

SCOPE *newsletter*

QUALITY PHARMACY CARE IN SASKATCHEWAN

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Exemplary Minor Ailments Prescribing

by Ray Joubert, Registrar



In my work, surprises are common, but none more pleasant than I experienced at the minor ailments prescribing tele-health session on January 23rd. During

that session we heard about the progress with research into its effectiveness, and from two practising members, Brian Gray from Regina, Paul Bazin, and 4th year pharmacy student Jaelee Guenther from Swift Current on their experiences with this practice. At the end I acknowledged and thanked those two members, and all members who practise like them, for your exemplary work. You certainly meet, and in many ways exceed our expectations. For that we congratulate all of you and encourage you to keep up your good work. Your patients and the health care system in general are well served by your efforts. Although you were modest in your presentations, we observed from your enthusiasm that you derive a great deal of satisfaction from this part of your practice.

I also acknowledged the unsung heroes who are part of this endeavor. We thank Kerry Mansell and Jeff Taylor and your colleagues with the College of Pharmacy and Nutrition for accepting the challenges of conducting this research. Your efforts will contribute significantly to the worthiness of this initiative. We also acknowledge Linda Suveges and her

team at the Continuing Professional Development for Pharmacists Unit for your support in designing and delivering the education programs. This training is responsible for the high standard of care that we are observing. Thirdly, to Yvonne Shevchuk, Director and Karen Jensen, Manager and your team at the medSask (formerly Saskatchewan Drug Information Service) for developing what I believe are first class guidelines. They contribute in so many important ways to the credibility and ultimate success of this new service offering.

Finally I was remiss in not recognizing the Pharmacists' Association of Saskatchewan and am taking this opportunity to do so. To Dawn Martin, Executive Director, and through you to Myla Wollbaum, Director of Professional Practice, to the Board of Directors and committee members involved, thanks are extended for establishing a compensation mechanism. It is the first of its kind in this country, a model for others to follow and reflects the value of this service of pharmacists in meeting these health care needs of our patients. In that context we also acknowledge Kevin Wilson, Executive Director, and his team at the Drug Plan for supporting and administering the coverage for these services.

Once again, thanks to everyone involved. Please watch for future announcements as we pursue adding more medical conditions for minor ailment prescribing.



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COLLEGE OF
PHARMACISTS

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SCP COUNCIL 2012-2013

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PRESIDENT-ELECT

Barry Lyons, Saskatoon

PAST PRESIDENT

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Council Highlights

- Council embarked on their first meeting under a new governance framework, following a “knowledge based strategic decision making” model of governance. It is essentially a blend of elements of Policy Governance that have been successful for us and a model recommended by consultants to the Canadian Society of Association Executives.
 - Council received the quarterly report of progress on the Key Action Areas, Targets and Outcomes for the **2012-15 Strategic Action Plan**. The Key Action Areas that the College is addressing are:
 - ♦ **Increased Public Involvement**
 - Targets & Outcomes
 - Improved communication with the public
 - Public needs assessment completed
 - ♦ **Organizational Structure Review**
 - Targets & Outcomes
 - Technician representation on Council
 - Financial sustainability and predictability of SCP
 - Strategic media management
 - ♦ **Practice Redesign & Regulatory Reform**
 - Targets & Outcomes
 - Evaluation framework established
 - 100% PIP utilization
 - Visible member buy-in
 - Autonomous pharmacist practitioners
 - Optimized pharmacists, recommendations and strategies (from 3 key pieces: primary health care redesign; system-wide strategic deployment planning, and pharmacist practice change task force)
 - Standards of practice reviewed by quality assurance
 - Acts & legislation reviewed
 - Pharmacists take a leadership role in preventing prescription drug abuse
- ♦ **Citizenship of SCP**
 - Targets & Outcomes
 - Improved communications with members
 - Increased member engagement
 - Notices of elections for Council were mailed according to the bylaws to eligible members in Divisions 1, 3, 5 and 7. One nomination was received from each of Division 1 and 5: Shannon Clarke and Jarron Yee were declared elected by acclamation. No nomination was received from Division 3 creating a vacancy effective July 1, 2013. Two nominations were received for Division 7 and an election was held on March 28, 2013 with Bill Gerla returning to Council.
- Therefore, the constitution of **Council effective July 1, 2013** will be:
- President:** Barry Lyons, Saskatoon
President-Elect: Spiro Kolitsas, Regina
Vice-President: TBD
Division 1: Shannon Clarke, Estevan
Division 2: Lori Friesen, Melfort
Division 3: Vacant
Division 4: Doug MacNeill, Saskatoon
Division 5: Jarron Yee, Regina
Division 6: Leah Perrault, Swift Current
Division 7: Bill Gerla, Humboldt
Division 8: Justin Kosar, Saskatoon

Continued from Council Highlights...

Past-President: Kim Borschowa, Radville

Ex-Officio: Dr. David Hill, Dean, College of Pharmacy and Nutrition

Public Members: Barbara-Ann deHaan and Pamela Anderson

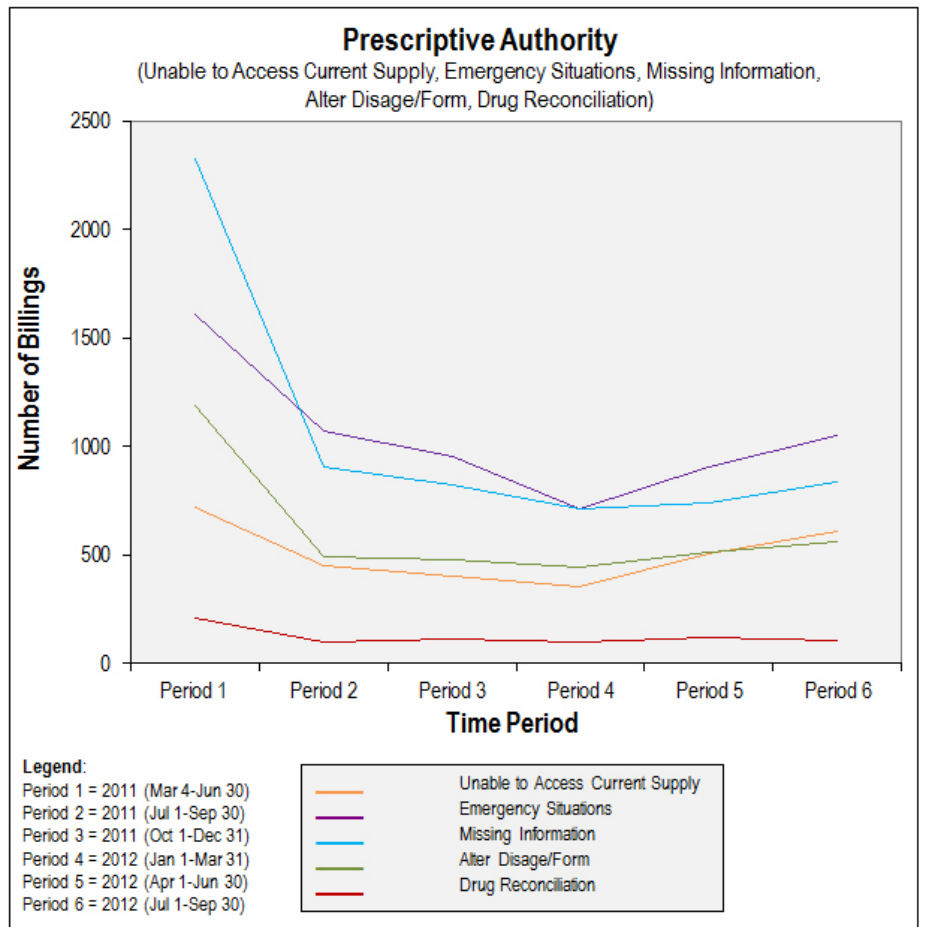
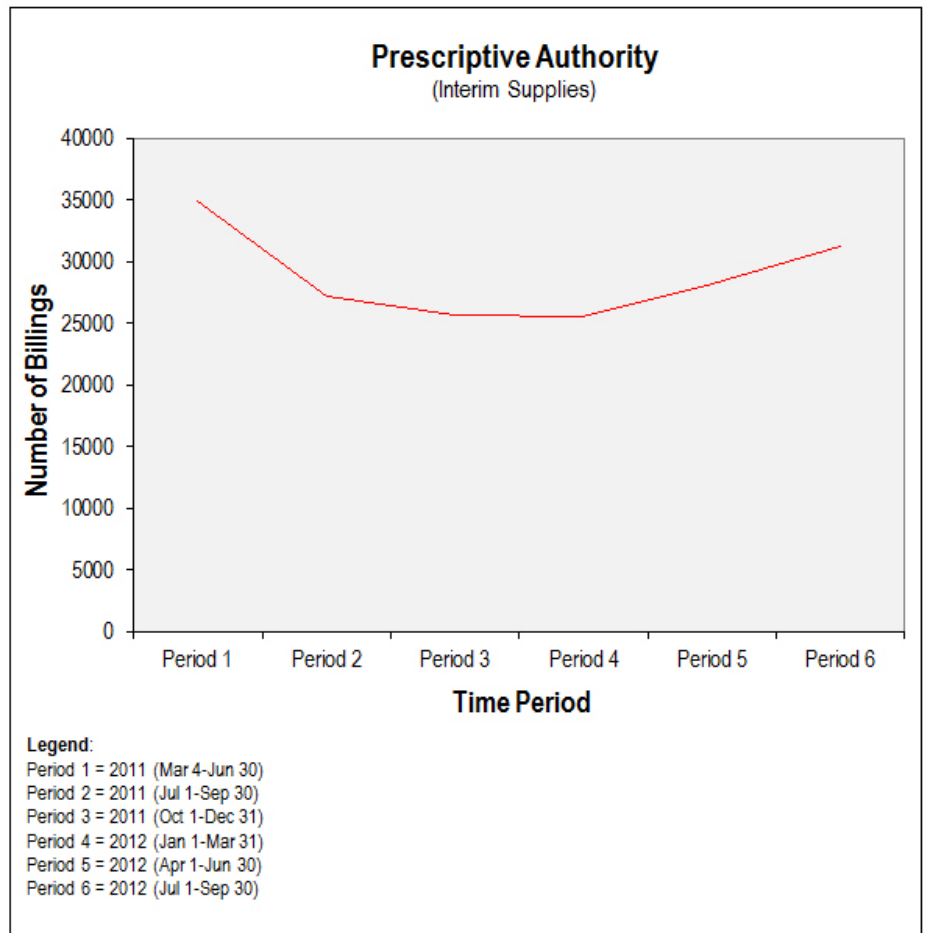
Student Observer: Andrew Plishka, Senior Stick

