



Links and Attachments

While staff at the SCP office try to be accessible and as responsive as possible, we are aware that there are times when the office is closed, or when the individual with the answer is unavailable. To address these situations we maintain the information on the Saskatchewan section of the website of the National Association of Pharmacy Regulatory Authorities (NAPRA).

To access this information please go to www.napra.org. At the top of the page you will see buttons for each of the signatory provinces; click on the 'SK' and it will take you to the **SCP section of the website**. From there you can access:

- Information about SCP
- Legislation (provincial and federal)
- Publications (annual reports, submissions)
- Pharmacy Reference Manual (all SCP standards, guidelines, and policy statements)
- News and Events (back issues of the Newsletter, and educational events)
- Regional Health Authorities (an alphabetical directory of pharmacies and their Regional Health Authorities sorted by community)
- Emergency Contraception Program
- Licence / Permit Renewal (application forms for interns, pharmacists and pharmacies)
- Privacy Policy (full College privacy policy and general information pamphlet)

From the **NAPRA homepage** the following information is readily available:

- Notices for Pharmacists
- Drug Warnings for Consumers
- Drug Schedules Notice Board
- National Statistics
- About NAPRA
- National Drug Schedules
- Federal Drug Legislation
- Licensing/Registration
- Pharmacy Practice – Practice information (includes Controlled Drugs and Substances Loss or Theft Report that can be downloaded; many articles and documents on documentation; variety of archived resources on practice issues)
- Professional Development
- Pharmacy Operations
- News and Events

NAPRA provides **E-Link** as an e-mail facility within a national communication system.

E-Link provides a reliable, secure e-mail system that sends broadcast bulletins and notices from both NAPRA and the College in a timely and cost-effective manner. Health Canada Advisories and other urgent messages are transmitted via this system to all members who have access to E-Link.

Accessing E-Link is simple. Contact Cheryl Klein at the SCP office by telephone or send a message to support@scp.napra.ca to be connected. After that you can have the messages forwarded to an e-mail account or mailbox of your choice – it's that easy!

Continuing Professional Development for Pharmacists Unit –

College of Pharmacy and Nutrition

The goal of the CPDP unit at the College of Pharmacy and Nutrition, University of Saskatchewan, is to develop, deliver, and evaluate quality, reasonably-priced continuing professional education to meet the needs of

Saskatchewan pharmacists to maintain competence to practice and fulfill the SCP licensure requirements. CPDP's website is accessible at <http://www.usask.ca/pharmacy-nutrition/services/cdpd.shtml>.

The CPDP office maintains a calendar of upcoming educational events and downloadable copies of all Learning Portfolio materials (including the Professional Development Log that must be completed for your annual licence renewal).

Also accessible on the CPDP website is a section on **SDIS (SK Drug Information Service)**.

SDIS lists many recommended Internet pharmacy websites for quick reference.

List of Approved Natural Health Products. The list of Health Canada-approved natural health products is accessible at: http://www.hc-sc.gc.ca/dhp-mps/prodnatur/applications/licenprod/lists/listapprnhp-listeapprpsn_e.html

This list will be updated on a monthly basis until a more complete searchable database is available.

Please note that to ensure the accuracy of information being posted, there will be a delay of at least 60 days before new products are added to this monthly update.

All licence numbers listed in the table are Natural Product Numbers (NPNs) or DIN-HMs.

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SCP Council 2005-06

Division 1

Jeannette Sandiford, Weyburn
(term expires June 30, 2007)
President-Elect

Division 2

Terri Bromm, Tisdale
(term expires June 30, 2006)

Division 3

Randy Wiser, Prince Albert
(term expires June 30, 2007)

Division 4

Bev Allen, Saskatoon
(term expires June 30, 2006)

Division 5

Bill Paterson, Regina
(term expires June 30, 2007)
Past President

Division 6

Corry MacWilliam, Swift Current
(term expires June 30, 2006)

Division 7

Debbie McCulloch, Rosetown
(term expires June 30, 2007)
President

Division 8

Melanie McLeod, Regina
(term expires June 30, 2006)
Vice President

Ex Officio

Dean Dennis Gorecki
College of Pharmacy and Nutrition,
Saskatoon

Public

Lavonne Heck, Regina
Joseph Jeerakathil, Saskatoon

Student Observer

Cynthia Berry

Jeanne Eriksen,
Assistant Registrar

Paulette Francis,
Reception/Accounting Clerk

Pat Guillemin,
Administrative Assistant

Ray Joubert,
Registrar

Cheryl Klein,
Senior Administrative Assistant

Heather Neirinck,
Administrative Assistant

Lori Postnikoff, Field Officer

Council Highlights – February 9, 2006

Highlights from the Council meeting held in Regina on February 9, 2006.

Council:

- Visited the Saskatchewan Pharmacy Museum Society display, "Regina Rx: Pharmacy Then and Now" which is on display at the Regina Plains Museum until April 30, 2006.
- Enjoyed a presentation, "Trends of Health and Diseases", from Dr. W. Osei, Provincial Epidemiologist, Saskatchewan Health. The five areas which require immediate focus in Saskatchewan are: infant mortality; diabetes; tobacco; falls in the senior population and asthma.
- Heard the report from the Linkage Committee which contained topics of interest to be incorporated into the public opinion survey that is being conducted. This will assist Council with their agenda planning cycle and with validating the appropriateness of our Ends policies. Topics include:
 - Role of the pharmacist; required characteristics of a pharmacist; and important attributes when selecting a pharmacy.
 - Tobacco in pharmacies; drug abuse; pharmacists as prescribers; primary health care; and loyalty programs and other rewards on the purchase of prescriptions.
- Discussed "Working Together: Saskatchewan's Health Workforce Action Plan" as it pertains to pharmacy and pharmacists. Saskatchewan Health has committed to forming a Workforce Steering Committee to help manage and measure progress on the proposed actions within the plan. The committee will:
 - act as champions for the plan and help in distributing information to appropriate health partners/stakeholders;
 - help determine the priority of activities and proposed actions outlined in Saskatchewan's Health Workforce Action Plan;

- monitor and report on the progress of the plan, in relation to the targets outlined; and
- guide future planning to address our health workforce needs.

