

### Presidential Address



President-Elect, Kim Borschowa



### IN THIS ISSUE

Good afternoon President Bobyne, fellow members and guests:

It is with great honour that I accept the responsibility of President of the Saskatchewan College of Pharmacists.

During the past year the College has developed a new strategic plan. The following have been identified as key action areas for the next three years: increased public involvement, practice redesign, regulatory reform, organizational structure review and citizenship in SCP.

In preparation for today I decided to review part of our history and found each of these areas embedded within previous years' presidential addresses.

In 1982 Mr. Nestor Shevchuk was president. From his presidential address, "The Council of your Association is as strong and active as its membership. To those that are active keep up the great work." Mr. Shevchuk speaks directly to citizenship in SCP. Without an engaged and active membership, an organization will become unable to function. Please consider seeking a position on council or volunteering for a committee. Perhaps you have a great idea or a burning issue that you feel needs to be addressed. Contact us so that we can begin to discuss the matter together. Saskatchewan has the highest rate of volunteerism in the country. Please consider contributing some of those hours to your College.

In 1992 Mr. Darryl Leshko was president. Contained in his president's address I found, "certainly our biggest resource MUST be our membership." Once again citizenship in SCP is at the forefront. The College has been entrusted with regulating the profession and protecting the public. We can only do this if there is meaningful dialogue amongst the membership and the College. Citizenship in our College is critical to our strategic goals. Without citizenship, implementation of the rest of the strategic plan will be difficult at best. Members need to know that the Col-

lege desires to facilitate the evolution of the role of the pharmacist.

In 2002 Ms. Brenda Schuster was president. Contained within her presidential address I found three more of our strategic initiatives:

Quote: "I feel that Primary Care is the primary issue. This year we will plan and implement a strategy that will position pharmacists to meet the drug related issues of the Saskatchewan people." Our strategy of Practice redesign.

Quote: "We will review whether regulatory barriers exist that prevent pharmacists from working in the best interest of the public in a primary care role. In addition the effective use of the pharmacist will require a strong team of technicians and we will need to determine if regulatory barriers exist to prevent the extended scope of the technician." Two of our strategies: Regulatory reform and organizational structure review.

Today we face many of the same issues that have been faced in the past but unfortunately, or perhaps fortunately, the urgency of tackling these issues has increased. Our patients and our system are demanding more of our members. We are experts and now we are being asked to demonstrate this expertise. The College should be viewed as a resource to enable this change.

Primary Health Care Redesign and Collaboration will be driving forces in the upcoming months and years. These opportunities will not be for a select few but for each and every one of us to embrace. Each of us must be ready to act on the opportunities and together we can make this transition.

Thirty years from now, if someone was to review this document, I want each of these issues to be a thing of the past. We will have an engaged membership who is practising to their maximum scope in a collaborative relationship with the patient and all other members of the health care team. It is, in fact, impossible to predict what that role will look

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Council met on Friday, April 27, 2012 prior to the opening of the 11<sup>th</sup> Annual Conference of the Pharmacists' Association of Saskatchewan. Council addressed the following issues:

\*Council has approved the reintroduction of **District Meetings** in the fall of 2012. As we move forward we will be exploring the feasibility of utilizing technology to reduce the costs of the meetings. More information will be issued later in the summer.

\*Council received information that May 15, 2012 was the target for moving forward on the four new conditions for **minor ailment prescribing**: diaper dermatitis, allergic rhinitis, oral aphthous ulcer and oral thrush. For more information check the College website at [www.saskpharm.ca](http://www.saskpharm.ca) under the "Prescriptive Authority" tab; then click on "Updates" and select Update #8.

\*Council reviewed current issues that may be raised during the Annual General Meeting or the Issues Forum during the annual conference.

\*Council reaffirmed participation in **Inter D5 Conference – "Let's Connect on Patient Care"** to be held in Saskatoon on November 16 and 17, 2012. There will be two educational streams for this conference.

\*Notices of elections for Council were mailed according to the bylaws to eligible members in Divisions 2, 4, 6 and 8. One nomination was received from each of Division 2 and 4 and Lori Friesen and Doug

MacNeill were declared elected by acclamation. No nomination was received from Division 6 creating a vacancy effective July 1, 2012. Two nominations were received for Division 8 from Barry Lyons and Justin Kosar. Because Barry holds a protected position in his role of President-Elect, Justin Kosar was declared elected by acclamation.

Therefore, the constitution of **Council effective July 1, 2012** will be:

President: Kim Borschowa, Radville  
President-Elect: Barry Lyons, Nipawin  
Vice-president: Spiro Kolitsas, Regina  
Division 1: Kim Borschowa  
Division 2: Lori Friesen, Melfort  
Division 3: Sheldon Ryma, Prince Albert  
Division 4: Doug MacNeill, Saskatoon  
Division 5: Spiro Kolitsas, Regina  
Division 6: VACANT  
Division 7: Bill Gerla, Humboldt  
Division 8: Justin Kosar, Saskatoon  
Past-President: Joan Bobyne, Saskatoon  
Ex-Officio: David Hill, Saskatoon, Dean, College of Pharmacy and Nutrition  
Public Members: Barbara-Ann deHaan and Vacant

\*According to Administrative Bylaw 3(16) Council should appoint a member who meets the qualifications in Subsection (8) which means a practising or non-practising member who resides in Division 6. We have sent a memo to all members in that Division asking for volunteers. Should eligible members volunteer, Council may ap-

(cont. from Page 1)

like. I hope we are not tied to the past roles we may have fulfilled; but rather have ourselves designed whatever this new role may look like, and also embraced it.

Just last week while waiting in the airport I heard a man say, "If we aren't at the table there is a good chance we are on the menu." We need to continue to seek opportunities to shape our future within the health care system. Our leadership is well positioned to do this on our behalf.

I look forward to the opportunity to serve you in the upcoming year. I hope to hear from many of you as you re-engage with our College to move this profession forward rapidly.

I will leave you with this:

"Your work is going to fill a large part of your life, and the only way to be truly satisfied is to do what you believe is great work. And the only way to do great work is to love what you do. If you haven't found it yet, keep looking. Don't settle. As with all matters of the heart, you'll know when you find it. And, like any great relationship, it just gets better and better as the years roll on. So keep looking until you find it. Don't settle." (Steve Jobs, 2005)



point an eligible member from amongst those volunteers. Failing that, Council may appoint from the membership at large.

\*Council approved bylaw amendments in principle to allow for limits under prescriptive authority to be waived or amended upon written or verbal authorization from the prescriber. See article on Page 6 of this issue.

\*Council addressed prescriptive authority and the belief that prescriptive authority training become a requirement for licensure in Saskatchewan. See article on page 6 of this issue for a more detailed outline of Council's proposal.