- Council approved a Medication Safety Pilot Project in Saskatchewan that will mirror programs currently up and running in Nova Scotia and a pilot underway in Prince Edward Island. This project was developed with assistance from the Institute of Safe Medication Practices Canada (ISMP) using ISMP's Medication Safety Self-Assessment and Canadian Pharmacy Incident Reporting systems. Ms. Certina Ho with ISMP attended the meeting to provide an overview of their project and answered questions from Council prior to their decision. (Please see article under separate article regarding the proposed pilot project on page 19.)

- Council reviewed the most recent statistics on Prescriptive Authority received from the Drug Plan: overall, the prescribing rates are trending downward but appear to be stabilizing. Between March 4, 2011 and September 30, 2012:

Council heard that in response to the New England Compounding Centre tragedy, the Pharmacy Registrars have struck a task force to determine the oversight of sterile compounding, and perhaps compounding in general, in Canadian pharmacies. The task force is monitoring very closely the Massachusetts commission of inquiry into this matter, and also reports from the Institute of Safe Medication Practices and a tool for outsourcing prepared by the American Society of Health-System Pharmacists. More information will be provided once the task force has completed its work.

Council approved the 2013-2014 Budget. Please see the separate article on Page 9 of this issue.





SASKATCHEWAN
COLLEGE OF
PHARMACISTS

VISION

Quality Pharmacy Care in Saskatchewan.

VALUES

Visionary Leadership

Professionalism

“Patient First” care

Accountability

Effective Communications

Collaboration, Education

KEY ACTION AREAS

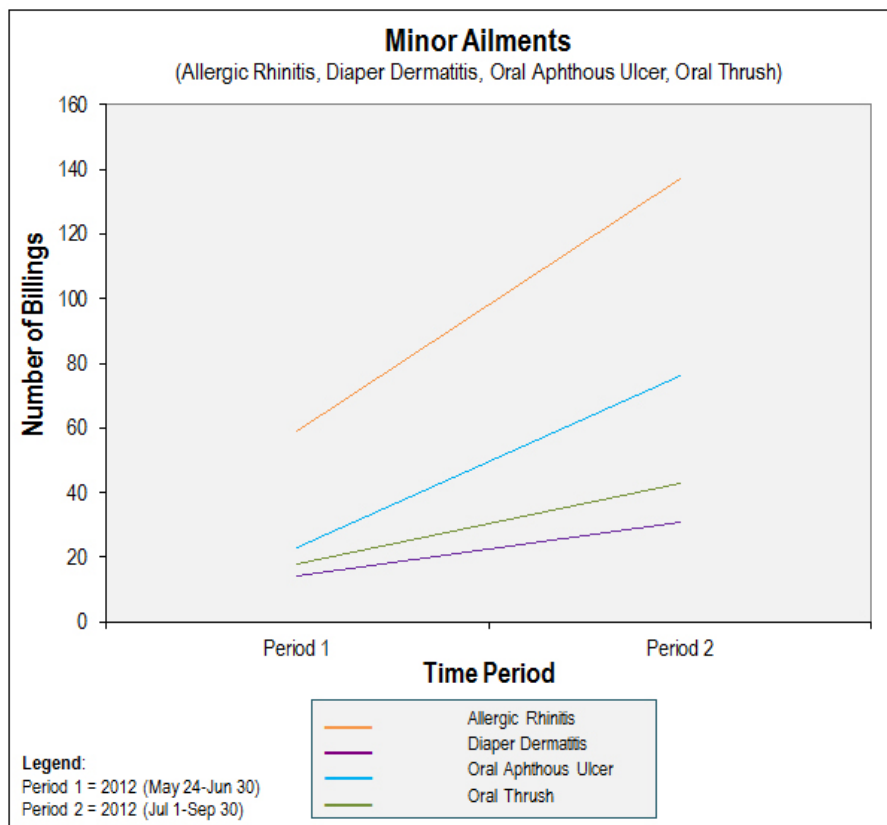
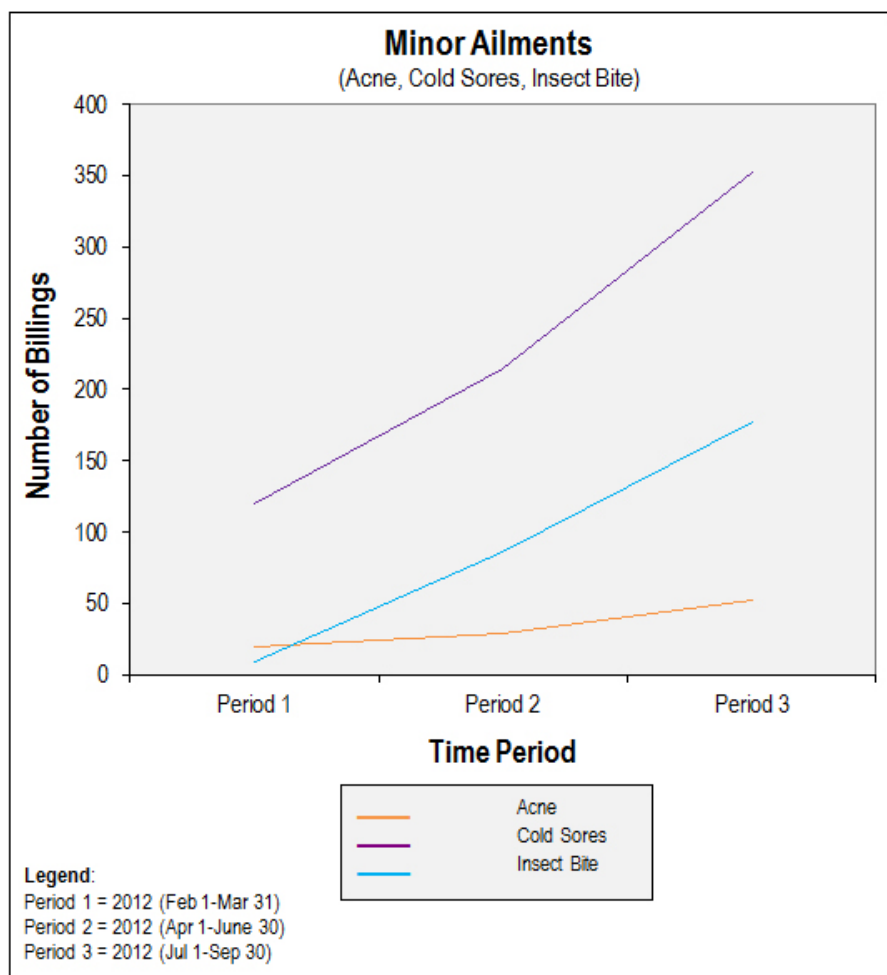
Increased Public Involvement

Organizational Structure Review

Practice Re-design and Regulatory Reform

Citizenship in the Saskatchewan College of Pharmacists (SCP)

Continued from Council Highlights...