President McCulloch and Registrar Joubert met with Bonnie Blakley and Ron Knaus from Saskatchewan Health to follow up on the plan and to discuss SCP's position and the next steps:

- Pharmacy is a priority for clinical training placements. Funding will go to the RHAs to help hire pharmacists as preceptors. Our role will be to help identify preceptors and sites;
- We advised that Council's position is to allow the marketplace to determine number and location of pharmacies. We do not use our regulatory powers to influence or control the marketplace;
- We do not foresee any regulatory barriers regarding the clinical placement strategies and the ability of students to meet the internship requirements for registration;
- One of the goals of the plan is to promote teamwork, and we support pharmacists practising collaboratively with other health care professionals;
- Flexible funding models will be needed to maximize the impact of monetary incentives. For example: funding may flow through more than the Regional Health Authorities;
- Another role for the SCP will be to collect and report membership data for planning purposes. We are strongly encouraged to participate in the Canadian Institute for Health Information (CIHI) pharmacists' database development project to integrate with provincial planning information needs;
- The Department will request our nominations to the action plan steering committee. Qualifications will include commitment to the plan, and not represent any group.

- The Registrar will discuss with the College of Physicians and Surgeons of Saskatchewan and Saskatchewan Registered Nurses' Association opportunities for the organizations to collaborate in the plan's implementation;
- We committed to them that our policies and planning will support the goals of the plan and reflect it as much as possible.
- Approved the budget for the 2006-07 membership year. Please see the highlights on page 4 of this issue for all details. The fee schedule for the upcoming year has also been approved and may be viewed below.
- Reviewed and accepted the draft document, Code of Conduct for all councillors, officers and members of the Saskatchewan College of Pharmacists. Councillor Allen had prepared the draft

document for Council's consideration.

- Agreed to adapt the risk management summary from the workshop conducted in December. The next step will be to develop a risk management plan based on the information gathered at the workshop. More details will follow.
- Approved the NAPRA recommended Drug Schedule Amendments for pseudoephedrine and ephedrine. The amendments will move all products containing these ingredients into pharmacies only. These bylaw amendments have been submitted to the Minister of Health for his approval to become effective upon publication in the Saskatchewan Gazette. The proposed timeline is April 10, 2006. We will inform the membership if and when these amendments are in effect.

- Reappointed Janet Bradshaw to the University of Regina Senate for a second term effective July 1, 2006.
- Discussed the correspondence received from Dr. Ross Findlater, M.D., Chief Medical Health Officer, Saskatchewan Health, regarding the "need for regulatory bodies to recognize professional qualifications of out-of-province health care workers providing assistance during a public health emergency". The intent is to meet with the professions which are likely to have a role in responding to a major emergency involving serious disease or injury. Council will consider whether any Ends Policies are needed in this context, and refer the issue to the Registration and Licensing Policies Committee for recommended bylaw amendments if needed.

Fee Schedule 2006-07

On February 9, 2006, Council approved the fee schedule for the upcoming membership year as follows:

Membership and Licence Fee Schedule	2006-07	2005-06	% Change
Membership Fees			
Practising	\$ 610	\$ 595*	2.52%
Non Practising	505	485	4.12
Associate	125	125	0.00
Retired	65	65	0.00
Permit Fee Schedule			
Pharmacy Permit (Traditional)	945	920	2.72
Pharmacy Permit (International Prescription Service Operations)	13,350	13,000	2.69
Satellite Pharmacy	472. ⁵⁰	460	2.72
Fees – Registration and Other			
Registration (U of S Intern)	245	240	2.08
Out of Province Registration	665	650	2.31
Dispensing Physicians Registration	765	750	2.00
Locum Tenens	245	240	2.08
Intern	100	95	5.26
Appraisal Training			
Application Fee	200	190	5.26
Assessment Fee	650	620	4.84
Reinstatement	245	240	2.08
Jurisprudence Exam	245	240	2.08
Lock and Leave	400	385	3.90
Permit Amendment	225	220	2.27
Late Payment	180	175	2.86

*Practising Membership does not include Malpractice Liability Insurance

Membership/Licensure Renewal 2006-07

Membership renewal time is nearing for the 2006-07 year. Eligibility for re-licensure includes submission of:

- Application for Membership
- Fees and any arrears
- Professional Development Log with minimum 15 CEUs (declaration)
- Declaration of Malpractice Insurance (refer to SCP Bylaw 4.4.4)

A web-based renewal system is being developed. Information addressing procedures for renewal for the upcoming membership year will be sent to members in April 2006.

All requirements for renewal must be submitted to SCP and received in the office **on or before June 1, 2006**. Please submit all requirements concurrently. Date of approval is assessed only upon receipt of all requirements in the office. A penalty of \$175 + GST will be assessed for requirements received after June 1.

