



Incoming President's Address – Christine Hrudka

I feel I am taking this position at one of the most changing, controversial and tide-turning times in our profession. I cannot remember a time where pharmacy has been spread across headlines for weeks on end. Headlines such as: "Government takes a Tough Stand Against Pharmacy"; "Pharmacy is Fighting Back Against Government"; "Pharmacy will Lose Millions of Dollars". And, of course, great headlines: "Pharmacists to get Prescriptive Authority". The world of pharmacy business has never been so exposed to the consumer – our patient! The public have a sparked interest into our world and of course, so has the government.

I quote from the *Globe and Mail*: "Pharmacy will lose more than \$750 million annually from the allowances and will top \$1.1 billion once they see smaller mark-ups from lower prices." The good side of all this is the next statement: government also says it will "direct \$240 million of public funds to pharmacy to make up for expanded services."

What has happened in Ontario will likely spread across the country, hopefully in a much less drastic way here. It opens the door for our roles to be expanded and to finally be paid for it.

Prescriptive Authority is something I have dreamt of for 20 years. I finally will not need to send a patient to see a doctor when I feel I have the knowledge to treat them. Expanded roles are there for us to grab: consults, immunizations. This



will increase job satisfaction and make encounters with patients more rewarding, both professionally and monetarily. This is our time to shine. Drug distribution, as we can see, can be performed by machines that do not get tired after eight hours of work.

I use a quote: "It's what you DO that counts, not what you know. You get paid for using your brains, not for having them." We have an incredible opportunity to be paid for our drug knowledge and experience and we need to embrace it as a profession!!!

I look forward to serving as your President for the upcoming year. I hope to help be a part of a new revolution of being a pharmacist and of the pharmacy business. Never has there been a time when we need to become more cohesive and work

together to move our profession forward. Let Saskatchewan pharmacists be leaders in the country with innovative programs and uptake of the new world. I quote: "Tell people a thousand times that they can do something different and they still may not believe you. SHOW them once and they will be convinced."

It is all of you in this room who take time to come to be involved in our profession who need to be the one who DOES that exact SHOWING.

I am a Saskatchewan graduate and am proud to be part of the University of Saskatchewan. We need to support our university in this province. Pharmacy has been so very good to me so this is a small part to give back to the profession.

Thank you again for this incredible opportunity to serve you as President.

Christine Hrudka
May 2, 2010

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SCP Council 2010-11

President
Christine Hrudka, Saskatoon
(term expires June 30, 2012)

President-Elect
Joan Bobyn, Saskatoon
(term expires June 30, 2012)

Division 1
Kim Borschowa, Radville
(term expires June 30, 2011)

Division 2
Lori Friesen, Melfort
(term expires June 30, 2012)

Division 3
Randy Wisner, Prince Albert
(term expires June 30, 2011)

Past President
Division 4
Doug MacNeill, Saskatoon
(term expires June 30, 2012)

Division 5
Spiro Kolitsas, Regina
(term expires June 30, 2011)

Division 6
Vacant
(term expires June 30, 2012)

Division 7
Leah Butt, Leader
(term expires June 30, 2011)

Division 8
Barry Lyons, Nipawin
(term expires June 30, 2012)

Ex Officio
Dean David Hill
College of Pharmacy and Nutrition
Saskatoon

Public
Barbara DeHaan, Biggar
Ken Hutchinson, Fort Qu'Appelle

Student Observer
Jenna Arnelien

SCP Staff

Jeanne Eriksen
Assistant Registrar
Pat Guillemain
Administrative Assistant
Ray Joubert
Registrar
Cheryl Klein
Senior Administrative Assistant
Nicole Leach
Receptionist
Heather Neirinck
Administrative Assistant
Lori Postnikoff
Field Officer
Jeannette Sandiford
Contract Field Officer
Audrey Solie
Administrative Assistant

