Ms. Dyck that the

conduct described in those charges constitutes professional misconduct as those charges are defined in the Act.

The fact that Ms. Dyck had advanced these medications without a valid prescription came to light because of reports that Ms. Dyck herself prepared to ensure that the inventory at the pharmacy where she worked was accurate.

The Discipline Committee accepted Ms. Dyck’s guilty plea and found Ms. Dyck guilty of professional misconduct, within the meaning of Section 25 of the Act. The Committee made the following orders pursuant to Section 34 of the Act:

- (a) Ms. Dyck shall receive a reprimand;
- (b) A summary of the decision shall be published in the College Newsletter with identification of Ms. Dyck by name.

Case #3 – Medication errors leading to the discovery of various professional practice breaches

On March 25, 2010 the Discipline Committee was convened to consider whether (a) the Respondent, Sharlene Schroeder (“Ms. Schroeder”), was guilty of professional incompetence and misconduct, within the meaning of sections 24 and 25, respectively, of *The Pharmacy Act, 1996* (the “Act”); and (b) MRM Scripts Ltd. was guilty of proprietary misconduct within the meaning of section 26 of the Act.

The particulars of the charges against the Respondents were many. However, in summary they include the following:

1. As against Ms. Schroeder, it was alleged that she:
 - (a) made numerous medication errors risking, and in some cases causing, serious bodily injury;
 - (b) dispensed medication without proper authorization and created inaccurate records;
 - (c) removed narcotics and controlled substances from the pharmacy stock which she then dispensed and diverted to herself, concealed quantities of a controlled substance in places other than an appropriate storage facility, and failed to take sufficient steps to secure narcotics and controlled substances;
 - (d) ordered and received narcotics from the pharmacy’s distributor, specifically cocaine, which were not recorded as entered into stock or properly documented; and
 - (e) committed numerous breaches of an undertaking pursuant to which she had agreed with the Saskatchewan College of Pharmacists (the “College”) to undergo an appraisal training and assessment process, work under the direct supervision of another pharmacist and not practice pharmacy independently.
2. As against MRM Scripts Ltd., it was alleged that on various dates and times:
 - (a) it removed or made changes to the approved “lock and leave” installation at Imperial Pharmacy without obtaining the approval of the Registrar-Treasurer;
 - (b) the dispensing area was accessible to non-professional staff through periods of closure or operation of the lock and leave installation;

- (c) professional services were being provided by non-professional staff during lock and leave hours when there was no pharmacist on the premises;
- (d) unauthorized employees had access to the safe where targeted substances were stored;
- (e) packaged prescriptions were located or situated outside the “lock and leave” installation; and
- (f) packaged prescriptions with information about the patient and the prescription were placed on a shelf at the front of the dispensary where such confidential health information could be seen and accessed by other customers and members of the public.

The matter proceeded by way of an Agreed Statement of Facts which included an admission by Ms. Schroeder and MRM Scripts Ltd. that the conduct described in those charges constitutes professional incompetence and misconduct and proprietary misconduct, respectively, and as those charges are defined in the Act and amount to a breach of the College Bylaws, the Standards of Practice for Saskatchewan Pharmacists, the Narcotic Control Regulations and *The Health Information Protection Act*.

It is noted in the Agreed Statement of Facts that Ms. Schroeder has resigned as the pharmacy manager and was no longer a director of MRM Scripts Ltd. Since May 29, 2009, the pharmacy had been operated by a series of temporary pharmacy managers and relief pharmacists.

The Discipline Committee accepted the admission and found Ms. Schroeder guilty of professional incompetence and misconduct, within the meaning of sections 24 and 25, respectively of *The Pharmacy Act, 1996*, and MRM Scripts Ltd., was found guilty of proprietary misconduct within the meaning of Section 26 of the Act.

The Committee Ordered:

1. Ms. Schroeder’s licence shall be suspended for the later of May 31, 2012 or the satisfaction and completion of the conditions specified in paragraph 2 below.
2. Ms. Schroeder may apply for reinstatement of her licence on a date not prior to May 31, 2012, but only upon satisfaction and completion of list of detailed and specific conditions set out in the Order, including: (a) submitting to ongoing care by a primary care physician; (b) abstaining from the use of alcohol and unprescribed medication, and attending and continuing under a program to monitor and treat substance abuse; (c) ongoing monitoring as determined by the College, including undergoing random urine and/or blood tests;

(d) ongoing reporting to the Registrar regarding her condition, treatment, treatment compliance and ability to safely practice pharmacy; (e) a prohibition on working in or entering the dispensary of a pharmacy, in any capacity, during the period of her suspension; (f) successful completion of the Qualifying Examination (both the written and the Observed Structured Clinical Evaluation Components) of the Pharmacy Examining Board of Canada (PEBC); (g) payment of all costs assessed within the period of time prescribed by the Discipline Committee.