2006 Budget Highlights

- 1.0 Inflationary increases are based upon the Consumer Price Index increase of 2.0% at November 2005.
- 2.0 Predicts expenditures of \$1,278,711 with a surplus of \$44,519.
- 3.0 Regulatory Priorities
 - 3.1 Statutory obligations and programs:
 - Registration and licensing with staggered licence (June 30) and permit (November 30) renewal deadlines
 - Revised permit issuance, renewal and pharmacy inspection process
 - Complaints management and discipline, including special investigations with alternative dispute resolution
 - Implement and enforce NAPRA Model Standards of Practice for Canadian Pharmacists
 - 3.2 Preliminary revisions to learning portfolio and early phases of continuing competency program.
 - 3.3 Continue developing the primary care role of the pharmacist and pharmacist prescribing.
 - 3.4 Continue to refine policy governance.
 - 3.5 Continues the CPDP grant with audits of learning portfolio under reconsideration.
 - 3.6 Continues the subsidy for the Structured Practice Experiences Program funded from insurance reserves.
 - 3.7 Continues Council priorities on primary care and quality, to include planning for revisions to our pharmacy and professional practice evaluation procedures. We will hire one additional administrative staff to assist with these evaluation procedures.
 - 4.0 Limited growth in number of licensed pharmacists and pharmacies, with no growth in number of non practising members due to the Mutual Recognition Agreement. As active members, non practising members support CPDP and the costs of operating, but not costs directly associated to licences such as the Saskatchewan Drug Information Services Grant, NAPRA assessments, Complaints and Discipline Committee and legal costs.
- 5.0 Predicts no increase in interest rates, with inflationary increase in principal.
- 6.0 Continues fee payments using credit cards.
- 7.0 Participate in the RBSP conference (annual meeting, etc.).
- 8.0 All other programs are retained with increased committee activity to ensure timely decisions.
- 9.0 Two to four disciplinary hearings are anticipated with the costs allocated to practising membership fees.
- 10.0 Revised NAPRA assessment.
- 11.0 No increase in per diem and meal and mileage allowances.
- 12.0 Continues routine building repairs.
- 13.0 Includes the costs of our communication strategy, with website development and network improvements under PIP, plus additional costs to contribute data to the WHIC Provider Registry and to contribute data to the CIHI Pharmacist Human Resource Database. These costs will be amortized over our capital assets budget so that the impact on fees is distributed over more than one year.
- 14.0 Predicts inflationary increases in administrative costs, with addition of administrative staff (see 3.7 above) plus casual staff for peak times.
- 15.0 Includes a Capital Assets Budget to disclose that depreciation is not covered by the operating fund or operating surpluses. We will consult with the Finance Committee to develop a long-term plan.
- 16.0 Implement Members Emeriti and Fellows program.
- 17.0 First of a three-year increase to the Sask. Drug Information Services grant from \$30,000 to \$33,000.
- 18.0 President-elect to attend CPhA conference and President to attend one other conference as a delegate.
- 19.0 Continues the international prescription service pharmacy fee and regulatory system.
- 20.0 Does NOT include a proposal to contribute additional resources to the Triplicate Prescription Program for a drug use evaluation capability using ADAPT data.



From the Desk of the Dean



Dr. Dennis Gorecki
College of Pharmacy
and Nutrition

A new tradition has been instituted in the College – this February, we held our first **White Coat Ceremony** to welcome Year 1 pharmacy students to the profession and to the College. White Coat Ceremonies are relatively new traditions that began in medical schools in the 1990s and have spread to other health professional programs in North America and Europe.

Medical ethicist SJ Huber provides an excellent description of this special ceremony, which marks the beginning of the students' professional development. Accepting a White Coat from members of the pharmacy community and taking a Pledge of Professionalism signal the students' intention and promise to undertake their responsibilities and obligations honorably and to the

best of their abilities. It articulates our shared human values and expectations of ethical practice in patient care and professional activities. The participation of leaders in the profession and among the student body underscores the confidence that we have in our students to succeed over the next four years, as they develop into competent, caring health care professionals.

Assistant Dean Linda Suveges organized this excellent event and served as Master of Ceremonies. President Peter MacKinnon and Dean Gorecki brought greetings from the University and the College, respectively. Patrick Zachar, Past Co-President of the SPNSS and Ray Joubert, SCP Registrar, spoke to students about the rights and responsibilities that come with being a professional. The students then accepted their White Coats from the Drapers and took the Pledge of Professionalism, adapted from the American Pharmaceutical Association Academy of Students of Pharmacy/American Association of Colleges of Pharmacy Council

of Deans Task Force on Professionalism.

Special thanks are extended to the professional leaders and student leaders who served as White Coat Drapers. They included Ray Bannister (Vice-Chair, RBSP), Patrick Zachar (Past Co-President, Saskatchewan Pharmacy and Nutrition Students' Society), Ray Joubert (Registrar, SCP), Ellen Kachur (President Elect, CSHP Sask. Branch), Shelley Woloshyn (Saskatchewan Board Member, CPhA), Bev Allen (Councillor, SCP), Erika Pfahl (CAPSI Representative), Adrien Skalicky (Wyeth Consumer Healthcare Inc.) and I was very pleased to take part as well. These individuals, and the pharmacy preceptors throughout the province, are the role models and mentors for our students as they develop their profession's skills and professional standards.

We extend our sincere appreciation to Wyeth Consumer Healthcare Inc. for its generous support of this event, and to Mr. Skalicky, who attended on behalf of Wyeth. We look forward to this important College tradition in the years ahead.

Pramoxine – Clarification of Drug Scheduling

The National Drug Scheduling Advisory Committee (NDSAC) has clarified the distinction between mucous membrane and topical application on the skin.

Pramoxine and its salts (for ophthalmic or parenteral use) – Schedule II.

This means that all products for these indications must be sold from the 'No Public Access' area of the pharmacy and that the pharmacist must be involved in the sale of such products.

Pramoxine and its salts (for topical use on mucous membranes, except lozenges) – Schedule III.

This means that all products for these indications must be sold in a pharmacy and the pharmacist must

be accessible. When the pharmacist is not available (i.e. lock and leave situation) these products must not be accessible to the public.

Pramoxine and its salts (for topical application on the skin, and including lozenges) – Unscheduled.

This means that all products for these indications may be sold from any retail outlet.



Scheduling of Modafinil (Alertec®)

We recently received this response from Health Canada regarding the scheduling of modafinil.

"A pharmacist should treat modafinil as a Schedule F, prescription drug. It will not be scheduled as a controlled drug."

On the Therapeutic Products Directorate (TPD) of Health Canada Drug Product Database, modafinil is listed on the schedule as "Schedule F recommended".

"Schedule F recommended" indicates that the regulatory process to add the drug to Schedule F has not yet been completed (it takes some time) but that the product should be treated as a Schedule F product and labelled accordingly.

Notes from the Field

Field Officer Lori Postnikoff

1 I have noticed during my evaluations that some doctors are not writing or providing complete prescription information and instead are writing prescriptions or giving verbal orders such as: “refill all chronic medications for three months”; “refill as before”; “renew all regular medications for 6/12”. These do not constitute valid prescriptions.

Any pharmacist who receives this type of order should confirm either by a telephone call to the physician’s office, or by faxing the list of all medications you believe the patient to be currently taking to the physician for proper authorization. A prescription is only valid if it contains all the required information including the date, name and address of the patient, the name of the drug (strength and route), the directions for use, the name of the physician and the number of authorized refills if any.

2 Take a look around your pharmacy. Is your dispensary clean, orderly and well-lighted, or is it cluttered and disorganized? Not only is a cluttered dispensary “an accident waiting to happen” it can also negatively impact on your professional image.