Council Highlights – April 29 & 30, 2010 – Elk Ridge

- Council welcomed two newly elected councillors to their first Council meeting as observers. Barry Lyons and Doug MacNeill will officially join Council as of July 1, 2010.
- Tobacco legislation received second reading March 23, 2010 and the regulations have been submitted to stakeholders for comment. The bill prohibits the sale of tobacco from a pharmacy or a retail store if the pharmacy is located within the store or if customers can enter the store directly or by a corridor exclusively used to connect the pharmacy with the store. We have asked that affected pharmacies be given sufficient lead time to comply.
- Council received, for information, the Ontario College of Pharmacists' position on new government interventions into drug prices. From the OCP website: "Recent changes to Ontario's Public Drug System continue to attract much media attention. Regardless of the business models under which pharmacists and pharmacies operate, the Ontario College of Pharmacists trusts that pharmacists will put the care of their patients first. The College (OCP) expects that the standards of practice for pharmacists will be maintained and that pharmacists will uphold their duty in providing quality care to patients in a manner that assures patient safety and protection." SCP retains a close working relationship with both the Pharmacists' Association of Saskatchewan and the government as we all work towards quality pharmacy care in Saskatchewan.
- Council had requested an environmental scan of other regulatory bodies regarding the election process for Council. The study found that most other pharmacy regulatory bodies utilize a similar process with a mixture of publicly appointed councillors, ex-officio members, and one or more pharmacists elected from geographic electoral divisions based upon population of members. Council determined that there is no need to change our current processes.
- Following the election of officers for the year beginning July 1, 2010, there are two vacancies on Council: Division 2 and Division 6. In accordance with Council policy, we may send a memo to all members in these divisions asking for volunteers. Pursuant to Administrative Bylaw 3(16), Council may appoint eligible members from the division or failing that, from the membership at large. Council will address this issue at the September meeting.
- Council held the election of officers for the upcoming year. The members of Council who will be holding office as of July 1, 2010, were eligible for election except for the public members, who are not eligible. Officers for the 2010-2011 membership year are:

President	Christine Hrudka
President-Elect	Joan Bobyn
Vice President	Kim Borschowa
- Council approved Kim Smith as the College's appointee to SIAST Primary Care Nurse Practitioner Program Advisory Committee.
- Council approved the Partnership Resolutions between the Alberta College of Pharmacists, the College of Pharmacists of British Columbia and the Saskatchewan College of Pharmacists so that the Colleges may pursue regulatory excellence by working together in the public interest through the sharing of knowledge, programs and resources, and developing common policies and programs where possible.
- Bill 135 requiring pharmacists to record sales of Exempted Codeine Products in PIP has received second reading and it is now before the Legislative Review Committee. We will inform members once this process is final.

- Council heard that the PIP integration with pharmacy computer systems is proceeding on target so that most, if not all systems, will be integrated by the July 1, 2011 implementation of the mandatory standard.
- Council directed that we remind members that each pharmacy should have a privacy and confidentiality policy and procedure manual regarding personal health information and a designated privacy officer. Pharmacy staff should be reminded annually to review the manual.
- Dean Hill shared with Council that of the 91 graduates in the Class of 2010, 60 of them will be staying in the province.
- Dr. Jason Perepelkin, Assistant Professor of Social and Administrative Pharmacy, presented the results from his study “Public Perceptions of Pharmacist & Pharmacist Prescribing in Saskatchewan”.

Reason for the study: Prescriptive Authority is set to become legislation; public education campaign *My Pharmacist Knows* launched to coincide with Pharmacist Awareness Week and the announcement of upcoming prescriptive authority.

However, to evaluate the success of the campaign for effectiveness, we require a baseline in which to work from. His conclusions were:

- Overall a favourable impression of the pharmacist remains;
- Whether that impression aligns with true scope of practice is unclear, especially with lower income individuals, those with less formal education and males; and
- When pharmacists are able to communicate their role in patient care, the level of appreciation rises and ultimately this appreciation should lead to demanding more of pharmacists.

Council addressed the following issues:

- Council has agreed that the district meetings should continue for Spring 2011. Watch upcoming issues of the *Newsletter* for dates and times in your area.
- InterD4 – Joint conference with the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Registered Nurses’ Association and the Saskatchewan College of Pharmacists (SCP) has been postponed to March 11 and 12, 2011, to be held at the Hotel Saskatchewan, Regina.
- With the impending changes to pharmacy practice, the College of Pharmacy and Nutrition at the University of Saskatchewan and SCP have begun discussions regarding:
 - 1) Internship focusing less on drug distribution and time served; and more upon attainment of educational outcomes and competencies
 - 2) Review of the current continuing education programming
 - 3) Vision for entry to practice credentials, i.e., Baccalaureate or PharmD
- Legislation prohibiting tobacco sale from pharmacies. *The Tobacco Control Amendment Act, 2010* received Royal Assent on May 20, 2010. The legislation affecting pharmacies will come into force on April 1, 2011 (this date was originally set for February 1, 2011 but during the consultation process with pharmacies and retailers this date was extended to April 1, 2011). Please see separate article on page 16.
- Council has directed that staff gather information on the subject of current trends amongst regulatory bodies with regard to Council makeup. Although there is direction in *The Pharmacy Act, 1996* regarding the Divisions from which counsellors are chosen, it does not address the issues of term limits, executive succession or counsellor recruitment from the membership.
- Following the March 24, 2010 Council election, there were two vacancies on Council. From the regulatory bylaws, where there is a vacancy in a division, the remaining members of Council may appoint, as a member of the Council for the remainder of the term, a practising or non-practising member who meets the qualifications from within the Division.