\*Council received for information a preliminary report of the results from the Pharmacy Technician Regulation surveys distributed in January 2012. Results from each of the two surveys will be published in the fall issue of SCOPE.

◇ *Survey to pharmacy assistants currently working in the field; and*

◇ *Survey to pharmacy managers (included community, hospital pharmacy Directors and the Cancer Agency)*

\*The Ministry of Health will not proceed with approval of mandatory PIP usage bylaws and Council did not approve revisions. In effect, Council has placed a

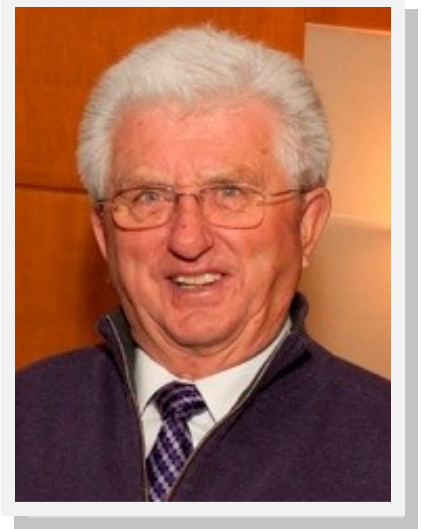


moratorium on revising and resubmitting the bylaw for ministerial approval until the resolution of issues concerning the integration of pharmacy systems with PIP become clearer. In the meantime Council believes that, at a minimum, pharmacists should be checking PIP for all controlled substances and high risk drugs as a standard of practice to fulfill medication therapy monitoring responsibilities.

\*At the request of a member, Council was asked if the CEUs awarded to pharmacists who successfully complete the CPhA ADAPT program could be extended beyond the one year time frame. Pharmacists completing the program have taken 76 hours of instruction, which has been accredited for 76 CEUs (CCCEP accredited). Council has approved the request that for the CPhA

ADAPT program members who have earned 76 CEUs can use the credits over a two year period. What this means is if you take the program in the 2012-2013 licence year you can use the CEUs to fulfill your learning portfolio requirement for the 2013-2014 renewal requirement and the 2014-2015 annual renewal.

\*Council bid a fond farewell to public member **Ken Hutchinson** who has completed his second term on Council. Ken will be missed for his thoughtful comments and his good humour. We wish Ken all the best as he moves on to pursue other challenges.



### 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. These changes can be done by using your member log in at the SCP web site [www.saskpharm.ca](http://www.saskpharm.ca)

## Addition to the Prescription Review Program - GABAPENTIN

Effective immediately the following drug was added to the list of drugs for the Prescription Review Program: **GABAPENTIN**

This was approved by the Minister of Health and became effective March 23, 2012 upon publication in the Saskatchewan Gazette. The Saskatchewan College of Pharmacists only recently became aware of this addition to the Regulatory Bylaws of the College of Physicians and Surgeons of Saskatchewan.

The following was published in the Spring 2012 issue of the College of Physicians and Surgeons of Saskatchewan's newsletter, "DocTalk":

As a result of reports from physicians, pharmacists and law enforcement agencies of prescription drug misuse, all strengths of gabapentin have been added to the Prescription Review Program.

This means that all prescriptions written for gabapentin must fulfill all requirements of that College's Regulatory Bylaw 18(1):

(c) In order to prescribe a drug to which the Prescription

Review Program applies, physicians shall complete a written prescription which meets federal and provincial legal requirements and includes the following:

- (i) The patient's date of birth;
  - (ii) The patient's address;
  - (iii) The total quantity of medication prescribed, both numerically and in written form;
  - (iv) The patient's health services number; and
  - (v) The prescriber's name and address.
- (g) Physicians shall only prescribe part-fills of medications to which the Prescription Review Program applies if the following information is specified in the prescription:
- (i) The total quantity;
  - (ii) The amount to be dispensed each time; and
  - (iii) The time interval between fills.

As this is a new addition for everyone, in the spirit of collaborative practice, we encourage members to inform any physician who may not as yet be familiar with this amendment.

## Addition of Gabapentin to the Non-Insured Health Benefits (NIHB) Prescription Monitoring Program (PMP)

The College has received notification from the Non-Insured Health Benefits Program, First Nation and Inuit Health Branch of the following:

"This letter is to inform you that the Non-Insured Health Benefits (NIHB) Prescription Monitoring Program (PMP) has added gabapentin to its review of benzodiazepines, opioids and/or stimulants with the goal of ensuring the safe use of these medications in our First Nations and Inuit clients."

Currently, the NIHB PMP is based on the retrospective evaluation of clients' benzodiazepine, opioid and/or stimulant use against established Program indicators. **In the case of potential overuse or abuse the NIHB Program will reject payment at point-of-sale for further benzodiazepine, opioid and/or stimulant and now gabapentin claims. When the rejection message is triggered, the pharmacist must contact the NIHB Drug Exception Centre (DEC) to initiate the prior approval process.**

For more information on the NIHB PMP, please see the NIHB PMP Fact Sheet on the Health Canada website at:

<http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/drug-med/pmp-psm/index-eng.php>

## Drug Schedule Amendment - Ibuprofen

This is to confirm that **Ibuprofen and its salts containing  $\leq 400$  mg per oral dosage unit (when sold in package sizes exceeding 18,000 mg)** has been added to **Schedule III** (formerly this was Unscheduled).

This information had earlier been distributed to all community pharmacy managers on May 2, 2012.

This means that products of Ibuprofen and its salts containing  $\leq 400$ mg per oral dosage unit (when sold in package sizes exceeding 18,000mg) are available to the public from the self-selection area of the pharmacy (Schedule III). This also means that these products may only be sold from a pharmacy and only when a pharmacist is in attendance (i.e., would be included in an approved lock and leave area of the pharmacy if there is not always a pharmacist present during the hours of operation).

These bylaw changes became effective upon the approval of the Minister of Health and the publication in the Saskatchewan Gazette as of April 5, 2012.

## Ministry of Health - Issue Alert



Saskatchewan Ministry of Health, Saskatchewan Regional Health  
Authorities & Saskatchewan Cancer Agency  
**Working Together for Safer Health Care**

# ALERT

Ensuring Correct Calculation is used for International  
Normalized Ratio (INR) in Patients Receiving Coagulation Management

March 21, 2012

TO: All Regional Health Authority and Saskatchewan Cancer Agency CEOs  
All Regional Health Authority and Saskatchewan Cancer Agency Quality of Care Coordinators/Risk Managers  
All Regional Health Authority and Saskatchewan Cancer Agency Senior Medical Officers  
All Regional Laboratory Services Medical Directors and Laboratory Managers  
The College of Physicians and Surgeons Laboratory Quality Assurance Program  
All Nurse Practitioners in Saskatchewan

The Ministry of Health has become aware that, in one laboratory in Saskatchewan, a systematic error occurred in relation to a calculation of the International Normalized Ratio (INR).