Bylaw 14.1.1 states:

14.1.1 The dispensary must be accessible to the public in person and by telephone except that it must be so designed as to discourage entrance by other than authorized persons. It must be well lighted; cleanliness and neatness must be maintained to a standard satisfactory to the health authorities of the community and the Registrar-Treasurer or his designate. There must be suitable space for office, library and customer waiting area.

3 It is a bylaw requirement that you have a professional services area sign or acceptable alternative at the boundary of your professional services area.

Bylaw 14.2.3 states:

The pharmacy, except in dispensing-only pharmacies, shall be delineated from the remainder of the premises in the following manner:

14.2.3.1 By the display, on the boundary of the pharmacy, of one or more signs:

- a) entitled “Pharmacy” or “Professional Services Area”, or such other term acceptable to the Registrar-Treasurer; and
- b) which sign(s) shall be in a format acceptable to the Registrar-Treasurer including sufficient size, shape and colour to clearly distinguish the area of the pharmacy from the remainder of the premises.

4 Many pharmacies I have visited in the last year had out-of-date reference libraries. Bylaw 14.6 provides you with a list of required references. Electronic equivalents of those references are acceptable. Current Palm Pilot software does not provide the complete equivalents of all the required references.

5 I do realize that you can’t be in your dispensary every minute of the day (everyone needs a biological break now and then). However, if you are leaving your pharmacy unattended for an extended period of time (such as over the lunch hour) you are required to secure the professional services area, including the dispensary and all scheduled drugs, so that

no professional services are available during your absence.

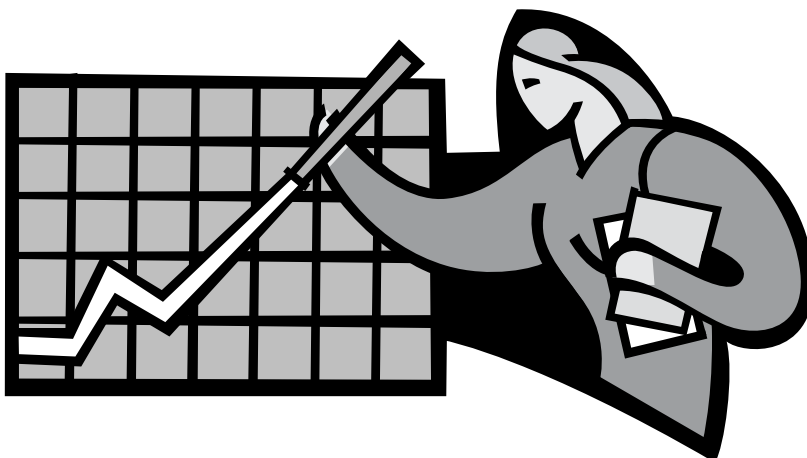
Bylaw 14.2.4 states:

The pharmacy shall be under the personal attendance and supervision of a pharmacist, unless it is capable of complete closure to the public and to non-professional staff at such times as there is no pharmacist on duty, in accordance with Bylaw 14.3.

The easiest way to do this is by installing a lock and leave. If this is not an option for you, you must be available and accessible at all times your pharmacy is open to the public.

6 Many pharmacists are concerned about narcotic and controlled drugs and benzodiazepine prescriptions which they feel are being inappropriately used or abused by patients. In order to assess a patient’s need for a medication, it is important to ask them questions relevant to their care and medical conditions. Pharmacists need to ask questions to determine if a prescription is appropriate.

The NAPRA Model Standards of Practice provide guidance in Professional Competency #1, Practice of Pharmaceutical Care. In developing a professional relationship with the patient a pharmacist can demonstrate their knowledge and skill as a health professional. When gathering information relevant to assess a patient’s care, the pharmacist is able to determine the appropriateness of the therapy, inquire as to what other



treatments have been tried and determine the patient's desired outcome for therapy.

Many patients are unaware of the potential long-term effects of the medications they are prescribed. If the desired outcome is unrealistic given the patient's condition and treatment, that information must be communicated to the patient. Actual and potential drug-related problems should be addressed including noncompliance, side effects, untreated symptoms, continuing symptoms, contraindications, etc. It is extremely important to document all relevant information and interventions.

Professional Competency #4, Manage Drug Distribution, Competency element 4.3 states:

"A pharmacist must manage situations involving drug diversion or

inappropriate use. Required performance indicators include:

- *Accurately identify situations involving potential drug diversion or inappropriate use;*
- *Investigate, document and report such situations were appropriate.*

Examples of activities which might prove fulfillment of performance indicator include:

- *The pharmacist identifies double doctoring; polypharmacy; excessive prescription quantities; overly frequent refills; forged or altered prescriptions;*
- *The pharmacist contacts the doctor to confirm authenticity of prescription or prescription quantity; reviews stolen triplicate prescription reports, pharmacy alerts and fan-outs; initiates fan-outs as appropriate; contacts police where appropriate."*

Whenever possible, good communication between the pharmacist and patient and the pharmacist and the physician is essential. You should express any concerns you may have regarding suspected misuse or abuse with the physician. Document any conversations which are relevant to the patient's ongoing care and or safety.

RxFiles has information available about the use of narcotics in the treatment of nonmalignant pain on their website www.rxfiles.ca at <http://www.rxfiles.ca/acrobat/Pain-Chronic-NonCa-NEWSLETTER-Header.pdf> entitled "Opioids in Chronic Non-Malignant Pain, Troubleshooting Drug Therapy Issues".

Ethical Duty to Report

With membership in a professional college comes many responsibilities. Not only is a member obliged to "... inform his college of any unethical or illegal conduct which may be encountered within the profession" but also to inform other professional colleges should one of their members be suspected of unethical or illegal conduct.

SCP recently received correspondence from a medical practitioner informing the College of the following:

A diabetic patient, whose diabetes was previously well controlled, returned to his physician for follow-up. Apparently a few months earlier the patient "... was called in by his pharmacist to tell him that there was a promotion on a new kind of insulin." The patient related that he was switched by his pharmacist from his previous regimen to a new regimen using the new product. Control was not achieved and there were significant changes made in the dosage of both his basal and his

pre-meal insulins. The control continued to worsen over several months and many adjustments were made. The patient was started on an intensive testing regimen with up to 10 tests a day in order to make the frequently suggested adjustments. He was then switched to twice daily 30/70 insulin with an additional supplement of short-acting insulin to be taken sometime around noon. Finally, shortly before going back to see the physician, the patient was told that maybe things did not work and he should probably try to go back to his previous insulin.