A request for volunteers to practising and non practising members in the two vacant divisions was issued. Lori Friesen from Melfort has been appointed to Council from Division 2, but no members from Division 6 volunteered. One member at large is interested in assuming the position on Council and will likely confirm this shortly.

- Ms. Pauline Rousseau, Executive Director, Quality and Process Improvement Branch, Saskatchewan Health addressed Council. Her presentation, “*Strategic and Operational Directions for the Health Sector*” outlined the 2010-11 Strategic and Operational Directions for the Health Sector as well as the five-year Strategic Plan for the Health System.

The 2010-2011 priorities have been informed by the *Patient First Review Report* (T. Dagnone, Commissioner, Patient First Review, October 2009) and government commitments. Key priorities are:

- Saskatchewan Surgical Initiative
- Patient and Family-Centred Care
- Patient Safety
- Shared Services Initiatives
- Lean/Releasing Time to Care
- Attendance Support
- Physician Recruitment Strategy
- Health Promotion and Prevention of Illness and Disease

continued on page 4

Council Highlights – September 23 & 24 continued

The Five-Year Strategic Plan embeds the concept of “Triple Aim”:

- Improving patient experience
- Improving population health
- Reducing the cost

Please see the separate article on “Triple Aim” on page 10 of this issue.

- Following Ms. Rousseau’s presentation, Council questioned whether the Council’s current Ends Policies, strategic goals and milestones are aligned with the Ministry’s direction.

The time horizon for our current strategic plan is 2007 to 2011. According to best practices, we should renew our plan before the horizon expires. As the next strategic planning session is scheduled to be held before our 2011 annual general meeting, the presentation from Ms. Rousseau on the Ministry’s Strategic and Operational Directions has occurred at an opportune time.

Council has requested that a review of Council’s Ends Policies be added to the agenda for the next Council meeting in December 2010.

- Council reviewed the Registrar’s quarterly report on the status of the College’s Strategic Plan 2007 to 2011. The eleven strategies on which Council set milestones are:
 - Educate Public
 - Educate/Engage Pharmacists
 - Optimize the Role of the Pharmacist
 - Implement Quality Assessment
 - Build Interdisciplinary Teams
 - “Regulate” Technicians
 - Optimize Legislation
 - Core Regulatory Functions
 - Be Fiscally Responsible
 - Develop Staff and Council
 - Optimize Use of Technology

While it may seem to some that in the fourth of a five year plan we still have some distance to travel to meet some milestones, it is remarkable the distance that the profession in the province has covered over those four years.

- Council approved the continuing efforts to move towards pharmacy technician regulation in Saskatchewan. Members are reminded to submit to the College, the names and contact information for all pharmacy assistants currently working in the field so that the College:
 - will know how many individuals are currently in the occupation, to assist with planning for bridging programs and future planning for the administration of a larger membership at the College office; and
 - can reach these individuals with information once we receive notice from government that we are moving forward.

29th Annual Pharmacy Technicians Conference

Saturday, February 26, 2011

North Campus, Humber College, Toronto, Ontario

Please check the following website for regular updates regarding the conference: <http://www.humber.ca/conference/pharmacy/>

Prescriptive Authority Update – Bylaws

Council passed the final version of the bylaws regulating prescribing of drugs by pharmacists. These bylaws require the approval of the Minister of Health following a period of consultation with affected stakeholders. Since those consultations ended, we have been addressing the concerns raised. This has delayed implementation and has led to Council passing a revised final version of the bylaws on September 23. They are awaiting the Minister of Health’s approval. In the meantime, we will be sending updates to members and posting relevant information on our website (www.napra.ca/pages/Saskatchewan/default.aspx).

**Please continue to watch
your e-mail for this
information.**

NEW Unscheduled Products

The National Drug Scheduling Advisory Committee (NDSAC) has included the following two products in their unscheduled category.