KEEP YOUR INFORMATION CURRENT

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

CENTENNIAL SCHOLARSHIP FUND

The Saskatchewan College of Pharmacists Centennial Scholarship Fund Inc. (which replaced the Diamond Jubilee Scholarship Fund) provides scholarships for qualified pharmacy students at the College of Pharmacy & Nutrition at the University of Saskatchewan. Selection is based on academic achievement, leadership, financial need and aptitude in the field of Pharmacy. The Centennial Scholarship Fund Inc. is registered as a charitable foundation with the Canada Revenue Agency. For more information on how to donate, please contact the SCP office by phone at 306-584-2292 or by email at info@saskpharm.ca.



Bylaw Amendment

Pursuant to clauses 14(2)(a) and (i.1) of *The Pharmacy Act, 1996*, the regulatory bylaw of the Saskatchewan College of Pharmacists is amended as follows:

Subsection 14 of section 22 is repealed and the following substituted:

“Except as may be otherwise approved by Council, no pharmacist shall accept for return to stock or re-use any drug or preparation thereof previously dispensed, nor assume responsibility for any drug or preparation thereof which has been removed from his direct supervision for any period of time”.

Previously, regardless of the circumstance no drug or preparation was to be returned or reused once it had been dispensed and removed from the direct supervision of the pharmacist. However, there were two circumstances under which the SCP Council has approved the return and reuse of medications. The two circumstances are for long term care residents and for compliance packaging clients.

1. In the *Supplementary Standards for Pharmacists Providing Long Term Care Services*, medication returns are permissible provided the stipulations outlined in the document are followed;

13(a) Re-dispensing medications shall not occur unless the medication:

- (i) Has been returned to the pharmacy in a single drug, sealed dosage unit as originally dispensed with all blisters intact,
- (ii) Labeling is intact and includes the drug lot number and expiry date, and,
- (iii) The integrity of the product can be verified; and,
- (iv) It is for the same resident.

2. In the Customized Patient Medication Packages document the return of medications is permissible provided the stipulations outlined in the document are followed;

Medications returned in a patient compliance package may not be returned to inventory. (Reference Bylaw 22(14)).

A pharmacist may accept the return of a compliance package from a patient for repackaging for the SAME patient in cases where a change in therapy has occurred. Should repackaging for the same patient occur, steps must be taken to ensure the integrity of the drugs with respect to packaging methods (heat seal, cold seal) and that the date of dispensing of the original package is documented).

Therefore, with the change in the regulatory bylaw, the above two situations are now permissible. However, it should be stressed that medications returned to the pharmacy for long term care patients or compliance packaging clients cannot be used for other patients or returned to stock.

This bylaw change became effective upon the approval of the Minister of Health and the publication in the Saskatchewan Gazette as of March 15, 2013.





ALERT

Preparation of Epidural Medications

Issue:

A patient was admitted to hospital for a routine surgical procedure. An intravenous line (IV) was started, with a 100ml bag of normal saline infusing into the patient. The patient was anesthetized and the surgeon completed the procedure. During that time, the anesthetist was also infusing 250 mcg of Fentanyl into 100 ml bag of normal saline in preparation for the day's epidural procedures and leaving them on the anesthetic cart. No labels were affixed to the bags of normal saline to indicate that it contained a high alert medication.

Prior to leaving the operating room (OR), the anesthetist requested that a second 100 ml bag of normal saline be hung for the patient. About 30 minutes later, the anesthetist returned to the OR and noted that an epidural bag (containing Fentanyl) was missing from the anesthetic cart. When questioned by the anesthetist, the registered nurse (RN) indicated that bag of what the RN thought to be normal saline was taken off the anesthetic cart and was infusing in the patient. The IV bag was immediately removed from the patient (after approximately 20 ml of normal saline containing 50 mcg of Fentanyl had already been infused). Staff in the recovery room was notified and precautions, including extra monitoring, took place for the patient. The patient's stay in the recovery room was extended and the patient remained in hospital overnight for monitoring. The patient was discharged the next day with no adverse effects.

As a result of the root cause analysis, it was determined that there was no standardized practice for the preparation of epidural medications in the OR; each anesthetist had their own method of completing the task. It was also noted that there was an unwritten expectation that the RN not remove medications or fluids from the anesthetic cart; however, there were inconsistent practices in training new OR personnel on this practice.

Recommendations:

The Ministry of Health would like to advise of the following recommendations for action based upon review of the critical incident:

Regional health authorities and health care organizations will ensure that:

- Standardized practices related to the preparation of epidural bags (drug and concentration) in the operating room be implemented, and, whenever possible, infusions for the epidural therapy should be purchased or centrally prepared by the Pharmacy Department;
- A standardized labeling process be developed for the contents of all epidural bags;
- A training program for all operating room personnel is in place that includes the standardized practices related to epidural infusions;
- A "High Alert Medication" policy is in place and that includes epidural infusions (See the following link - http://www.saskatoonhealthregion.ca/about_us/policies/7311-60-020.pdf - with thanks to the Saskatoon Health Region for providing).

Alerts are released by Saskatchewan Health following the review of at least one critical incident of this type reported to the ministry. The intent of an Alert is to recommend initiatives that will improve the safety of patients who may be cared for under similar circumstances.

A critical incident is defined as a serious adverse health event including, but not limited to, the actual or potential loss of life, limb, or function related to a health service provided by, or a program operated by, a regional health authority or health care organization.

Recommendations are intended to support the development of best practices and to act as a basic framework for modification so that the end result is a good fit within your Regional Health Authority and Health Care Organization. To assist you, when able, we will share RHA policies or initiatives that have been developed.



Fact Sheet

FOR HEALTH PROFESSIONALS

FOR MORE INFORMATION CALL: 1 877-559-9986

THE NON-INSURED HEALTH BENEFITS

PRESCRIPTION MONITORING PROGRAM (NIHB-PMP) APRIL 2012

What is the Non-Insured Health Benefits Program?

The Non-Insured Health Benefits (NIHB) Program is Health Canada's national health benefit program that provides coverage for medically necessary drugs, dental care, vision care, medical supplies and equipment, short-term crisis intervention mental health counselling and medical transportation for eligible registered First Nations and recognized Inuit.

The NIHB Program aims to enhance the safe use of prescription medications and ensure that benefit criteria are met before claims are paid.

Why has NIHB implemented a Prescription Monitoring Program?

The NIHB Program has implemented a Prescription Monitoring Program (PMP) to address concerns over potential abuse and misuse of prescription medications such as benzodiazepines, opioids, stimulants and gabapentin.

In the past, a client could be seeking prescriptions from several different prescribers simultaneously and filling them at multiple pharmacies. Therefore, no single prescriber or pharmacist could assess the appropriateness of the sum total of the drugs prescribed and dispensed. This led to concerns over client health and safety and also to verification of benefit criteria regarding benzodiazepines, opioids, stimulants and gabapentin.

Briefly, how does the NIHB-PMP work?

If a client's pattern of drug utilization covered by NIHB exceeds a safe established threshold, that client is asked to choose a single prescriber to write all prescriptions for benzodiazepines, opioids, stimulants and/or gabapentin. Once a physician has agreed to be the client's only prescriber, NIHB will cover the cost of those prescriptions, which can be dispensed at any pharmacy.

How will the NIHB-PMP resolve health and safety concerns?