Neither the patient's family physician, nor his specialist was informed of any of the above. Unfortunately, as the correspondent did not provide the name or identity of the pharmacist or pharmacy involved, no investigation of the allegation could be conducted. Out of this example a couple of issues arise:

First, whenever a change to a chronic medication is recommended, the pharmacist must con-

tact the attending physician prior to any changes being made unless an earlier interaction has resulted in an agreed-to protocol for such adjustments;

Second, if you believe there is any suspect unethical or illegal conduct on the part of another health care professional, it is your duty "to report to the proper authority". In this situation the physician wrote to SCP, but was not willing or was not able to share the identity of the individual involved. Without this information it is impossible for the College to investigate the allegation.

Sometimes we receive information from a member about another member; or about a member from another health profession, alleging professional misconduct or incompetency. However, the individual is reluctant to provide evidence (does not want to be involved) thereby thwarting the complaints investigation process. It is every professional's responsibility to assist in such an investigation.

Administrative Bylaw Amendments

Drug Schedules

The Council of the College, at a meeting duly convened February 9, 2006, approved the following amendment to the College's administrative bylaws. The amendment is to become **effective April 10, 2006**.

Schedule II of the Bylaws of the Saskatchewan College of Pharmacists is amended by **adding** in alphabetical order:

Ephedrine and its salts in **single entity** products (in preparations containing no more than 8 mg per unit dose, with a label recommending no more than 8 mg/dose or 32 mg/day and for use not more than seven days, and indicated for nasal congestion).

This means that single entity ephedrine products are available only from the no-public access area of the pharmacy. Enhanced control is implemented in response to government's request to limit the availability of this precursor drug in the clandestine manufacture of crystal methamphetamine.

Regulatory Bylaw Amendments

Drug Schedules

The following Regulatory Bylaw Amendments **came into effect March 17, 2006**, upon publication in the Saskatchewan Gazette.

Schedule III is amended to read:

Desloratadine and its salts and preparations (in products marketed for paediatric use – under 12 years of age.)

This means that these products can only be sold from a pharmacy. They may be located in the area of the pharmacy that is accessible to the public and which provides an opportunity for self-selection of the drug by the public. The pharmacist must be available, accessible, and approachable to assist the public with selecting the drug.

Bylaw 4.5 is to be repealed and replaced with:

- 4.5 Retired Register
- 4.5.1 A member, who has permanently ceased to practice pharmacy, may request the Registrar-Treasurer to place him on the Retired Register.
- 4.5.2 A member who is eligible for the Retired Register but fails to request a transfer to said Register shall be liable for the prevailing fees.
- 4.5.3 A member on the Retired Register may only return to active practice upon a resolution of Council.
- 4.5.4 A member on the Retired Register may not nominate nor be nominated to Council, nor vote in elections or general meetings.
- 4.5.5 A member on the Retired Register whose fees are in arrears shall be suspended from membership in the Saskatchewan College of Pharmacists.
- 4.5.6 Any member on the Retired Register may be designated as a "Member Emeritus" of the College and may use the designation "Member Emeritus Saskatchewan College of Pharmacists" or "MESCP" if:
- he has been a practising or non practising member continually in good standing with the Saskatchewan College of Pharmacists or any other regulatory body for pharmacists for at least 25 years;
 - he has not been found guilty of professional misconduct or professional incompetence;
 - his name remains on the Retired Register; and,
 - his name is confirmed by the Awards Committee, or successor committee of the Saskatchewan College of Pharmacists.

Where a member is ineligible pursuant to clause (b) herein, Council may, upon receipt of a written request giving reasons, determine that the member is eligible to be designated as a "Member Emeritus".



CSHP Saskatchewan Branch

Annual General Meeting and Educational Sessions 2006

CSHP Sask. Branch is holding their Annual General Meeting and educational sessions on Friday and Saturday, October 20-21, 2006, at the Regina Inn, Regina, SK. For more information, contact Jennifer Dyck at 766-3493 or by e-mail at jenniferdyck@sasktel.net.

Award Presentations at Annual General Meeting 2005

Several awards were presented during the annual general meeting of CSHP Sask. Branch, held October 15, 2005, in Saskatoon.

Receiving the awards were the following pharmacists:

Orest Buchko Award (sponsored by Saskatchewan Branch CSHP): Alexandra Siwic; *Hospital Pharmacy Residency Award* (sponsored by Pfizer Canada Inc): Tara Markowski; *CSHP Pfizer Merit Award* (sponsored by Pfizer Canada Inc): Melissa

Glab, Ken Lepage, Nicola Rosaasen, Susan Teplitsky; *Betty C. Riddell Award for Pharmacy Excellence* (sponsored by Pharmaceutical Partners of Canada): Brenda Morari; *Pharmacist of the Year Award* (sponsored by Apotex Canada): Donald Kuntz; *Past President's Award* (sponsored by Pharmaceutical Partners of Canada): Piera Calissi and Monica Lawrence

Congratulations to all pharmacists who received awards for their commitment to the practice of pharmacy!

Excerpts

from the College of Physicians and Surgeons of Saskatchewan Newsletter – Winter 2006 Volume 21 #63
(Dr. Dennis Kendel, MD, Registrar)

[excerpt reprinted with permission from the CPSS]

“The Council took note of research data generated by the Health Quality Council that indicates significant room for improvement in prescription medication utilization by senior citizens. As a starting point in its effort to improve pharmacotherapy for this population of patients, the College will focus initially on benzodiazepine use in community dwelling senior citizens.

We intend to rely primarily on professional and public education strategies to reduce the risk of harm to senior citizens from benzodiazepine usage. As we gain more experience with this strategy, we may expand it to other drug groups, and to other patient populations.

This initiative has also raised some new opportunities for us to work collaboratively with our colleagues in pharmacy and nursing. That prompts me to raise the issue that I see to be the most significant opportunity and challenge for us in the New Year.