The INR is based on a test (prothrombin time, PT) used to determine the clotting tendency of the blood. The INR is used to guide physicians in prescribing an appropriate dose of medication (warfarin, coumadin) to reduce the clotting tendency in a patient with a greater than average risk of clotting. Overdose of these medications also puts the patients at risk of bleeding. Therefore, regular monitoring is indicated with the use of these drugs.

In the event that occurred, the prothrombin time (PT) testing was conducted properly, but the conversion factor (International Sensitivity Index or ISI) used to convert the PT to the INR was slightly higher than the correct value (1.23 vs. 1.07). Throughout most of the therapeutic range, this would have minimal impact but would cause issues around the extremes of the therapeutic range, particularly above 4.0 (See examples below):

PT (seconds)	ISI = 1.07 (correct)	ISI = 1.23 (erroneous)
20 seconds	INR = 1.9	INR = 2.1
30 seconds	INR = 2.1	INR = 2.3
40 seconds	INR = 4.0	INR = 4.9
60 seconds	INR = 6.1	INR = 8.1

We advise that, in all circumstances, individual laboratories review the package insert of the current lot of thromboplastin reagent to ensure that the correct ISI (International Sensitivity Index) value is being used in the INR calculation. The calculation may be manual or automatically done by the coagulation analyzer.

Thank you for your continued support in ensuring safe health care services in Saskatchewan. Should you have questions about this safety alert, please contact the Provincial Quality of Care Coordinator's office at (306) 787-2718.

## Ministry of Health - The Saskatchewan Immunization Manual

The Saskatchewan Ministry of Health is pleased to announce that the revised Saskatchewan Immunization Manual (SIM) is available online at: <http://www.health.gov.sk.ca/immunization-manual>.

As the primary immunization resource for public health personnel and other health care providers, health care students and post-secondary institutions in Saskatchewan, the newly revised SIM, released on April 23, 2012 provides current evidence-based recommendations for immunization practice. The online SIM sections are intra-linked electronically, and externally-linked to various resources, including the Saskatchewan Communicable Disease Control Manual and the most current version of the Canadian Immunization Guide. The revised SIM meets the 14 immunization competencies noted in the Immunization Competencies for Health Professionals document (Public Health Agency of Canada, 2008). Health care professionals are encouraged to bookmark the online SIM for quick reference.

The implementation of the revised SIM provides evidence-based and standardized immunization-related information, and will help ensure that Saskatchewan residents continue to receive publicly funded immunization services. Please direct any comments or questions to Loretta van Haarlem, RN, Public Health Nursing Consultant at: [Loretta.vanhaarlem@health.gov.sk.ca](mailto:Loretta.vanhaarlem@health.gov.sk.ca)

## Proposal to Waive or Amend Prescribing Limits

On April 27, 2012, Council approved bylaw amendments in principle to allow for limits under prescriptive authority to be waived or amended upon written or verbal authorization from the original prescriber. Council was acting upon a recommendation from the Interdisciplinary Advisory Committee on Prescriptive Authority asking for greater flexibility in the limits. The Committee had addressed concerns from physicians and pharmacists that at times the limits are too constraining and unnecessarily deny patient access to needed medication. Their recommendation was to waive the limits upon mutual agreement.

The proposed bylaw amendments mean, for example, that if the physician wants you to extend refills for his/her patients beyond one month, but up to three months, you may do so upon receipt of this authorization either in writing or verbally. If received in writing, it should be filed appropriately for ready access by pharmacy staff who may need to know. If received

verbally, the authorization should be reduced to writing, signed and dated and filed in a similar manner to written authorizations.

Council approved the bylaws in principle to allow for consultation with members and other stakeholders. Members are invited to view the bylaws and provide comments to our survey on our website [www.saskpharm.ca](http://www.saskpharm.ca) and follow the links on the "Events" board.

Comments can be sent to SCP via e-mail at: [info@saskpharm.ca](mailto:info@saskpharm.ca)

Council will consider member comments and next steps at their next meeting September 20, 2012. If the response is positive, this would likely mean final passage for submission to the Minister of Health for his approval before coming into force.

## Proposal to Require Level I Prescriptive Authority Training for Licensure

Council believes that training for prescriptive authority be a licence requirement because prescribing is now within our scope of practice. Therefore, like other services within our scope of practice, patients should have access to this self-care service from their pharmacy of choice. On April 27, 2012, Council approved bylaw amendments in principle to require Level I training for licensure as follows:

- 1) As exempted in 4) below, Level I prescriptive authority training includes minor ailments training. The latter includes training on the patient assessment and prescribing policies and process and the guidelines for the first three approved indications (e.g. cold sores, mild acne, insect bites) that has already been offered and continues to be available online;
- 2) Minor ailments training on other conditions as they are approved for implementation will be offered to members as optional training. This optional training is intended to be a "primer" for pharmacists to assist you 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, 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;
- 6) These requirements be reviewed in three years; and

- 7) The target is to implement this requirement for the membership year beginning July 1, 2013.

We are working with the Continuing Professional Development for Pharmacists unit at the College of Pharmacy and Nutrition to make training available for this purpose.

Council approved the bylaws in principle to allow for consultation with members and other stakeholders. Members are invited to view the bylaws and provide comments to our survey on our website [www.saskpharm.ca](http://www.saskpharm.ca) and follow the links on the "Events" board.

Comments can be sent to SCP via e-mail at: [info@saskpharm.ca](mailto:info@saskpharm.ca)

Council will consider member comments and next steps at their September 20, 2012 meeting. If the response is positive, this would likely mean final passage for submission to the Minister of Health for his approval before coming into force.



## Patient Centered, Community Designed, Team Delivered:

A framework for achieving a high performing primary health care system in Saskatchewan

(excerpts from correspondence from Donna Magnusson, Executive Director, Primary Health Services Branch, Ministry of Health)

On May 8, 2012, Minister Don McMorris released *Patient Centered, Community Designed, Team Delivered: A framework for achieving a high performing health system in Saskatchewan*. This framework lays the foundation for a **patient-centered** primary health care system that will ensure timely access to appropriate care with assistance to navigate services and supports for maintaining good health. In the **community designed** primary health care system, communities will have a voice in the design and delivery of health services and supports needed to best address local needs. The **team delivered** primary health care system will make better use of a full range of health professionals, working to full scope of practice, with a physician as a key team member.

A PDF copy of the framework, and other materials for communicating about and advancing primary health care, can be found on our new website at [www.health.gov.sk.ca/primary-health-care](http://www.health.gov.sk.ca/primary-health-care).