When prescriptions for a client's benzodiazepines, opioids, stimulants and/or gabapentin are limited to a single prescriber, that prescriber will be aware of ALL benzodiazepine, opioid, stimulant and/or gabapentin prescriptions covered by the NIHB Program.

Note:

All other medications on the NIHB drug benefit list will be covered as usual even if they are prescribed by other physicians.

Who makes the decisions regarding the NIHB-PMP?

The NIHB-PMP is managed by Health Canada's health professionals. These health professionals oversee the clinical aspects and implementation of the NIHB PMP in order to promote the safe use of benzodiazepines, opioids, stimulants and gabapentin. They provide recommendations on specific clients to be placed in the NIHB-PMP.

How does a client get placed in the NIHB-PMP?

Clients who have been prescribed inappropriate quantities of benzodiazepines, opioids, stimulants and/or gabapentin are identified by a drug utilisation review. A NIHB health professional then reviews the anonymized drug profiles and if an individual's NIHB drug profile exceeds established thresholds, the client's drug profile is submitted to other health professionals for their review and recommendation.

What will happen at the pharmacy?

When the client attempts to fill a prescription, the pharmacy will receive a rejection message and be asked to call the NIHB Drug Exception Centre (DEC) at a toll-free number. After speaking to a DEC representative, the pharmacy will receive by fax two copies of this Fact Sheet, and the following three documents that should be given to the client:

1) Letter to Client

This letter will inform the client that in order for NIHB to continue paying for benzodiazepines, opioids, stimulants and/or gabapentin, they will have to choose only one physician to prescribe these medications.

2) Physician-Acceptance Form

This form must be completed by the physician of the client's choice who agrees to be their sole prescriber of benzodiazepines, opioids, stimulants and gabapentin.



SHIRP UPDATE



SHIRP has added Minor Ailments and Products for Minor Ailments to e-Therapeutics⁺ which now makes e-therapeutics complete. These additions mean access to information from Patient Self Care and Compendium of Self Care Products, resources requested by many pharmacists associated with SHIRP.

Continued from Fact Sheet...

3) Client-Physician Contract

This is a tool to assist the physician and client in describing their agreement.

Will the pharmacy be paid for this work and interaction?

Yes. The pharmacy will be paid a dispensing fee (DF) when the client attempts to have a prescription filled for the first time after being placed in the NIHB-PMP. The pharmacist will be issued a Prior Approval for the client by the DEC for a specific pseudo-DIN (91500001) with which they will be able to submit a claim for a single DF.

The DF will cover the cost of:

- calling DEC and speaking to the NIHB representative,
- accepting the faxed documents from NIHB, AND
- giving the three documents plus one copy of the Fact Sheet to the client. The other copy of the Fact Sheet is for the pharmacist.

If the client has difficulty understanding the documents, this pharmacist will be well positioned to explain the document contents and to direct the client to call the toll-free telephone number for additional information.

What happens after the client has been given the three documents?

Until the client has chosen a single physician and NIHB has received a signed Physician-Acceptance Form, the NIHB Program will reject payment for

claims submitted for benzodiazepines, opioids, stimulants and gabapentin by pharmacies.

However, a pharmacist is authorized to dispense one 7-day supply of the medication until the client has chosen a physician.

What does this mean for physicians?

When a client asks a physician to be their sole prescriber of benzodiazepines, opioids, stimulants and/or gabapentin, they should bring the previously mentioned three documents and Fact Sheet to the physician's office. A physician is under no obligation to accept this request.

However, if the physician accepts, they need to:

- Sign the physician acceptance form and fax it back to NIHB. This will enable NIHB to resume coverage of prescriptions for benzodiazepines, opioids, stimulants and/or gabapentin.
- Consider completing the Client-Physician Contract as a tool to clarify their agreement. If this optional contract is completed, it should also be faxed back to NIHB.



DRUG SCHEDULE AMENDMENT – Dimeticone 100 cSt Solution, 50% w/w

This is to confirm that Dimeticone 100 cSt Solution, 50% w/w for topical use in the treatment of head lice has been added to Schedule III.

This means that products of Dimeticone 100 cSt Solution, 50% w/w for topical use in the treatment of head lice 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).

Non-Insured Health Benefits
First Nations and Inuit Health Branch
Health Canada
2-200 Eglantine Driveway, Tunney's Pasture,
Postal Locator 1902A
Ottawa, Ontario
K1A 0K9



REMINDER TO PHARMACISTS:

FAX NUMBER MISDIALING TO DRUG PLAN

The Ministry has been made aware that faxes sent into the Drug Plan for Exception Drug Status (fax # 306-798-1089) have been inadvertently going to the wrong fax number because of misdialing.

Please ensure the correct fax number is keyed when faxing forms, documentation or information from your pharmacy to the Ministry of Health or anywhere within the health system. Sending faxes containing personal information or personal health information to an incorrect fax number would be considered a breach of privacy under "The Freedom of Information and Protection of Privacy Act" and "The Health Information Protection Act". Both Acts allow for investigations into privacy breaches by the Ministry of Health and the Office of the Information and Privacy Commissioner.



2013 Budget Summary

Council approved the 2013 budget and fee schedule as follows:

Fees - Registration and Other

	Actual 2012	Actual 2013	Difference	Change
Registration	275.00	280.00	5.00	1.8%
Out of Province	730.00	735.00	5.00	0.7%
Locum Tenens	280.00	285.00	5.00	1.8%
Dispensing Physicians	840.00	845.00	5.00	0.6%
Intern	115.00	120.00	5.00	4.4%
Appraisal Training				
Application Fee	225.00	230.00	5.00	2.2%
Assessment Fee	715.00	720.00	5.00	0.7%
Total	940.00	950.00	10.00	1.1%
Re-Instatement	270.00	275.00	5.00	1.9%
Forensic Exam	285.00	290.00	5.00	1.8%
Lock & Leave	445.00	450.00	5.00	1.1%
Permit Amendment	275.00	280.00	5.00	1.8%
Late Payment	250.00	255.00	5.00	2.0%
Second Pre-Opening Inspection	750.00	755.00	5.00	0.7%
Membership and Permit Fees				
Practising	975.00	975.00	-	0.0%
Non-Practising	870.00	870.00	-	0.0%
Associate	155.00	155.00	-	0.0%
Retired	75.00	75.00	-	0.0%
Pharmacy	1,700.00	1,400.00	-300.00	-17.7%
Satellite Pharmacy	855.00	705.00	-145.00	-17.1%
Expense Reimbursement				
Per diem	210.00	215.00	5.00	2.4%
Meal Allowance	105.00	110.00	5.00	4.8%
Travel per Km.	0.44	0.45	0.01	2.3%

The 2013 budget projects \$2,315,801 in revenue, \$2,178,163 in expenditures generating a surplus of \$137,638. Highlights:

- (a) Cost increases are expected due to inflation affecting administration and operations including Council and committee activity plus hiring 1 additional administrative staff and strengthening our communications strategy by outsourcing a consultant.
- (b) Higher costs are projected (legal, committee, administrative) for past and future complaints investigation and discipline due to the increase in the number or severity of the cases, and the carry over of a significant number of cases

from 2012. Because of this our financial performance improved for 2012 allowing for partial recovery of reserves to be used to offset some of the costs of discipline and to replenish our operating reserve.

- (c) We will continue strategies to reduce discipline costs. These include alternative dispute resolution (i.e. mediation, Consensual Complaints Resolution Agreements) along with monitoring the effectiveness of these strategies. For example, mediated disputes do not normally result in cost recovery for SCP as that is seen as a deterrent to resolving the dispute. Also to be more proactive we continue to set targets for more consistent and meaningful pharmacy visits focusing on quality.



NATURAL HEALTH PRODUCTS REGULATIONS

From a memorandum to Community Pharmacy Managers from the Registrar sent March 13, 2013

This is to advise of important federal regulatory changes that affect Natural Health Products. To assist, we enclose a message prepared by the National Association of Pharmacy Regulatory Authorities that provides guidance to pharmacists across Canada. We agree with the summation that:

“Pharmacists are reminded that only products that have received a market authorization or product license from Health Canada are approved for sale in Canada. Authorized products in Canada will bear a Drug Identification Number (DIN), a Natural Product Number (NPN) or a Homeopathic Medicine Number (DIN-HM).”