The issue I would like to identify is that of integrated interdisciplinary professional approaches to health care. [emphasis is SCP's]

We often speak about members of different health professions being part of “the health care team”. When inter-professional teamwork is well established and optionally functional, the safety and quality of health services to patients is enhanced.

However, optimally effective inter-professional teamwork in health care remains the exception rather than the rule. The consequence of this reality is suboptimal safety and quality of health care services.

Let me cite just one example; that being the working relationship between physicians and pharmacists. Both professions function in both hospital and community settings. However, the working relationship between the two professions in these two settings is vastly different.

In hospital settings, pharmacists are playing an increasing role in both the selection and maintenance of optimal pharmacotherapy. They function in a healthy partnership with physicians. And, physicians have not only become comfortable

with this arrangement but they readily identify tangible benefits from the arrangement both for themselves and for patients.

By contrast, in community practice settings, most physicians and pharmacists practise in “two solitudes”. Physicians jealously guard their right to control drug selection. Community-based pharmacists have little or no access to information about the diagnosis for which patients are receiving physician initiated pharmacotherapy.

Communication between physicians and pharmacists is still largely reliant on handwritten messages, many of which are illegible. Options for physicians and pharmacists to collaborate with one another in the care of mutual patients are rare.

There are a few interesting exceptions to this prevailing reality. A small number of family medicine practices have established explicit collaborative working relationships with community-based pharmacists. The Health Quality Council is encouraging more physician-pharmacist collaboration in the management of selected chronic disease.

However, interprofessional collaboration between community-based physicians and pharmacists is still highly suboptimal. We should not be prepared to accept the status quo. Rather, we need to work actively to build more positive working relationships between these two professions.

It is vital that we continually focus on the interests of the citizens whom the health system exists to serve. If better collaboration between health care professionals is in the public interest, we must find ways to achieve that goal.

Fortunately, we enjoy a very positive and mutually respectful working relationship with the Saskatchewan College of Pharmacists. In the New Year, I hope that our respective organizations will make new efforts to foster better collaboration between our members.

Counselling the Patient

A gentleman contacted the College office, not to lodge a formal complaint, but rather to request that we remind members of the importance of thorough counselling with each prescription dispensed.

The gentleman received a prescription for an anti-inflammatory drug and was told to take the medication with food and milk to prevent stomach upset. This was all that he was told, no printed information was given and this he dutifully did.

He took a couple of tablets, for his tennis elbow, and left on a car trip. He did not arrive at his destination as he had a vehicle accident on route. The police claim that he fell asleep at the wheel and was charged with undue care and atten-

tion. He was shocked to learn of the documented side effects of this drug: dizziness, drowsiness, impaired concentration and tiredness. He believes that it was the medication that made him fall asleep while driving.

While on this medication he had been operating a chain saw while standing on a ladder (not a good idea at any time). Had he been warned about the CNS adverse affects he would not have put himself in such risky situations.

Thorough patient counselling is not just a nice add-on service; it is the responsibility of every practising pharmacist as stated in the NAPRA *Model Standards of Practice for Canadian Pharmacists*.

Discipline Committee Decision and Order

The Discipline Committee convened in Regina, Saskatchewan on June 15, 2005, and September 6, 2005, to consider charges that Ms. Darcy Helmink was guilty of professional incompetence / professional misconduct within the meaning of sections 24 and 25 of *The Pharmacy Act, 1996* (the "Act").

In summary the charges alleged that through the period January 2001 to July 2002:

- a) Ms. Helmink dispensed to herself on numerous and multiple occasions Schedule "F" drugs without proper and valid authorization from the prescriber;
- d) in dispensing prescriptions to herself, Ms. Helmink compromised her independence and judgment and acceptable standards of the profession of pharmacy and thereby contravene section 13.1.4 of the *Code of Ethics*.

The matter proceeded in part by way of two separate Agreed Statements of Fact. In a Decision dated September 16, 2005 the Discipline Committee found Ms. Helmink guilty of professional misconduct on the two allegations referred to above, and dismissed two others. The following excerpt is from the decision of the Discipline Committee:

"Although it is questionable whether Ms. Helmink had proper and valid authorization from the prescriber for the prescriptions generally, there is no doubt that she did not have proper and valid authorization from her prescriber for the numerous and multiple prescriptions which Ms. Helmink dispensed to herself . . ."

The Discipline Committee concluded that these findings amounted to professional misconduct, within the meaning of s. 25 of the Act. The Discipline Committee also concluded that these findings confirm a lack of professional judgment and accordingly amount to profes-

sional incompetence within the meaning of s. 24(a) of the Act. However, the Discipline Committee held it could not find Ms. Helmink was unfit to continue in the practice of her profession and therefore it dismissed the allegations in count 1(a) under s. 24 of the Act.

The Discipline Committee reconvened December 16, 2005 to hear submissions as to penalty from both the Complaints Committee and the Respondent. The Committee made the following orders pursuant to section 34 of *The Pharmacy Act, 1996*:

1. Ms. Helmink is hereby reprimanded.
2. Ms. Helmink shall pay a fine to the College in the amount of \$1,000.00, to be paid on or before February 15, 2006, and if such fine is not paid, the licence of Ms. Helmink shall be suspended until payment is made.
3. Ms. Helmink's continued practice shall be subject to the following conditions:
 - a) She is prohibited from dispensing medication to herself or to her immediate family (defined to include her spouse and children (if any)), from any pharmacy in which she practises for a period of two years;
 - b) She shall advise the Registrar of the College in writing of every pharmacy where she practises within ten days of commencing practice at that location and that she be subject to this obligation for a period of two years;
 - c) She shall be subject to and will cooperate fully with period inspections and audits by the field officer of the College, which such inspections and audits to take place not less frequently than annually commencing the date of this Order. The costs of these inspections in the amount of \$350

per audit shall be borne by Ms. Helmink and shall be paid within 45 days of the delivery of an invoice for such costs, failing which her licence shall be suspended until payment is made;