In Saskatchewan we do not enjoy “Scheduling by Reference” to the NDSAC drug schedules and we do not have an unscheduled category to the *Drug Schedules Regulations, 1997*.

As these products are not listed in Schedule F to *The Food and Drugs Act*, they have been determined by Health Canada to not require a prescription for sale. Therefore, although they do not appear in the provincial drug schedules these two products are considered unscheduled in Saskatchewan and may be sold from any retail outlet.

- 1) Diclofenac diethylamine in preparations for topical use on the skin in concentrations of not more than the equivalent of 1% diclofenac.
- 2) Polyethylene glycol 3350 as a single ingredient oral product indicated as a laxative to treat occasional constipation.

Prescriptive Authority Level I Training is Now LIVE!

Level I training is mandatory for all pharmacists wishing to provide prescriptive authority services. While the vast majority of members attended one of the five live training sessions during the fall of 2009 and winter/spring of 2010, there are still a substantial number who have not participated as yet. No other live programs are planned by the Continuing Professional Development for Pharmacists (CPDP) unit at the College of Pharmacy and Nutrition, as they have developed an online program.

The **online program** of Level I training for Prescriptive Authority went **live on Friday, October 1, 2010**. To access this program go to the Continuing Professional Development for Pharmacists website: <http://www.usask.ca/pharmacy-nutrition/services/cpdp.php>

Level I prescriptive authority leverages the existing skills of all pharmacists and reflects conventional interdisciplinary collaboration. It allows pharmacists to perform many of the functions currently being performed that in many cases were contrary to the law, with the confidence of knowing that the patient's physician would support them.

Level I prescribing includes a number of different categories, types or activities commonly found in practice. The categories include:

- 1) Formulation or dosage form modifications
- 2) Continuing therapy – interim supplies
- 3) Continuing maintenance therapy and emergency drugs including emergency contraception
- 4) Incomplete prescription completion

- 5) Extending refills during physician absence
- 6) Drug reconciliation
- 7) Exempted Codeine Products
- 8) Minor ailments prescribing

Council has determined that there would be a low tolerance to fragmentation of care. Council further defined this to mean specifically that members who do not receive Level I training will not be allowed to extend refills, or provide other prescriptive services that will be permitted under the law with the training.

Council has confirmed that whenever an examination, observation or discussion is needed, that it be conducted in such a manner as to protect the privacy of the patient. The standard is that all interactions respect the privacy of the patient.

Membership Summary

As of July 1, 2010, there were a total of 1509 members on the register, compared to 1485 last July 1. The total consists of 1310 Practising members, 10 Conditional Practising members, 56 Non Practising members, 69 Associate Members and 74 Retired members.

Membership Renewal Summary – As of July 1, 2010

	2005	2006	2007	2008	2009	2010
Practising Members	1158	1158	1185	1261	1297	1310
Community	864	862	842	928	913	975
Hospital	175	179	185	200	215	213
Out of Province	37	33	37	36	41	32
Other	56	52	68	76	102	80
Conditional Practising	26	32	53	21	26	10
Non Practising Members	60	65	61	60	57	56
Associate Members	89	79	85	75	71	69
Retired Members	82	70	66	62	60	74
TOTAL MEMBERSHIPS	1389	1372	1397	1458	1485	1509
Membership Terminations		63	77	67	71	66

We wish to welcome our newest members, and encourage them to become active in their profession within their communities and provincially by working with the regulatory and advocacy bodies.

Of the 91 BSP graduates of 2010, 54 became registered as Conditional Practising members, most of whom have had their memberships converted to Practising after having become certified with the Pharmacy Examining Board of Canada.

Between July 1, 2009 and July 1, 2010, there were 20 candidates from outside of Saskatchewan registered under the Mutual Recognition Agreement requirements. There was one foreign-trained candidate registered as a Practising member during that period.

We Require Your Current E-mail Address

Whether you are the pharmacy manager or a staff pharmacist, please ensure the SCP office has your current e-mail address as most communications such as emergency memos, practice notices and other information will be sent through an e-mail system. The address you provide should be accessed by you daily and be able to receive attachments such as a "pdf" file. This new College e-mail notification process is already in place and has been tested. As a result of this testing some e-mail addresses have come back undelivered. This results in a delay in you receiving this important information. Please forward your correct e-mail address to: info@saskpharm.ca or contact the office at 306-584-2292.