Therefore, Natural Health Products that do not bear any number on the label can no longer be sold and should be removed from your inventory. Where the label bears an Exemption Number (EN), its status should be confirmed in the following article. If a license has been issued but the label has not been updated, the product may be sold and pharmacies have until September 2014 to clear your inventory.

Continued from 2013 Budget Summary...

- (d) In partnership with the Institute of Safe Medication Practices (Canada) we will be implementing a continuous quality improvement pilot project similar to the SafetyNET-Rx program in Nova Scotia, which is also being piloted in Newfoundland, Labrador and Prince Edward Island.
- (e) We continue to implement a number of cost savings measures such as accelerating our “paper light” strategy (i.e. relying more on e-mail and technology through our new in1touch web based information and data management on-line system) to reduce paper, postage, distribution and other administrative costs).
- (f) Increased honoraria and other allowances (last increased in 2010).
- (g) We have not budgeted for continuing our public education campaigns. We will provide in kind support for PAS activities.
- (h) Our projections for revenue are based upon long term trends in modest membership growth with no growth in the number of pharmacies.
- (i) Eliminated the \$300.00 pharmacy permit surcharge implemented three years ago to fund development of regulated pharmacy technicians.
- (j) Office renovations due to addition of staff, administrative reorganization and to replace some furniture and fixtures will be financed from our building reserve rather than fees.
- (k) Computer hardware and software upgrades are capitalized with costs amortized over their useful life and funded by our capital assets reserve.
- (l) We will continue participating in the PAS regional meetings using technology to reduce costs.
- (m) We will continue to participate in the PAS conference.
- (n) Regular Council and Committee activity is projected.
- (o) All other programs and priorities remain unchanged.

Further information is available from the SCP office.



Natural Health Products (Unprocessed Product Licence Applications) Regulations

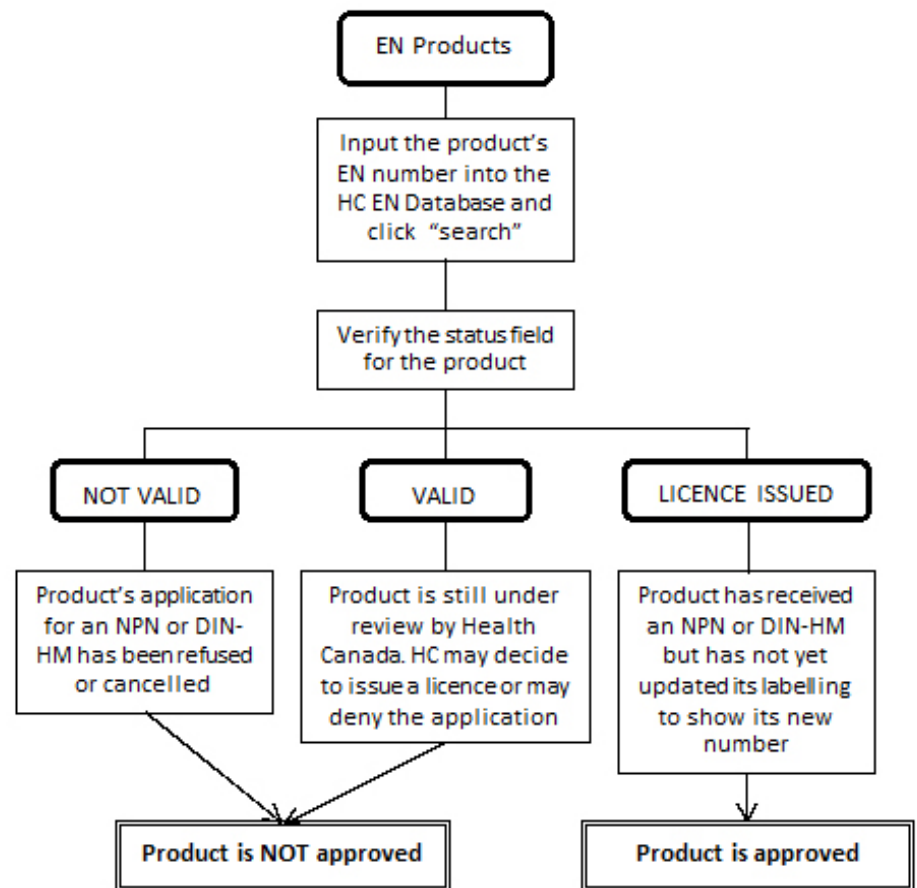
(NHP-UPLAR) – COMMON MESSAGING APPROVED BY NAPRA BOARD ON FEBRUARY 20, 2013

• As of February 4, 2013, the *Natural Health Products (Unprocessed Product License Applications) Regulations (NHP-UPLAR)* were repealed. These Regulations were promulgated two and a half years ago to address unprocessed natural health product applications.

• During the period of August 4, 2010 to February 3, 2013, the Regulations allowed for the sale of a category of products for which Health Canada (HC) had not yet issued a product license but had completed an initial assessment to ensure that information supporting the safety, efficacy and quality of the product had been provided and that specific safety criteria had been met. These products received an Exemption Number (EN).

• With the repeal of the NHP-UPLAR, Exemption Numbers will no longer be used. However, it is possible that some products that still display an EN may have received a NPN or DIN-HM because the change in labeling of the product has not been completed. Health Canada offered a period of transition (until September 2014) to retailers to phase out their stock of approved products with non-compliant labeling.

• When presented with a product with an EN number, pharmacists should verify its status by searching for the product on Health Canada's Natural Health Products Exempted Products Database. Once the product information is displayed, pharmacists should verify the status field for that product. Below is a chart outlining how to interpret the information provided on the Exempted Products Database.



The following are links to Health Canada's Databases for natural health products:

- **Natural Health Products (NHP) Exempted Products Database** (for products with EN) <http://webprod3.hc-sc.gc.ca/product-produit/search-rechercheReq.do?lang=eng>
- **Licensed Natural Health Products (NHP) Database** (for products with NPN or DIN-HMs) <http://webprod3.hc-sc.gc.ca/lnhpd-bdpsnh/index-eng.jsp>
- Pharmacists are reminded that only products that have received a market authorization or product license from Health Canada are approved for sale in Canada. Authorized products in Canada will bear a Drug Identification Number (DIN), a Natural Product Number (NPN) or a Homeopathic Medicine Number (DIN-HM).
- If you are unsure about the status of a product you may want to contact Health Canada at 1-800-OCANADA (1-800-622-6232) to obtain clarification.



**Canadian Association of
Pharmacy Technicians
Professional Development
Conference**

The Canadian Association of Pharmacy Technicians (CAPT) is pleased to present the 2013 Professional Development Conference May 24th to 26th at the Delta Vancouver Airport Hotel in Vancouver, BC.

The CAPT conference is an annual national event which offers pharmacy technicians the opportunity to learn different scopes of practice, new techniques and new ideas in the profession.

For complete details on the conference and to register go to www.capt.ca.

THE Voice of Canadian Pharmacy Technicians for Over 25 Years

9-6975 Meadowvale Town Centre Circle,
Suite #164,
Mississauga, Ontario
L5N 2V7
www.capt.ca
voicemail/fax 416-410-1142
email pdc@capt.ca

“From the Desk of the Dean,”

April 2013
Dr. David Hill
College of Pharmacy and Nutrition

The College will be celebrating its 100th birthday in 2013-2014. We have struck a Centennial Planning Committee and sub-committees with Garry King, BSP 1970, and Dennis Gorecki, BSP 1969, co-chairing the main planning committee. We are pleased to have Heather Dawson, our Communications and Alumni Relations Officer, providing key support to the committee and sub-committees.

The School of Pharmacy was opened in September 1913 within the College of Arts and Science. The first students entered the Certificate in Pharmacy program in January 1914. From those early roots, the School became its own College in 1923, the Division of Nutrition and Dietetics joined the College of Pharmacy in 1987, and in 1994 we became the College of Pharmacy and Nutrition.

Centennial celebrations begin on September 20, 2013 with an official launch ceremony and unveiling of *A History of Pharmacy Education* book, followed by a tailgate party and attendance at the Huskie Football Homecoming game. We will continue festivities throughout the year by participating in regional receptions in conjunction with the U of S President’s Tour. The exact dates and locations of the regional receptions are being planned and we will inform our alumni and friends of those receptions when they are confirmed.