3. Following the period of her suspension and reinstatement of her licence (if any), Ms. Schroeder may continue to practice only similar conditions to those described in paragraph 2, all as set out in detail in the Order. Additionally, during the first year of her practice following the period of her suspension and reinstatement of her licence (if any), the Order provided further limitations on Ms. Schroeder’s right to practice, prohibiting her from serving as the manager of any pharmacy, serving as a director of any corporation that holds a proprietary pharmacy permit and requiring her to practice only under the direct personal and immediate supervision of another licensed pharmacist.
4. Ms. Schroeder and MRM Scripts Ltd. shall be jointly and severally liable to pay, and shall pay, the costs of the investigation and hearing in the amount of \$61,065.81 and Ms. Schroeder is to be responsible for all of the direct costs incurred by the College in its ongoing supervision of her compliance with the Discipline Committee’s orders.
5. The decision and orders of the Discipline Committee are to be circulated to concerned organizations, including Saskatchewan Health, the Minister through Health Canada, in particular the Office of Controlled Substances acting on his behalf, wholesalers and suppliers of pharmaceutical products, the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Registered Nurses Association, all other provincial pharmacy regulatory bodies in Canada and is to be published in the College Newsletter with full identification of Ms. Schroeder and MRM Scripts Ltd.



10th Annual Pharmacists' Association of Saskatchewan Conference

A Foundation for The Future - Built on A Century of Care

The Pharmacists' Association of Saskatchewan is excited to be hosting the 10th Annual Conference from **April 29th to May 1st at the Hotel Saskatchewan Radisson Plaza, Regina**. This historic landmark hotel is a fitting venue for our 10th conference as we honour 100 years of regulated pharmacy in our province! Please join us as we celebrate this significant milestone with an outstanding lineup of speakers and educational sessions. Both evenings offer exceptional entertainment including a special historical look at 100 Years of Pharmacy in Saskatchewan on Friday night only to be topped off on Saturday night with our home grown, world renowned Rory Allen!

You may register online on the PAS website at www.skpharmacists.ca

Early Bird Registration Deadline is March 31, 2011.

Please call Donna Hudson at (306) 359 -7277 or donna.hudson@skpharmacists.ca if you have any questions.



2010 Pillar of Pharmacy Award

Wednesday March 23rd, 2011
Sheraton Cavalier Hotel,
Saskatoon, Saskatchewan

"Celebrate Excellence in Pharmacy"

honouring **Mr. Bev Allen** with the Canadian Foundation for Pharmacy Pillar of Pharmacy Award

A special room rate is available at the **Sheraton Cavalier**.
Call Toll-Free: 1-800-325-3535
to book your accommodations mentioning – CFP
Pillar of Pharmacy Event

For more information please contact:

Ms. Dawn Pederson
Saskatchewan College of Pharmacists
306-584-2292
dawn.pederson@saskpharm.ca

InterD4 – March 11 & 12, 2011

Be sure to mark March 11 (evening) and 12 in your calendars, as the 4th Annual Interdisciplinary Event – InterD4, will be held at the Hotel Saskatchewan, Regina. This year's session will focus on making interprofessional collaboration work for you in your day-to-day practice.

Communimed (www.communimed.com), a firm that specializes in the development and implementation of interdisciplinary educational programs for health professionals, will take us through a full day of workshops designed to help you take your interdisciplinary practice to a new level of proficiency. For more information and registration please visit: <http://www.srna.org/component/content/article/176>



It's Your Health!

Prescription drugs and over-the-counter medicines can help cure diseases and make you feel better. But it is important to use medicines carefully. All medicines carry some risk. Your body can have a mild reaction to a medicine, like a minor rash, or a serious allergic reaction. Often, these reactions are unexpected. It is important that you are aware of the risks of each medicine and weigh them against the benefits before you decide to take it.

The **It's Your Health** article on **Safe Use of Medicines** has been updated with new information and is now available at:

<http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/med/safe-secure-eng.php>

Understanding Prescriptions

The Inter-Professional Health Collaborative of Saskatchewan has recently released the research paper "Understanding Prescriptions". This informative document can be found on the NAPRA website at the following address:

http://napra.ca/Content_Files/Files/Saskatchewan/skreference_manual/UnderstandingPrescriptionsResearchPaper2.pdf