### Primary Health Care Redesign: “How does it affect pharmacists and where do we go from here?”

The latest telehealth session was held Thursday, June 14, 2012. Presentations by Andrea Wagner, Director, Primary Health Services Branch, Saskatchewan Health; Margaret Baker, Director, Primary Health Services Branch, Saskatchewan Health; and Ray Joubert, Registrar, SCP, provided an overview and update on the re-design framework and how pharmacists can become involved in this changing environment. Members were encouraged to contact the Director of Primary Health Care in your Region to let them know that you are willing and ready to become involved. Contact information for each Director can be accessed at [www.health.gov.sk.ca/primary-health-care](http://www.health.gov.sk.ca/primary-health-care) then click on the “For Teams” photo, view section “Working with your Health Region” for a listing of the Directors in each Regional Health Authority.

The time for change is now... we ask each member to become involved with your community either through the Regional Health Authority where you live, or by joining any of the community committees that will be established in the days ahead.

From the opening letter from Minister Don McMorris: “The success of this Framework’s implementation depends on everyone continuing to work together and I am confident that we will continue to see positive results!”

### Preventing over-dose when opioids are switched: “Can we trust equivalence tables?”

Many opioid equivalent dose tables are available to assist physicians and pharmacists when patients are switched from one opioid to another. However, these tables can be confusing and even when used correctly overdoses have occurred.<sup>1</sup> Limitations to the information provided by opioid equivalence tables include:

- Inconsistencies among tables<sup>2</sup>
- Lack of reliable supporting evidence<sup>2</sup>
- Lack of specificity for direction of opioid switch<sup>2,3</sup>
- Wide interpatient variation in oral bioavailability of opioids<sup>2,4</sup>
- Unpredictable and incomplete cross-tolerance when switching between opioid agents<sup>2</sup>

Given these concerns, some pain experts have proposed an alternate strategy for opioid conversion which ignores equivalence tables and involves a gradual cross-taper between agents.<sup>5</sup> The basic procedure is as follows:

1. Reduce daily dose of current opioid by 10 to 30 % and start the new opioid at the lowest available dose at the same time.
2. Reduce total daily dose of original opioid by 10 to 25 % per week while increasing the daily dose of the new opioid by 10 to 20 % based on need for pain control and safety. The original opioid can usually be discontinued within 3 to 4 weeks.
3. Provide a supply of immediate release opioid to use for breakthrough pain during the conversion process.

Although cross-tapering of opioids appears to address the safety issues associated with equivalence tables, it has not been well studied. Additional research is needed to verify the safety and effectiveness of this process.<sup>5</sup> Moreover, cross-tapering is not feasible when an immediate switch is required (stepdown from IV to oral therapy, shortage of currently used opioid, intolerable adverse effects, etc.). In these situations, equivalence tables are necessary tools but their limitations must be recognized.<sup>3</sup> For more information on switching opioids using equivalence tables, see the Pharmacy Reference Manual.

Fatalities due to overdose have occurred when opioid therapy is switched.<sup>6</sup> Always check the dose of the new opioid when a patient is switched from one opioid to another. As well as dose equivalence, individual risk factors and pain status must be considered.

Prepared by Karen Jensen, Saskatchewan Drug Information Service. Reviewed by Loren Regier, RxFiles; Jane Cassidy, College of Pharmacy & Nutrition; and Carmen Bell, Saskatchewan Drug Information Service (May 1<sup>st</sup>, 2012)

#### References:

1. Webster L, Fine P. Review and Critique of Opioid Rotation Practices and Associated Risks of Toxicity. *Pain Medicine* 2012;13: 562–570.
2. Shaheen PE, Walsh D, et al. Opioid equianalgesic tables: are they all equally dangerous?. *J Pain Symptom Manage* 2009; 38:409-417.
3. Asad EP, Doby, J et al. Opioid Conversions in Acute Care. *Ann Pharmacother* 2007;41:255-67.
4. Regier, L. Opioid Analgesic: Comparison Chart. RxFiles. Available at [www.rxfiles.ca](http://www.rxfiles.ca). Accessed April 25, 2012.
5. Webster L, Fine P. Case Report: Overdose Deaths Demand a New Paradigm for Opioid Rotation. *Pain Medicine* 2012; 13: 571–574.
6. Ubelackner S. Switching patient from OxyContin to another opioid can be challenge for doctors. *The Canadian Press*. Tuesday, March 06, 2012. Available at <http://ca.news.yahoo.com/switching-patient-oxycontin-another-opioid-challenge-doctors-234240407.html>. Accessed April 12, 2012.

## Updates to the Reference Manual

At a recent SCP Council meeting, the following new documents and changes to existing documents were approved by Council.

### Addition of New Documents:

#### **Supplementary Standards for Pharmacists Caring for Residents of Long Term Care Facilities**

This document replaces the document *Standards of Practice for Pharmacists Providing Services to Residents of Special-Care Homes*. This document provides a more comprehensive set of supplemental standards for those pharmacists providing care to residents in long term care facilities. Although the NAP-RA Model Standards of Practice must be adhered to regardless of where a patient lives, these standards provide additional direction on how the Model Standards of Practice could be interpreted when the patient is a resident of a long term care facility.

#### **Forgeries**

Recently, there has been an increase in the number of forgeries reported to the Saskatchewan College of Pharmacists. Forgeries occur when the person alters an existing prescription by either adding information or altering information that was present, and/or creates an entirely new document with prescription information whether in writing or electronically. This new document provides information regarding steps that can be taken to identify a forgery and what to do in the event one has been identified. There is also a *Quick Reference Card* that can be laminated or posted in the pharmacy to assist the pharmacists.

### Changes to Current Documents

#### **How to Prepare Your Pharmacy for HIPA and PIPEDA**

Although the document itself has not changed, the privacy and confidentiality pledge on page four of the document has been revised to include both privacy and confidentiality issues. Privacy refers to ensuring that the information that is collected, used or disclosed is information the pharmacy staff actually has a need to know. Confidentiality refers to ensuring any information that is collected, used or disclosed by the pharmacy is protected to ensure that others that do not have a need to know, do not have access to it. It is good practice to have all staff sign a privacy and confidentiality pledge and to review and affirm the contents of the pledge yearly.

#### **Revised Summary of the Prescription Review Program**

The above document has been revised to reflect changes that the College of Physicians and Surgeons of Saskatchewan (CPSS) have made to the Prescription Review Program bylaw with respect to the addition of **gabapentin** as a monitored substance.

Also, more clarification was included with respect to physicians sending a prescription electronically (fax, PIP, etc) to the pharmacy. When a prescription is sent electronically (not given to the patient), then both the numeric and word quantity does not

need to be included on the prescription; one or the other format is sufficient. If however, the physician provides the patient with the prescription, then both the number and word quantity need to be written on the prescription. The reason for this difference is that prescriptions sent electronically have less of an opportunity to be changed (forged) than those handed to a patient.