In March 2014, we will participate as a College at the Huskie Home Opener at the CIS Men’s Hockey University Cup that is being hosted by the U of S. This will be a great opportunity for students, faculty, staff, alumni and families to get together at an exciting event, recognize our 100th year, and show our College pride. Our Centennial will wrap up with an All Years Reunion weekend on June 26-28, 2014 in Saskatoon. Activities will include the 29th Annual Golden Suppository Golf Classic,

class get-togethers, campus tours and a gala evening at which we will fondly look back on the history of our great College.

We are looking forward to reconnecting with our alumni and friends to celebrate this milestone. There will also be an opportunity to create a legacy in the College and the University. For more information on the Centennial, please visit www.usask.ca/pharmacy-nutrition/centennial.

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



Safe and Effective Use of Opioids for Chronic Non-cancer Pain

This course is offered jointly with the Centre for Addiction and Mental Health (CAMH), the Toronto Rehabilitation Institute - University Health Network and the Office of Continuing Education and Professional Development, Faculty of Medicine, University of Toronto.

Delivery method

Online course with modules released weekly, and a two-hour webinar at the end of the course. Facilitators will guide you along the course.

Faculty:

Dr. ANDREA FURLAN, MD, Scientist, Toronto Rehabilitation Institute – UHN and Assistant Professor, Dept. of Medicine, Faculty of Medicine, University of Toronto.

BETH SPROULE, Pharm.D. Advanced Practice Pharmacist / Clinician Scientist Centre for Addiction and Mental Health Assistant Professor, Faculty of Pharmacy and Dept. of Psychiatry, University of Toronto.

Fee

\$275.00

Dates

June 3 to June 28, 2013

Site: At any location with a computer and an internet connection.

Course Description

This online course provides health care professionals with evidence-based tools and recommendations from the *Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-cancer Pain*. This course will guide you through the Opioid Manager, a point-of-care tool that condenses key elements of the *Canadian Guideline* and which you can use with your inter-professional team in clinical practice or primary care settings.

Learning objectives

After successfully completing the course, participants will be able to:

- collaborate routinely with other health care professionals addressing a patient's chronic non-cancer pain
- identify patients who may be suitable candidates for opioid therapy by following *Canadian Guideline* recommendations
- identify patients at risk for opioid addiction and misuse
- discuss with patients and their treatment team the effectiveness of opioids in treating chronic non-cancer pain
- safely conduct an opioid trial by following *Canadian Guideline* recommendations
- safely monitor patients on long-term opioid therapy by following *Canadian Guideline* recommendations.

Target audience

This course is open to health care providers (physicians, pain specialists, addiction specialists, mental health clinicians, pharmacists, nurses, dentists, social workers, occupational therapists and physiotherapists) involved in the treatment of patients with chronic non-cancer pain.

To register, please visit our website: www.camh.ca/en/education/about/AZCourses/Pages/safer_odt.aspx

For more information about the course call 1 800 661-1111 or at 416 535-8501, ext. 6640

Discipline Matters

On September 14, 2012, the Discipline Committee was convened to consider charges that the Respondents, Tricia Glines, was guilty of professional misconduct and that McKay's Arcola Pharmacy Ltd. (the "Pharmacy") of which Ms. Glines was pharmacy manager and a director, has been charged with proprietary misconduct within the meanings of Sections 25 and 26 of *The Pharmacy Act, 1996* (the "Act").

The conduct underlying these charges occurred between January 1, 2010 and March 31, 2010. The formal charges against the Respondents alleged that between these dates:

(a) Without the approval of the prescribing physician, the Respondents dispensed on numerous and several occasions, Sandoz brand when that brand was 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 the Sandoz product.

(c) Further to paragraph (b), the Respondents compromised the integrity of the Pharmaceutical Information Program (PIP) by dissemination of 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.

(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.

This matter proceeded pursuant to an Agreed Statement of Facts which included the admission that the Respondents' actions constitute professional misconduct and proprietary misconduct and amount to a breach of the Act, *The Prescription Drugs Act*, the Bylaws of the Saskatchewan College of Pharmacists (the "College"), as well as the NAPRA Model Standards of Practice for Canadian Pharmacists.

The Discipline Committee accepted the admissions and found Ms. Glines guilty of professional misconduct and McKay's Arcola Pharmacy Ltd., guilty of proprietary misconduct, within the meaning of Sections 25 and 26 of the Act.

The Discipline Committee determined that it is appropriate that (a) Ms. Glines should pay a fine in the amount of \$2,000.00, (b) the Pharmacy should pay a fine in the amount of \$9,000.00, and (c) the Respondents should pay costs be fixed in the amount of \$7,000.00, (d) a summary of the Discipline Committee's decision should be published, and the complainants be provided with a copy of Discipline Committee's decision and its Order. The Discipline Committee decision allowed the Respondents time to make payment, but provided that the applicable licenses and permits would be suspended if payment was not made.

The Discipline Committee noted that this case had many of the hallmarks that lead to the order of substantial fines in the original "din spinning" decision. The conduct called into question in this case was not an isolated occurrence. Rather, it occurred repeatedly during the period of time covered by the charge and was done solely to secure economic advantage to the Pharmacy. The Discipline Committee noted that Ms. Glines knowingly participated in activity that not only implicated the proper administration of the Drug Plan and associated with it the public trust of pharmacies and pharmacists, but had the potential to cause harm to her patients.

The Discipline Committee rejected the submission by the Respondents that it was relevant there were apparently a number of other pharmacies involved in similar activity, or that there are today fewer SOC drugs, or that the drug plan's use of SOC in some way "caught" pharmacists such as Ms. Glines "in the middle". However, the Discipline Committee stated that there were several circumstances that distinguished this case from the facts in the original "din spinning" case. The first and most important distinction is the fact that Ms. Glines discontinued the practice of DIN "spinning" once she realized that it was wrongful and well before the College's investigation. The Discipline Committee concluded that this factor was relevant in connection with findings of both professional misconduct and proprietary misconduct. The Discipline Committee noted that the College and its members, as well as the public at large, have an interest in encouraging pharmacists and proprietors to cease activity that might amount to misconduct. This objective would be undermined if the fines imposed in this case are not reduced from the maximum allowed in the Act to reflect the fact that the Respondents had self-corrected the pattern of misconduct." Factors within Ms. Glines personal and professional life which further distinguished this case

Continued from Discipline Matters...

from the earlier decision were taken into account by the Discipline Committee.

The reasons for the award of costs made by the Discipline Committee was in keeping with previous decisions.

On September 14, 2012, the Discipline Committee was convened to consider charges that the Respondents, James Sereda and a proprietary pharmacy owned and operated by him (the "Pharmacy"), were guilty of professional misconduct and proprietary misconduct within the meanings of Sections 25 and 26 of *The Pharmacy Act, 1996* (the "Act").

The conduct underlying these charges occurred between January 1, 2010 and March 31, 2010. The formal charges against the Respondents alleged that between these dates:

(a) Without the approval of the prescribing physician, the Respondents dispensed on numerous and several occasions, PMS brand when that brand was not designated as the Standing Offer Contract (SOC) product 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 the PMS product.

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

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

This matter proceeded pursuant to an Agreed Statement of Facts which included the admission that the Respondents' actions constitute professional misconduct and amount to a breach of the Act, *The Prescription Drugs Act*, the Bylaws of the Saskatchewan College of Pharmacists (the "College"), as well as the NAPRA Model Standards of Practice for Canadian Pharmacists.

The Discipline Committee accepted this plea and found Mr. Sereda guilty of professional misconduct and the Pharmacy guilty of proprietary misconduct, within the meaning of Sections 25 and 26 of the Act.

The Discipline Committee determined that it is appropriate that (a) Mr. Sereda should pay a fine in the amount of \$4,000.00, (b) the Pharmacy should pay a fine in the amount of \$15,000.00, (c) the Respondents should pay costs to be fixed in the amount of \$7,000.00, and (d) a summary of the Decision should be published, however in the unique circumstances of this case, the Discipline Committee modified its customary publication order.

In reaching this decision, the Discipline Committee noted that there were many of the hallmarks that lead to the order of substantial fines in the Decision from the first file heard by the Discipline Committee regarding "DIN Spinning". The conduct called into question in this case was not an isolated occurrence. Instead, it occurred repeatedly during the period of time covered by the charge.