- d) Ms. Helmink shall inform each and every pharmacy in which she practises for a period of two years of the conditions of her practice and she shall give such permissions and consents as are requested by the College in order to carry out the inspections contemplated in this Order.
4. Ms. Helmink shall pay the costs of the investigation and hearing in the amount of \$27,500.00, less an amount to be agreed to between the Complaints Committee and Ms. Helmink, such amount to reflect the costs directly associated only with the two counts contained in the original charge against Ms. Helmink which have been dismissed. If agreement cannot be reached between the Complaints Committee and Ms. Helmink, if requested by either party, the Committee will re-convene to hear such evidence and submissions as the parties wish to make concerning the matter of costs, in which event the Committee will also hear submissions (and reserve jurisdiction to make an Order respecting) what order should be made concerning the costs of this further hearing.
 5. Ms. Helmink shall pay the costs fixed in accordance with paragraph 4 above, on or before December 31, 2006, or such other date as may be fixed in accordance with the terms of this Order, failing which her licence shall be suspended until payment is made. The Committee authorizes the Complaints Committee, in conjunction with the Registrar of the College, to agree to an

extension of time for payment by Ms. Helmink to pay the said order of costs if, in the personal circumstances of Ms. Helmink, time for payment is required. In the event that agreement is not reached between Ms. Helmink and the Complaints Committee and the Registrar, the Committee is prepared to receive written submissions and, if requested by either party, re-convene to hear evidence respecting the time needed to make such payments. If required to re-convene, the Committee will also hear submis-

sions respecting what order should be made the costs incurred by the Committee in preparing meeting to develop this Order and the costs of this further hearing.

6. A copy of the decision of the Discipline Committee dated December 16, 2005, and this Order shall be provided to the Complainant.
7. A summary of the circumstances surrounding the charges, the decision of the Committee dated September 16, 2005 and this Order shall be published in the

College newsletter, with full disclosure of the identity of Ms. Helmink.

On January 18, 2006 the Discipline Committee issued a clarification of Order that Ms. Helmink's right of practice is subject to the condition of practice references in paragraph 3(c) for a two year period only (commencing the date of the original final Order), during which period of time the associated inspections and audits may be conducted.



In Support of a Culture of Evidence and Best Practice

Brendalynn Ens, CCOHTA Liaison Officer, Saskatchewan

All health professionals recognize the importance of using evidence-based information to make decisions about the care of their patients. Nevertheless, accessing the right kind of evidence-based information can often be a challenge ... not to mention knowing where to look for credible information, and finding the time to get it done.

The Canadian Coordinating Office for Health Technology Assessment (CCOHTA) is Canada's national health technology agency. Since its inception in 1989, CCOHTA has built a solid reputation as a credible source of health technology information and now provides the following programs and services:

- **Health Technology Assessment (HTA) program** – This program offers systematic reviews of existing evidence of drugs, devices and medical systems. The assessments provide an evaluation of the clinical effectiveness, cost-effectiveness and impact (both on patient health and the health care system) of a technology and its use. HTA also provides a horizon scanning program, alerting decision makers to upcoming technologies that are likely to have a significant impact on the delivery of health care in Canada.

- **Common Drug Review (CDR) program** – The CDR provides a single process for reviewing new drugs, while focusing on clinical and cost-effectiveness with formulary listing recommendations provided by the CEDAC (Canadian Expert Drug Advisory Committee). This information is shared with participating publicly funded federal, provincial and territorial drug plans; all jurisdictions participate except Québec.

- **Canadian Optimal Medication Prescribing and Utilization Service (COMPUS)** – COMPUS identifies best practices for the use of medicines by rigorously evaluating the evidence and consulting with health care providers and other experts.

CCOHTA is an important resource to support evidence-based decision making and practice issues. CCOHTA's publications are available free of charge at **www.ccohta.ca** and you can subscribe to our e-mail notification service online to receive timely updates on new and emerging technologies.

In addition to reports found on CCOHTA's web site, be sure to check out COMPUS's recently launched Medication Prescribing and Use Project (MPUP) Collection. The MPUP Collection is an online resource for health professionals and others interested in building and sharing knowledge about the optimal use and prescribing of medicines. If you are planning, working on, or have completed an initiative to support optimal prescribing and use of medicines and you want to share this information with others, the MPUP Collection is for you.

To find out more:

- visit www.ccohta.ca
- subscribe to CCOHTA's free e-mail notification service online
- contact the CCOHTA resource person: Brendalynn Ens, RN, MN – Saskatchewan Liaison Officer.

Saskatchewan's CCOHTA office is located at: Royal University Hospital, Saskatoon (6th Floor – Room 6622)
phone: (306) 655-6486 • fax: (306) 655-6487 • email: brendalynne@ccohta.ca



Sunrise Health Region has an opening for a permanent full-time Pharmacist at the **Yorkton Regional Health Centre** in Yorkton, Saskatchewan. Salaries are competitive to retail market and bursary assistance may be available.

If interested, please contact us at:

Human Resources, Sunrise Health Region
270 Bradbrooke Drive
Yorkton, Saskatchewan S3N 2K6

Phone: (306) 786-0740 • Fax: (306) 786-0741
Email: resume@shr.sk.ca • Website: www.shr.sk.ca

POSITION AVAILABLE

Staff Pharmacist for Crescent Drugs Ltd.
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Company owns two dispensaries and also manages the Hospital dispensary. Located in the heart of Alberta's Lakeland and the gateway to the oil sands.

Good salary and benefit package. Hours are from 9 am to 6 pm daily, no Sundays or holidays.

Phone 780-623-4059 or e-mail zicki@telusplanet.net for more information or mail resume to Crescent Drugs Ltd., Box 720, Lac La Biche, Alberta, T0A 2C0.

Will take applications until May 31/06.

More Than Just a Job – Make It Your Life

Would you like to get out from behind the counter and interact more with patients? Would you like to really have a say in how your practice operates? Would you like to live in a community in which you can walk to work? Would you like to know all your patients by name, instead of just a handful of them?

If you answered “YES” to any of these questions, then Value Drug Mart has the career move for you. We are seeking career minded pharmacists who are looking to change more than just their job. We are an Alberta based company that is looking for full time pharmacists who are up to the challenge of making a positive change in their lives.

We are located throughout Alberta and have full time positions in a number of rural communities such as Devon, Fairview, and Sylvan Lake to name a few.

To find out more, please contact
Jody Shkrobot, Manager – Pharmacy Services
and Professional Affairs at 1-888-554-8258 or
via e-mail at careers@valuedrugmart.com.