#### **Recommended Resources for Reference Library Requirements**

The CPhA has recently released the OTC reference *Therapeutic Choices – Minor Ailments*. This electronic reference includes both the *Compendium of Patient Care Products* and *Patient Self-Care*. As a result, this reference has been added as a recommended resource under #5 - Non-prescription Medication /Therapy Guide. Therefore, there are two options under this category:

1. *Patient Self-Care AND Compendium of Self-Care Products* or
2. *Therapeutic Choices – Minor Ailments* – by Canadian Pharmacists Association

*Therapeutic Choices – Minor Ailments* had been included on SHIRP with the *e-Therapeutics* tab for a month trial, but the trial period has expired.







## From the Desk of the Dean

**Dr. David Hill**  
**College of Pharmacy and Nutrition**  
**University of Saskatchewan**

I am pleased to report on a number of faculty, staff and students who have received awards in 2011-2012:

- Ms. Julia Bareham, MSc Candidate in Pharmacy, is the 2012 recipient of the Canadian Pharmacists Association (CPhA) New Practitioner Award. Julia will receive her award at the CPhA conference in Whistler on June 2.
- Ms. Erin Yakiwchuk, former MSc student, is the 2012 recipient of the New Hospital Pharmacy Practitioner Award from the Canadian Society of Hospital Pharmacists (CSHP). Erin received her award at the CSHP Conference in February.
- Mr. Jagbir Singh, PhD Candidate in Pharmacy, is the 2012 recipient of the Gattefosse Canada CSPS (Canadian Society for Pharmaceutical Sciences) Award in Lipid-Based Drug Delivery. Jagbir will receive his award at the CSPS conference in Toronto in June.
- Mr. Wasem Alsabbach, PhD Candidate in Pharmacy, is the recipient of the Best Student Oral Presentation Award at the Canadian Association for Population Therapeutics (CAPT). Wasem received his award at the CAPT annual meeting in Montreal in June.
- Ms. Navita Viveky, PhD Candidate in Nutrition, is the recipient of a Canadian Institutes of Health Research (CIHR), Institute Community Support (ICS) Travel Award with the Institute of Aging to present her work at the International Academy on Nutrition and Aging in July in Albuquerque, New Mexico, USA.
- Ms. Navita Viveky, PhD Candidate in Nutrition, is also the recipient of an American Society of Nutrition travel award and acceptance to attend the 4-day Dietary Supplement Research Practicum to be held in June, conducted by National Institutes of Health, Bethesda, MD. The objective of the Practicum is to provide an intensive examination of dietary supplements used by millions of Americans. This practicum will provide fundamental knowledge of dietary supplements to faculty, students, and practitioners.
- Ms. Karen Jensen, Manager of the Saskatchewan Drug Information Service, received the Pharmacists' Association of Saskatchewan (PAS) Award of Merit on April 28 at the PAS Annual Conference in Saskatoon.
- Dr. Ildiko Badea, Assistant Professor in Pharmacy, is the 2012 recipient of the GlaxoSmithKline/CSPS Early Career Award. This award recognizes outstanding research contributions to the pharmaceutical sciences early in her career. Dr. Badea will receive her award at the CSPS conference in June in Toronto.
- Dr. Jason Perepelkin, Assistant Professor in Pharmacy, is the 2012 recipient of the Association of Faculties of Pharmacy of Canada (AFPC)-Janssen Innovation in Education Award. Jason will receive his award at the AFPC Awards Banquet in June in Quebec.
- Dr. Susan Whiting, Professor in Nutrition and Dietetics, is the 2012 recipient of the Earle Willard McHenry Award of the Canadian Nutrition Society (CNS) Distinguished Service in Nutrition. Susan will receive the award at the CNS annual conference in May in Vancouver.
- Dr. Derek Jorgenson, Assistant Professor in Pharmacy, is part of an award winning team for the ADAPT Education Program. The ADAPT Core Team consists of Dr. Jorgenson, Canadian Pharmacists Association (CPhA) staff and five other authors. The Canadian Association for University Continuing Education (CAUCE) will be recognizing the ADAPT Core Team for developing the best non-credit CE program for 2011 (across all disciplines, including pharmacy) at the CAUCE annual conference in Saskatoon in May.

Dr. Derek Jorgenson also received two Canadian Society of Hospital Pharmacists awards in 2012:

- \* Canadian Patient Care Enhancement Award – for a research project to enhance patient care with co-authors Dr. Anne Marie Whelan from Dalhousie University and Dr. Andries Muller from the College of Medicine at the U of S.
- \* CSHP Fellowship – a peer recognition that is conferred by the Board of Fellows upon CSHP members who have demonstrated noteworthy, sustained service and excellence in the practice of pharmacy in an organized healthcare setting.

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

# Saskatchewan College of Pharmacists 56th Annual Convocation Luncheon



Alexander Crawley; SCP President-Elect, Kim Borschowa; Mandy Paziuk

The Saskatchewan College of Pharmacists was honoured to once again host the Convocation Luncheon for the 2012 Pharmacy Graduates of the College of Pharmacy and Nutrition at TCU Place, Saskatoon on June 7, 2012.

President Joan Bobyn welcomed the graduates and their many family, guests and friends to celebrate the momentous occasion and SCP was thrilled with the wonderful attendance. Greetings to the graduates were brought by: Dr. Joan Bobyn, President, Saskatchewan College of Pharmacists; Mr. Paul Melnyk, Past-Chair, Pharmacists' Association of Saskatchewan; and Ms. Janet Bradshaw, Director, Canadian Pharmacists Association.

Dean David Hill introduced the faculty, staff and preceptors in attendance who have worked with the students during their years at the College. Dr. Yvonne Shevchuk, Associate Dean Academic, presented the College Awards to the deserving graduates. SCP

Registrar Ray Joubert addressed the graduates, then presented each graduate with a copy of the Code of Ethics, the Oath of Maimonides and an SCP pin.

Ms. Kristin Schmidt, Senior Stick, responded on behalf of the Graduands and led her classmates as they recited the Oath of Maimonides for the first time.

SCP President-Elect Ms. Kim Borschowa presented the Saskatchewan College of Pharmacists Gold Medal Award to Ms. Mandy Paziuk, the Most Distinguished Graduate of 2012. Mandy will be working as a staff pharmacist at a community pharmacy in rural Saskatchewan.

Ms. Borschowa presented the Campbell Prize to the second Most Distinguished Graduate of 2012, Mr. Alexander Crawley. Alex will also be staying in the province and working in a community pharmacy in rural Saskatchewan.

Congratulations to both Mandy and Alex, and best wishes to all the graduates as they begin their careers in pharmacy!