Mr. Sereda indicated that he continued ordering the PMS brand even when he knew there was an SOC brand. He only stopped this practice on January 17, 2011,

the date he gave his statement to the College's inspector.

The Discipline Committee noted in its decision that there is little doubt that the Respondents' actions were done solely for financial gain and that the activity was deliberate and ongoing. The Discipline Committee further noted that "the simple fact is that Mr. Sereda knowingly participated in the activity that not only implicated the proper administration of the Drug Plan and associated with it the public trust of pharmacies and pharmacists, but had the potential to cause harm to his patients, to the extent that the Respondents provided false information to the Drug Plan. This activity continued until the member became the subject of the College's investigation."

The Discipline Committee noted a distinction from its first decision on DIN spinning. Specifically, while the SOC DIN was transmitted to the Drug Plan, Mr. Sereda correctly labelled the product packaging given to patients with the PMS brand DIN. As a consequence, the risk of harm to patients was limited to risks that might follow from the provision of incorrect information to the Drug Plan. The Discipline Committee noted in its decision that it "was prepared to recognize this as a factor that in one way mitigates the seriousness of the professional misconduct, while on the other hand, it demonstrates the deliberateness of the misconduct in relation to the submission of incorrect information to the Drug Plan, therefore is not considered to reduce the seriousness of the proprietary misconduct."

In keeping with previous decisions, Discipline Committee directed that the Respondents pay the full costs of investigation and the hearing.

Because the Pharmacy had been sold by Mr. Sereda after the impugned conduct occurred, it directed that this summary not identify the name of the Pharmacy.

On September 15, 2012, the Discipline Committee was convened to consider charges that the Respondents, Sandra Dufour, was guilty of professional misconduct and that Sandy's Pharmacy and Alternative Health Care Inc. (the "Pharmacy") of which Ms. Dufour was pharmacy manager and a director, has been charged with proprietary misconduct within the meanings of Sections 25 and 26 of *The Pharmacy Act*, 1996 (the "Act").

The conduct underlying these charges occurred between January 1, 2010 and March 31, 2010. The formal charges against the Respondents alleged that between these dates:

(a) Without the approval of the prescribing physician, the Respondents dispensed on numerous and several occasions, Cobalt brand when that brand was 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 the Cobalt products.

(c) Further to paragraph (b), the Respondents compromised the integrity of the Pharmaceutical Information Program (PIP) by dissemination of 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.

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

This matter proceeded pursuant to an Agreed Statement of Facts which included the admission that the Respondents' actions constitute professional misconduct and proprietary misconduct and amount to a breach of the Act, *The Prescription Drugs Act*, the Bylaws of the Saskatchewan College of Pharmacists (the "College"), as well as the NAPRA Model Standards of Practice for Canadian Pharmacists.

The Discipline Committee accepted this plea and found Ms. Dufour guilty of professional misconduct and Sandy's Pharmacy and Alternative Health Care Inc. guilty of proprietary misconduct, within the meaning of Sections 25 and 26 of the Act.

The Discipline Committee determined that it is appropriate that (a) Ms. Dufour should pay a fine in the amount of \$3,000.00, (b) the Pharmacy should pay a fine in the amount of \$9,000.00, and (d) the Respondents should pay costs be fixed in the amount of \$7,000.00, (d) a summary of the Discipline Committee's decision should be published, and the complainants be provided with a copy of Discipline Committee's decision. The Discipline Committee decision allowed the Respondents time to make payment, but provided that the applicable licenses and permits would be suspended if payment was not made.

In reaching this decision, the Discipline Committee noted that there were important differences between this case and the facts involved in the first case of "DIN Spinning" heard by the Discipline Committee in May, 2012. These

distinctions included that Ms. Dufour had discontinued the practice of "spinning" once she realized that it was wrongful, and well before the College's investigation. This factor was determined to be relevant in connection with findings of both professional misconduct and proprietary misconduct. The Discipline Committee held that an award of the maximum allowable fine is not needed to serve as specific deterrence of Ms. Dufour or the Pharmacy. The Discipline Committee also noted that College and its members, as well as the public at large, have an interest in encouraging pharmacists and proprietors to cease activity that might amount to misconduct, which interest would not be served if a fine in the maximum amount was ordered. The Discipline Committee also noted that what occurred in this case was not part of a pre-meditated plan to mislead the Drug Plan in any way. While Ms. Dufour acknowledged that her decision to use up the non-SOC product was deliberate and was "motivated by financial worries and greed", her actions were not part of any design or system created to cheat the system.

In directing that the Respondents pay the full costs of investigation and the hearing, the Discipline Committee noted that the award of costs is not part of the punishment or penalty, but rather reflects that it is the member and pharmacy that have been the cause of the proceeding. The Discipline Committee has expressed in a number of previous decisions that it is generally fair that where misconduct has occurred the necessary and reasonable costs of investigating and prosecuting that misconduct be borne by the member and/or pharmacy involved in the activity. Here there is no suggestion that the costs claimed by the Complaints Committee were either unnecessary or unreasonable. To the extent that the cooperation of the Respondents has made the process less expensive, they realize a corresponding benefit through the reduction of the expenses incurred by the College through the disciplinary process.

On September 15, 2012, the Discipline Committee was convened to consider charges that the Respondents, Delee Foley, was guilty of professional misconduct and that Bengough Drugs Ltd. (the "Pharmacy") of which Ms. Foley was pharmacy manager and a director, has been charged with proprietary misconduct within the meanings of Sections 25 and 26 of *The Pharmacy Act, 1996* (the "Act").

The conduct underlying these charges occurred between January 1, 2010 and March 31, 2010. The formal charges against the Respondents alleged that between these dates:

(a) Without the approval of the prescribing physician, the Respondents dispensed on numerous and several occasions, Sandoz and Apotex brands when those 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 Sandoz or Apotex products.

(c) Further to paragraph (b), the Respondents compromised the integrity of the Pharmaceutical Information Program (PIP) by dissemination of 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.

(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.

This matter proceeded pursuant to an Agreed Statement of Facts which included the admission that the Respondents' actions constitute professional misconduct and amount to a breach of the Act, *The Prescription Drugs Act*, the Bylaws of the Saskatchewan College of Pharmacists (the "College"), as well as the NAPRA Model Standards of Practice for Canadian Pharmacists.

The Discipline Committee accepted the admissions and found Ms. Foley guilty of professional misconduct and Bengough Drugs Ltd., guilty of proprietary misconduct, within the meaning of Sections 25 and 26 of the Act.

The Discipline Committee determined that it is appropriate that (a) Ms. Foley should pay a fine in the amount of \$3,000.00, (b) the Pharmacy should pay a fine in the amount of \$5,000.00, and (c) the Respondents should pay costs be fixed in the amount of \$7,000.00, (d) a summary of the Discipline Committee's decision should be published, and the complainants be provided with a copy of Discipline Committee's decision and its Order. The Discipline Committee decision allowed the Respondents time to make payment, but provided that the applicable licenses and permits would be suspended if payment was not made.

In reaching this decision, the Discipline Committee noted that this case stands in contrast to several others involving allegations of "spinning". First, the quantum of drugs involved in the

"spinning" was significantly lower than in several of the other cases. Second, and most importantly from the perspective of the Discipline Committee, the "spinning" was not initiated by the Respondents as part of a scheme or design to derive profit or commercial benefit to either Ms. Foley or to the Pharmacy. Ms. Foley proceeded to substitute the SOC drug with a generic version as a consequence of a one-time only surplus that she had as a result of the exchange of other outdated pharmaceutical product with her supplier.

The Discipline Committee rejected the argument made by the Respondents that it was inappropriate "double punishment" to assess a penalty against both Ms. Foley and the Pharmacy, noting that a fine against both reflected that the actions constitute separate and discrete types of misconduct (professional and proprietary) which require separate sanction. The actions of Ms. Foley as the dispensing pharmacist, as well as the manager of the Pharmacy, amount to a breach of the duties owed by her to the profession. The Pharmacy breached the separate duties owed as the holder of a proprietary pharmacy permit.

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

On October 10, 2012, the Discipline Committee was convened to consider charges that the Respondents, Colin McLeod, was guilty of professional misconduct and that Eston Pharmacy Ltd. (“Eston Pharmacy”) of which Mr. McLeod was pharmacy manager and a director, has been charged with proprietary misconduct within the meanings of Sections 25 and 26 of *The Pharmacy Act, 1996* (the “Act”).