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For more information, or to apply in confidence, please submit resume to:



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Phone: 306-741-8484 or 306-848-386

Fax: 306-778-5368

Email: livewell@sasktel.net



Opportunities available for licensed pharmacists in Saskatchewan:

Estevan, Melfort, Regina, Tisdale, Weyburn

Please contact:

**DRUGStore Pharmacy
National Recruitment Centre**

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2 Full-time Pharmacists Required

**Dauphin Regional Health Centre
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Experience preferred but we also welcome new graduates. Monday to Friday day shifts will allow you plenty of free time to explore our abundant recreational opportunities.

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www.pharmasave.com

Exciting Pharmacist Opportunity!

Pharmacy Innovation Pharmacist

If you are looking for more than competitive compensation in a dynamic and flexible work environment, you owe it to yourself to join the Pharmasave Central Region Team as a Pharmacy Innovation Pharmacist. The position initiated two years ago as a pilot project and has now evolved into an invaluable resource for Pharmasave members and a rewarding experience for the employee. Applicants should be outgoing, ambitious, independent, willing to travel, be licensed and in good standing with the Saskatchewan College of Pharmacists. A minimum of one year experience in community pharmacy is recommended but not required.

Employment Initiating: May 1 (negotiable)

Location(s): Based in Saskatoon or Regina and directly serve between 15-20 stores in the Saskatchewan / Manitoba area.

Responsibilities (50% relief work and 50% professional/clinical duties):

Relief work within Pharmasave stores (Saskatchewan and Manitoba)

- Provide on-site training/assistance to owners and pharmacists on implementation of Live Well Clinics, Community Seminars, focus groups, Missing Link (sales training) workshops and Heart Health Coaching.
- Provide on-site training of Pharmasave's intranet (Xnet), Micromedex®, and other resources for dispensary operations, communications and revenue opportunities.
- Provide assistance in pharmacist recruitment and networking at the Universities of Saskatchewan and Manitoba.
- Assist in mentoring University of Saskatchewan Structured Practice Experiences Program (SPEP) students

Deadline for applications: April 17, 2006

Send applications/resumes to: Paul Melnyk B.S.P., M.Sc.
 Pharmacy Innovation Manager
 Pharmasave Drugs (Central)
 pmelnyk@sk.pharmasave.ca
 fax: 306-978-3313

If you have questions, please feel free to contact Paul Melnyk, at 306-384-7455 or pmelnyk@sk.pharmasave.ca

PHARMACIST WANTED

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Open Monday-Saturday, 9:00 am – 5:30 pm

Esterhazy, SK (pop. 3000) has a beautiful golf course in a valley setting, swimming pool, tennis courts, skating arena/curling rink, fitness centers, extensive cross country ski and walking trails, and offers a variety of seasonal sporting activities/clubs for youth and adults. The town is situated close to lakes, parks, snowmobile trails and downhill ski areas. Elementary (K-5) and High School (6-12) offer excellent academics and extracurricular programs. Mosaic Potash, the main employer of the town operates two mine sites in the area.

Please submit resumé to:

Keith Sapara
P.O. Box 250, Esterhazy, SK S0A 0X0
306-745-6662 / 306-745-2450
Fax: 306-745-6654

Email: randksapara@accesscomm.ca



Saskatchewan Institute of Health Leadership (SIHL) 2006

The Saskatchewan Institute of Health Leadership (SIHL) 2006 program begins May 15-19, 2006, with a retreat held at the Hotel Saskatchewan Radisson Plaza, Regina, Saskatchewan. This seven-month program concludes in November with a two-day follow-up retreat.

The Institute aims to bring together professionals from all disciplines and all levels within the healthcare system to foster leadership potential, skills and the creation of a leadership community that works together to promote, support and sustain good health.

Participants who successfully complete the program will receive a certificate that attests to mastery of the six core competencies:

1. Life Balance and Personal Development
2. Visioning and Planning
3. Systems Thinking
4. Conflict and Collaboration
5. Policy and Politics
6. Community and Culture

Program registration forms and information are available at the University of Regina's Centre for Continuing Education website: <http://www.uregina.ca/cce/business/SIHL/index.html>

Prediabetes – What's in a Name? Educational Workshop

The South Saskatchewan Chapter of the Canadian Diabetes Association-Diabetes Educator Section (CDA-DES) with the assistance of AstraZeneca Canada Inc., Sanofi-Aventis Inc., GlaxoSmithKline Inc., and Novo Nordisk Inc. presents Prediabetes – What's in a Name. This educational workshop featuring Dr. Ehud Ur, MD, FRCPC, will take place on Friday, May 5, 2006, from 8:00 am to 4:00 pm at the Conexus Arts Centre (formerly Saskatchewan Centre of the Arts) in the Jacqui Shumiatcher Theatre.

Topics and objectives include Prediabetes and Obesity; Surgical Options for Obesity; Taking the "First Step"; and Fad Diets: The Good, the Bad, the Ugly.

For more information on registering for this workshop, please contact Jessica Van Blaricom in Southey at 306-726-2051.



1 877 513-5333
SMOKERS' HELPLINE

Fax Referral Program Smokers' Helpline

Many smokers in Saskatchewan have greatly benefited due to the launch of the **Fax Referral Program in 2005**. Pharmacy Fax Referral Forms and Smokers' Helpline information are available on the Canadian Cancer Society's website at www.cancer.ca.

Surveys conducted by the Canadian Cancer Society and the Heart and Stroke Foundation show that more than 85% of smokers would like to quit and make several attempts before they succeed. Quitting smoking is a process; and smokers are encouraged one minute at a time, one step at a time, **one fax referral at a time!**



SASKATCHEWAN
COLLEGE OF
PHARMACISTS

95th Annual General Meeting

Sunday, April 30, 2006 @ 10:00 a.m.
Marlboro Inn, Prince Albert

SCP 50 and 25 Year Awards Reception – Friday evening, April 28
SCP President's Luncheon and Awards – Sunday, April 30

To be held in conjunction with the



Representative
Board of
Saskatchewan
Pharmacists

RBSP

RBSP Conference 2006 and Annual General Meeting

April 28 to 30, 2006
Marlboro Inn, Prince Albert

Please contact the RBSP office at 306-359-7277 for detailed Conference 2006 registration and accommodation information.