## College of Pharmacy and Nutrition Academic Awards Ceremony

The College of Pharmacy and Nutrition at the University of Saskatchewan held their Academic Awards Ceremony on March 4, 2012, on the U of S campus, Quance Theatre, College of Education. While there were numerous awards presented to many deserving students, two of the awards are presented by SCP.

The Alf Pepper Research Award was presented to Julia Elizabeth Bareham, Saskatoon. This award is presented to a graduate student on the basis of academic excellence.

The Saskatchewan College of Pharmacists Bursaries are awarded to deserving students who have completed at least one academic year of the Bachelor of Science in Pharmacy program.



Ray Joubert, Registrar, SCP; Julia Bareham, Saskatoon



Ashley Ann Botterill, Nipawin; Ray Joubert, Registrar, SCP; Nicole Dawn Seiferling, Nipawin

# Promoting a Healthy Mind & Body 2012 PAS Annual Conference - April 27-29, 2012 Sheraton Cavalier Hotel, Saskatoon



**Friday, April 27, 2012**

The Saskatchewan College of Pharmacists opened the Annual PAS Conference with the Opening Ceremonies Reception and Awards Evening. This year the College was thrilled to welcome the 50 year graduates of 1962, the 25 year graduates of 1987 and for the first time, the 10 year graduates from the Class of 2002.

Myla Wollbaum from the Class of '02 introduced her classmates in attendance: Katherine Kennedy (Cratty) and Holley Mansell (Willets) (missing from photo).



Left: Myla Wollbaum; Right: Katherine Kennedy

George Furneaux, former SCP President ('08-'09), shared a few memories of the class of 1987 and then introduced his many classmates in attendance.



Back Row: Geraldine Lavoie, Ron Brecht, Deborah Buchkowsky, Richard Jones, George Furneaux  
Middle Row: Dale Cooney, Yvonne Linnen, Audrey Flegel, Michelle Powell, Lorene LeBere, Brenda Aley, Lisa Hupka, Darryl Davidson  
Front Row: Jane Cassidy, Darlene Leson, Lucille Granger, Paul Melnyk, Gail Wilson

The Graduating Class of 1962 was well represented by an exuberant group that gathered in Saskatoon for their 50<sup>th</sup> celebration. Margaret Wheaton (Henderson), also a former SPhA President ('93-'94), did the honours of introducing her classmates by sharing some remembrances from their days at the University of Saskatchewan. Registrar Ray Joubert personally introduced each classmate in attendance followed by a brief biography detailing their years since leaving the U of S. President Joan Bobyn presented 50 year Saskatchewan College of Pharmacists' pins and 50 year Anniversary Certificates to the celebrants.



Back Row: Doreen Brunner, Wayne Warkentin, Wilfred Sane, Allan Greve, Bill Pozniak, Ray Verity, Fran Clarke, Margaret Wheaton  
 Front Row: Harry Clarke, Thelma Romphf, Garry Reynolds, Arlene Shaw, Bill Penner

Allan Greve, had kept his old letterman's jacket for 50 years and was able to model it for one and all at the Friday evening celebration.



President Joan Bobyn then returned to the podium for a special presentation. Ray Joubert is celebrating his 35<sup>th</sup> year with the Saskatchewan College of Pharmacists (formerly the Saskatchewan Pharmaceutical Association) in 2012. Ray began with the College as the first Assistant Registrar in March 1977 and then became Registrar July 1, 1985. Joan thanked Ray for his many years of dedicated service.

### **Saturday, April 28, 2012 - Annual General Meeting**

Chair Joan Bobyn (current SCP President) welcomed members to the 101<sup>st</sup> Annual General Meeting of the Saskatchewan College of Pharmacists. The Council was introduced with a special recognition to those Council members who would be leaving at the end of the current licensing year: Christine Hrudka, Brad Cooper, Kristen Schmidt, who represented the students on Council for the 2011-2012 year, and Ken Hutchinson, public member, who has completed the end of his second and final term on Council.

Chair Bobyn asked those in attendance to rise for a moment of silent tribute to those members of the College who deceased in the past year:

- Harold Melvin Brooks
- Frederick Siegfried Coen
- Edwin John Nylvek
- Robert Neven Marshall
- Raymond D. Pettit
- Harry Trifunov
- Robert Woods
- Darcy Lawrence Zadvorny

Annual reports were delivered: the President's Report; the Registrar's Report and the Auditor's Report. Dr. David Hill, Dean, College of Pharmacy & Nutrition, gave a report on the many changes to both the curriculum and the physical location of the College of Pharmacy & Nutrition. The College will begin moving this summer to the new space in the expanding Academic Health Sciences Centre on campus.

## Sunday, April 29, 2012 - President's Luncheon

The final event of the 2012 PAS Annual Conference is the SCP President's Luncheon at which the out-going President addresses the membership regarding the year past.

From President's Bobyn's Farewell Address:

*When I reflect, however, on what Council has tackled and accomplished, and how our practice has changed, I realize the year was indeed rich and productive. Prescriptive authority has almost seamlessly become part of everyday practice, and minor ailments prescribing is not far behind. Technician regulation is moving forward. Council and SCP together have implemented responsible and more transparent fiscal planning. We have explored and adopted alternative dispute resolution to more effectively manage some complaints and discipline files. Following our Strategic Planning session in early 2011, Council has developed an action plan to guide us through the next years. For a full review of Council activities, please read my annual report." (2011 Annual Report is accessible at [www.saskpharm.ca](http://www.saskpharm.ca))*

President-Elect Kim Borschowa introduced the College award recipients as President Bobyn presented the awards to the recipients.

**Award of Merit** – The Award of Merit is presented to recognize any person who is not a member of the College and who through their active participation has promoted the Saskatchewan College of Pharmacists and/or the profession of pharmacy in Saskatchewan. This year an Award of Merit was presented to Ken Hutchinson upon his retirement from Council as one of our two public members. While sitting on Council Ken also served on the Discipline Committee.

**Certificate of Recognition** – is presented to pharmacists for their outstanding service to the Saskatchewan College of Pharmacists.

- \* Dr. Linda Suveges on her retirement as the SCP representative on the Canadian Council on Continuing Education in Pharmacy (CCCEP);
- \* George Furneaux has represented the College on the University of Regina Senate;
- \* Rod Amaya and Randy Wisler upon their retirement from the College Audit Committee;
- \* Arlene Kuntz and Doug Spitzig upon their retirement from the Discipline Committee; and
- \* Christine Hrudka and Brad Cooper upon their retirement from Council on June 30, 2012.

Assistant Registrar Jeanne Eriksen was pleased to recognize the following SCP staff members who were celebrating milestone anniversaries with the College:

- \* Ms. Lori Postnikoff – Lori has been with the College for 10 years as the Field Officer; and
- \* Ms. Pat Guillemain – Pat is celebrating her 20<sup>th</sup> anniversary working at the College office.