The conduct underlying these charges occurred between January 1, 2010 and March 31, 2010. The formal charges against the Respondents state as follows:

1. Between January 1, 2010 and March 31, 2010 and on numerous and several occasions and in your capacity as pharmacy manager, you instructed pharmacists under your direction and control to:

(a) Dispense, without the authority of the prescribing physician, Ratio, PMS and Apotex brands of Amlodipine 5 mg when those brands were not designated as the Standing Offer Contract (SOC) product as required under the Saskatchewan Ministry of Health Drug Plan Formulary. As such, you have breached the Proprietor Agreement with the Minister of Health and particularly the provisions regarding the purchase and dispensing of SOC drugs.

(b) Submit to the Drug Plan and Extended Benefits Branch, the Drug Identification Number (DIN) information for GD-Amlodipine product (the SOC drug) when the patient was dispensed the Ratio, PMS and Apotex products.

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

(d) Prepare incorrect prescription labels as the prescription labels provided to

patients did not indicate which brand of product was dispensed.

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

2. Between January 1, 2010 and March 31, 2010 and on numerous and several occasions, you instructed pharmacists under your direction and control to:

(a) Dispense Ratio, PMS and Apotex brands of Amlodipine 5 mg and represent to the Drug Plan that these prescriptions were authorized by the prescribing physician as “no sub” when the prescribing physician had not indicated this on any of the prescriptions for Amlodipine.

The Agreed Statement of Facts included the admission by both Mr. McLeod and Eston Pharmacy as to the conduct described in the charges, and further that the Respondents’ actions constitute professional misconduct and proprietary misconduct and amount to a breach of the Act, *The Prescription Drugs Act*, the Bylaws of the College, as well as the NAPRA Model Standards of Practice for Canadian Pharmacists.

The Discipline Committee accepted this plea and found Mr. McLeod guilty of professional misconduct and Eston Pharmacy Ltd. guilty of proprietary misconduct, within the meaning of Sections 25 and 26 of the Act.

The Discipline Committee determined that it is appropriate that (a) Mr. McLeod should pay a fine in the amount of \$4,000.00, (b) Eston Pharmacy should pay a fine in the amount of \$15,000.00, (c) the Respondents should pay costs fixed in the amount of \$2,250.00 against Mr. McLeod and \$6,750.00 against Eston Pharmacy; and (d) a summary of the Discipline Committee’s decision should be published, and the complainants

be provided with a copy of Discipline Committee’s decision. The Discipline Committee decision allowed the Respondents time to make payment, but provided that the applicable licenses and permits would be suspended if payment was not made.

It is to be remembered that all of the cases that have come before the Discipline Committee have involved the same time period. In respect to the observation that Mr. McLeod was only at the pharmacy on a part time basis, that too does nothing to mitigate the significance of his own misconduct, nor does it address Mr. McLeod’s responsibilities as a pharmacy manager. The Act specifically requires that the majority of directors of a proprietary pharmacy be members of the College and that one of those directors who are members of the College be the pharmacy manager. As has been brought out by the Discipline Committee in other cases, a pharmacy manager is more than a title or name on the wall. Even had he not directly participated in the conduct under review in this case (which by his admission he did), it would have only lead to a conclusion that Mr. McLeod had failed in his responsibilities as pharmacy manager. The term “absentee manager” jumps to mind.

In reaching its decision, the Discipline Committee noted the seriousness of the charges. Mr. McLeod, and other pharmacists at Eston Pharmacy, did provide false information to the Drug Plan, recording that SOC brand drugs were dispensed, when they were not. However, there was evidence that at least in some cases, Mr. McLeod provided correct information to patients as to the actual drug they were dispensed. As a result, there was a reduced risk of harm to patients from the facts in certain other cases. Additionally, in this case against Mr. McLeod, there was absolutely no evidence of economic motive behind Mr. McLeod’s actions.

Continued from Discipline Matters...

The Discipline Committee is less moved by the submission that was made centered upon the fact that Mr. McLeod was the pharmacy manager for a short time. The Discipline Committee also noted that Mr. McLeod's actions implicated his responsibilities as pharmacy manager. The Act specifically requires that the majority of directors of a proprietary pharmacy be members of the College and that one of those directors who are members of the College be the pharmacy manager. The Discipline Committee noted that "a pharmacy manager is more than a title or name on the wall. Even had he not directly participated in the conduct under review in this case (which by his admission he did), it would have only lead to a conclusion that Mr. McLeod had failed in his responsibilities as pharmacy manager."

The Discipline Committee further noted that it is appropriate for pharmacists to substitute an SOC brand drug with a non-SOC product when the pharmacist is in receipt of a direction by the prescriber that there is to be no substitution, but the evidence disclosed that there what was in place was an arrangement simply that the prescriber was "okay" with the pharmacists at Eston Pharmacy "using no sub." The Discipline Committee concluded that this simply suggested that "the arrangement between the pharmacy and the prescriber was not at all directed to the needs of individual patients."

Lastly, in respect to the Eston Pharmacy, the Discipline Committee stated that there was nothing to mitigate the seriousness of the conduct and for reasons that were consistent with previous orders, a fine in the maximum amount is appropriate.

In respect to costs, the amounts awarded reflected actual costs, as "it is the member and pharmacy that have been the cause of the proceedings should bear the consequences of their actions." The Respondents had agreed on the proportioning of the costs themselves.

Saskatchewan Pilot Project Aims to Ensure the Safety of Medication Practices

At the most recent Saskatchewan College of Pharmacists (SCP) Council meeting held in Feb 2013, the SCP Council heard a presentation by Certina Ho, Project Manager with the Institute of Safe Medication Practices (ISMP) Canada.

The Institute for Safe Medication Practices Canada is an independent national not-for-profit organization committed to the advancement of medication safety in all healthcare settings. ISMP Canada works collaboratively with the healthcare community, regulatory agencies and policy makers, provincial, national and international patient safety organizations, the pharmaceutical industry and the public to promote safe medication practices. ISMP Canada's

mandate includes analyzing medication incidents, making recommendations for the prevention of harmful medication incidents, and facilitating quality improvement initiatives.

The Medication Safety Self-Assessment® (MSSA) program is an example of one of their quality improvement initiatives. The (MSSA) is a comprehensive tool that can help organizations evaluate the strengths and weaknesses of their medication use processes and identify opportunities for improvement. Most importantly, this tool facilitates the development of a plan to improve medication safety within an organization. The SCP Council was extremely impressed with the (MSSA) program

and approved a one-year collaborative pilot project to implement a continuous quality assurance program (CQA) in Saskatchewan pharmacies similar to SafetyNET in Nova Scotia. The pilot project will test the application of the ISMP Medication Safety Self-Assessment (MSSA) and Community Pharmacy Incident Reporting Program (CPhIR) in Saskatchewan community pharmacies. If successful, the plan is to expand it to all pharmacies as part of a CQA requirement that Council is developing.

Community pharmacists will be asked to consider participating in the pilot project. More information will be provided once the details of the pilot project are finalized.

Volunteers Needed

(INTERNATIONALLY-EDUCATED PHARMACISTS)

Are you an internationally-educated pharmacist? NAPRA is seeking volunteers to assist with the testing phase for the **Pharmacists' Gateway Canada for International Pharmacy Graduates (IPGs)**.

Funded by the Government of Canada's Foreign Credential Recognition Office (FCRO), the Gateway includes a plain-language website, two online self-assessment tools designed to help IPGs determine their preparedness for the licensure process, and a system

for collecting and storing licensure information.

We are looking for licensed internationally-trained pharmacists to review and comment on materials produced for the Gateway. Your feedback will help to ensure that the content is relevant and appropriate for foreign-trained pharmacists. As an internationally educated pharmacist, you understand the challenges involved with licensure and you can appreciate what information may be helpful to IPGs. By applying your

experience to the review of the Gateway materials, you will be helping future IPGs to navigate the licensure process in Canada. We will begin testing in May/June 2013.

To read more about the **Pharmacists' Gateway Canada for International Pharmacy Graduates**, please visit the NAPRA website at: www.napra.ca.

To volunteer please contact: gatewayinfo@napra.ca.