We ask all members to join us in thanking Pat and Lori for their many years of service to the College and the pharmacists of Saskatchewan.

Assistant Registrar Jeanne Eriksen invited Kim Borschowa to join her at the podium for the Installation of the New President. The President's incoming address is published on the cover of this issue of SCOPe.



Left: D. Jeanne Eriksen, Assistant Registrar, SCP: Right: Kim Borschowa, President-Elect, SCP

## Disciplinary Matters

**On March 21, 2012**, the Discipline Committee was convened to consider charges that the Respondents, Mel Wandzura, was guilty of professional misconduct and that Melcon Ventures Inc. ("Melcon") of which Mr. Wandzura is pharmacy manager and a director, has been charged with proprietary misconduct within the meanings of Sections 24 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, you dispensed on numerous and several occasions, Apotex and Cobalt brands of Amlodipine 5 mg when those specific brands were not designated as the Standing Offer Contract (SOC) product as 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 either the Apotex, or Cobalt 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 correctly indicate which brand of product was dispensed; and

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

The matter proceeded by way of an Agreed Statement of Facts which included an admission by Mr. Wandzura on his own behalf, and on behalf of Melcon, that the admitted facts constitute professional misconduct and proprietary misconduct respectively.

The Discipline Committee accepted this plea and found Mr. Wandzura guilty of professional misconduct and Melcon Ventures Inc. guilty of proprietary misconduct, within the meaning of Sections 24 and 26 of the Act.

The factors that the Discipline Committee considered most important in determining the appropriate order, were the pattern of misconduct, involving separate and multiple acts of misconduct and not simply an isolated occurrence, the deliberate and pre-meditated nature of the misconduct, the fact that the misconduct implicated the administration of the provincial drug plan and the risk of harm to the public created by the Respondents' conduct.

The Discipline Committee also expressed that it was cognizant that given Mr. Wandzura's unblemished professional record and the fact he is now very aware that his conduct was wrongful, there would appear to be no risk that the Respondents would reoffend. However, the Discipline Committee stated that there is need to generally deter members of the profession and pharmacies from this type of misconduct.

The Committee therefore made the following orders pursuant to Sections 34 and 35 of the Act:

1. Mr. Wandzura shall pay a fine in the amount of \$5,000.00. Failing pay-

ment on or before July 15, 2012, Mr. Wandzura's license shall be suspended until payment is made.

2. Melcon shall pay a fine in the amount of \$15,000.00. Failing payment on or before July 15, 2012, Melcon Ventures Inc.'s proprietary pharmacy permit shall be suspended until payment is made.
3. Mr. Wandzura and Melcon shall pay the costs of the investigation and hearing which costs shall be fixed in the amount of \$7,000.00. Mr. Wandzura and Melcon shall be jointly and severally liable for payment of the costs. Failing payment on or before July 15, 2012, Mel Wandzura's license will be suspended and the proprietor's permit for Melcon shall be suspended until payment is made.
4. A copy of the Discipline Committee's decision and its Order shall be provided to the complainant, Duncan Fisher, special advisor to the Deputy Minister of Health and Kevin Wilson, Executive Director of the Drug Plan.
5. A summary of this decision shall be published in the College newsletter with full identification of Mr. Wandzura and Melcon.

## Disciplinary Matters

**On April 30, 2012**, the Discipline Committee was convened to consider charges that the Respondent, Gordon McGonigle, was guilty of professional misconduct within the meaning of Section 25 of *The Pharmacy Act*, 1996 (the "Act"). The charges were that the Respondent while he was employed as the Pharmacy Manager at Shoppers Drug Mart #412 Saskatoon, Saskatchewan and on seven occasions:

- (a) Created prescription records which identified G.J. as the patient, Dr. Andrew Harrington as the prescribing physician and the medication as a Schedule F Drug all of which was false and fictional;
- (b) Discontinued each prescription after filling it in order to conceal what he had done;
- (c) Dispensed to himself a Schedule F Drug without lawful prescriptive authority;
- (d) Billed those prescriptions to the private insurance plan of G.J. without the knowledge, consent or authority of G.J.; and
- (e) Created false and inaccurate records on the Pharmaceutical Information Program by showing that these prescriptions had been dispensed to G.J.

The hearing before the Discipline Committee proceeded pursuant to an Agreed Statement of Facts to which Mr. McGonigle admitted the allegations in the charge and admitted that the conduct described in the charge constitutes professional misconduct as defined in the Act and amounted to a breach of the Code of Ethics, *Food and Drug Regulations* and the NAPRA Model Standards of Practice.

Decision:

Having found Mr. McGonigle guilty of professional misconduct, the Discipline Committee has jurisdiction pursuant to section 34 of the Act to make orders in connection with such finding. The Committee heard a submission as to penalty as well

as an order of costs in the amount of \$7,000.00 which is less than the estimated full costs of \$14,000.00, to reflect Mr. McGonigle's cooperation with the proceedings.

In determining an appropriate sanction in this case, the Discipline Committee was mindful of the clear impropriety of the conduct engaged in by Mr. McGonigle and of the requests of the Complaints Committee. Against that conduct the Discipline Committee considered a number of mitigating factors important in determining this issue including that Mr. McGonigle:

- \* indicated an intention to cease the practice of pharmacy and, at age 71, has followed through on that commitment;
- \* that he fully cooperated with the College;
- \* that he was remorseful for his actions and has not sought to excuse the same;
- \* that he has enjoyed a long and unblemished career, but perhaps most importantly, prior to any complaint of professional misconduct being advanced, Mr. McGonigle did the following:

◇ He apologized to the victim (G.J.).

◇ He wrote a letter of apology to the doctor involved and received an acceptance of that apology.

◇ He contacted the Associate at SDM #412 and apologized for his actions.

◇ He paid for the medications that were billed back to Shoppers Drug Mart by the Insurance Company.

◇ He monitored, through the Associate at SDM #412, the removal of the information from the Insurance Company, PIP records, and Shoppers' Drug Mart's records.

In the circumstances of this case, and in light of the reasons expressed during the proceedings, the Discipline Committee made the following orders pursuant to section 34 of the Act:

1. Mr. McGonigle is hereby reprimanded.
2. Mr. McGonigle shall pay a fine in the amount of \$500.00.
3. Mr. McGonigle shall pay the costs of the investigation and hearing, which costs are fixed in the amount of \$7,000.00.
4. The fine and costs ordered pursuant to paragraphs 2 and 3 above shall be paid on or before December 31, 2012.
5. A copy of this Decision and Order shall be provided to the Shoppers Drug Mart #412 Associate and G.J.
6. A summary of the decision shall be published in the College newsletter with full identification of Mr. McGonigle.

May 23, 2012

To Associations:

In order to ensure transparency for our stakeholders, please find the following information regarding our decisions for the prioritization and expediting of generic drug reviews in response to drug shortages. Our goal is to ensure that the health care system has access to supply options for drugs deemed necessary to ensure the health and safety of Canadians.

The current process included: An initial screening of the existing drug submission queue for the top prioritized drugs (as identified by the provinces and territories). If a submission for one of these products was in queue, it was identified for expedited review. Vitamin K was added to the list, although no submissions have been received. Once the top drugs had been prioritized, a screening of the queue was completed with the entire list of drug products listed as impacted by the Sandoz situation. New generic drug submissions received by Health Canada have also been compared with the shortage list. If the product is on the shortage list it is identified as a potential submission for expedited review with a decision on priority made as described below.

Submissions are assigned for expedited review until three new sources of that drug product have been approved. Once three submissions have been approved, subsequent submissions for the same product are de-prioritized unless:

- There is a clear indication that the product is still in shortage and the approval of more submissions is expected to address the shortage, and
- A jurisdiction indicates support for a company filing a submission for a particular product as they wish to negotiate a contract with that sponsor for the product in question.

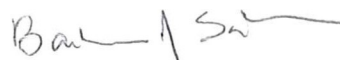
De-prioritized submissions will be placed in\returned to the normal review queue based on the submission filing date. For submissions received in response to the shortage situation, sponsors will be given the option of withdrawing the submission or remaining in the queue.

This process is considered to be interim to respond to the existing shortage situation. It will continue to be used until such time as Health Canada develops a policy document outlining criteria for expediting reviews during shortage situations to ensure that Canadians have access to the medicines that they need.

This information has also been shared with the drug shortage points of contact for each of the provinces and territories.

Thank you in advance for your cooperation and collaboration with Health Canada during the past several months. We look forward to your long term engagement in minimizing the impact of drug shortages on Canadians.

Sincerely,

Barbara J. Sabourin  
Director General

c.c. Provincial and Territorial Ministries of Health



NOVEMBER 16 (evening celebration) & NOVEMBER 17 (conference) – 2012  
TCU PLACE, SASKATOON

## Let's connect on patient care

InterD4 was an unparalleled success. The conference transcended the boundaries of different health disciplines and addressed a wide range of challenges facing health professionals in collaborative care. The vast majority of delegates, comprising almost equal numbers of nurses, pharmacists and physicians, agreed that this event was a useful and enjoyable learning experience that was not only relevant but also likely to have an impact on their practice.

InterD5 will be open to any health care professional with an interest in learning about the fundamentals of interprofessional collaboration. The hands-on, workshop format that was so well received last year will, once again, be used as the learning format for InterD5.

Be sure to mark November 16 (evening) and 17 in your 2012 calendars, as the 5th annual interdisciplinary event – InterD5, will be held at TCU Place in Saskatoon.

The three host organizations: the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan College of Pharmacists and the Saskatchewan Registered Nurses' Association are once again working hard to ensure the program's ongoing success. There will be a President's Social the evening of November 16, 2012. Further details to follow.



### **DEBBIE MCCULLOCH, PHARMACIST HEALTH OF THE POPULATION**

Debbie McCulloch exemplifies the values of a pharmacist - compassion for her patients, passion for the profession, and unbridled enthusiasm for new initiatives that could ultimately enhance patient outcomes. Debbie's clients and all of Rosetown recognize her commitment and truly appreciate her hard work and efforts.

Debbie organizes clinics, lunches, or any services that she feels will benefit the wellness of her clients. These include PACT Program (Partnership to Assist in the Cessation of Tobacco), Falls and Medications, Fall Prevention, Healthy Living, Kids and Medicine, Women's Health, as well as Osteoporosis clinics. Assisting patients in quitting smoking has been her passion. She has been a leader in implementing the PACT program into her practice with impressive results.

Debbie has served on the Saskatchewan College of Pharmacists Council for seven years, serving as President in 2005. Currently, she is the Saskatchewan appointee and executive member on the National Association of Pharmacy Regulatory Authorities (NAPRA).



**Canadian Foundation  
for Pharmacy**

*“Supporting innovation in pharmacy practice”*

June 21, 2012

FOR IMMEDIATE RELEASE

### **Canadian Foundation for Pharmacy Announces two 2012 Pillar of Pharmacy Award winners**

Toronto – The Canadian Foundation for Pharmacy (CFP) is pleased to announce Dr. Murray A. Brown and Mr. Donald F. Rowe as this year's **Pillar of Pharmacy Award** winners. "Both these recipients have a passion and commitment to the advancement of pharmacy in Canada that perfectly aligns them with our other distinguished past Pillar award winners," says CFP's Executive Director Dayle Acorn.

As Vice President, Scientific Affairs with Pfizer Consumer Healthcare, Murray leads a team of professionals in various aspects of the business, from clinical research to quality control and regulatory affairs. He has also served as a pharmacy preceptor to more than 50 pharmacy undergraduate and PharmD students from universities in Canada and the U.S.

Murray's academic roots run deep, having earned his Pharm.D. from the University of Michigan and then served as associate professor and department head at the University of Saskatchewan's College of Pharmacy from 1977-1985. During his tenure, he helped establish the clinical pharmacy undergrad and clinical Masters of Science programs.

Murray spent five years at AstraZeneca as executive director of Government Affairs where he received kudos for successfully completing an HPB pilot project that resulted in the rapid approval of a new pharmaceutical. He also expanded the regulatory affairs department so that a significantly increased volume of submissions could be processed. His leadership strengths were further showcased during his role as executive director of CFP from 2000-2002.

Donald's vast resume exemplifies his ongoing commitment to the profession which began in 1976 when he began practising pharmacy. In addition to roles in community and hospital settings, he has served as Secretary-Registrar of the Newfoundland and Labrador Pharmacy Board (NLPB) since 1994.

Donald has been involved in pharmacy affairs on the national level through membership on the Community Pharmacy Affairs Committee of the Canadian Pharmacists Association and the CFP. He is a member of the Council of Pharmacy Registrars of Canada and the Board of Directors of the National Association of Pharmacy Regulators.

Donald was one of the original members of the Board of Newfoundland and Labrador Centre for Health Information and served on the committee responsible for developing standards for privacy and confidentiality around health information. He is also a member of the provincial Health Professions Regulatory Network.

"He has the respect of his peers that befits a distinguished long-term record of service to the profession and the many people who worked with him over the years," says his nominator Arlene Crane, deputy registrar of the NLPB.

Murray and Donald's outstanding contributions to the profession of pharmacy will be formally recognized at an upcoming Pillar of Pharmacy gala awards dinner this fall.

For more information on the winners or the awards gala, please contact:

Dayle Acorn, Executive Director, CFP  
P: 905-997-3238 E: [dacorn@cfpnet.ca](mailto:dacorn@cfpnet.ca)