Natural Health Products

The first task assigned to the Natural Health Products Directorate (NHPD) was to create an appropriate regulatory framework for natural health products sold in Canada, to ensure that all Canadians have ready access to products that are safe, effective, and of high quality, while respecting freedom of choice and philosophical and cultural diversity. The Inspectorate will continue to be the directorate which applies the regulations applicable to natural health products sold in Canada. For more information, please refer to the documents listed in this section. This information was modified on May 31, 2010 and is available on the Health Canada website: <http://www.hc-sc.gc.ca/dhp-mps/compli-conform/info-prod/prodnatur/index-eng.php>

Compliance and Enforcement Guides and Policies

- Natural Health Products Compliance and Enforcement Policy (POL-0044)
- Annex to the Natural Health Products Compliance and Enforcement Policy for exempt NHPs under the Natural Health Products (Unprocessed Product Licence Applications) Regulations (NHP-UPLAR) (POL-0093)
- Compliance and Enforcement Policy (POL-0001)
- Health Products and Food Branch Inspectorate – Recall Policy (POL-0016)

Additional Information

- *Questions and Answers*: Natural Health Products Compliance and Enforcement Policy (POL-0044), August 2010
 - Recall Listings
 - Public Warnings and Advisories
- Information on how to comply with the Natural Health Products Regulations, including forms and guidance documents, is available on the Natural Health Products section of the Health Canada website.

Updates to the Reference Manual

At a recent SCP Council meeting, changes to the following document were approved, as well as the addition of two new policies.

1. Changes to Current Document

Responsibilities of a Pharmacy Manager

Please note that there have been changes made to this document which include:

C. Daily Pharmacy Responsibilities

6. "The pharmacy manager will ensure that all pharmacy staff have a name tag which has, as a minimum, their professional designation e.g. Pharmacist, Pharmacy Assistant and Pharmacy Clerk"

D. Operational Requirements

(e) ensure a system of communication and documentation of information to provide consistency of care, which includes:

- ensure relief pharmacist has all required operational information.
- ensure there is a pharmacist-patient interaction with each prescription and there is documentation of the interaction on the patient's profile.
- ensure there is a communication log book in which relevant practice information can be documented and shared with all pharmacy staff.
- ensure there is an orientation manual for all staff to be able to reference.

(h) ensure an adequate staffing complement for a safe practice.

2. Addition of New Documents

Guidelines for Pricing of Extemporaneous Products

This document is intended to assist pharmacists to better understand the costs that can and cannot be included in the pricing of an extemporaneous product as determined by the Saskatchewan Health document, the *Drug Plan and Extended Benefits Branch Extemporaneous Preparations Policy*, Jan 5, 2010.

Policy Statement for Relief/Casual Pharmacists

This document is intended to assist pharmacy managers and relief/casual pharmacists in ensuring that a relief/casual pharmacist has all the required information for providing the same level of patient care to the patient as when the non-relief/casual pharmacist is providing that care.

Narcotic and Controlled Substances Reconciliation

Along with specific prescription requirements, accurate purchase and sales records are required as well as secure storage of products within the pharmacy. An inventory count of the narcotic and controlled drugs should be done on a routine basis but this alone is not reconciliation. It simply provides an inventory. A review of purchases, sales and inventory together using the pharmacy's records (reconciliation) will identify any losses or discrepancies.

Please see the *Narcotic and Controlled Substances Reconciliation* document in the Pharmacy Reference Manual.

The changes and additions to the above documents can be viewed through the NAPRA website Saskatchewan link : <http://napra.ca/pages/skPharmacyReferenceManual>

Required References Now Available to Pharmacists Online through SHIRP

Did You Know...?

Saskatchewan College of Pharmacists members can access electronic books, journals, and databases **free of charge** at www.shirp.ca, an electronic library for health care providers working in Saskatchewan. SHIRP (Saskatchewan Health Information Resources Partnership) is available through PIP (Pharmacy Information Program) or through a SHIRP account. The required references that are now available through SHIRP are the following:

Therapeutics reference – *Therapeutic Choices*

Drug Interactions reference – *Lexi-Interact*

Patient Counselling reference – *e-CPS*

Compendium of Pharmaceutical Specialties (CPS) – *e-CPS*

Pregnancy and Lactation reference – *Drugs in Pregnancy and Lactation*

Natural Products reference – *Natural Medicines Comprehensive Database*

To access these online references, follow the procedure outlined below.

Therapeutics/Drug Interaction/Patient Counselling/ CPS/Natural Products References

Click on www.shirp.ca, Click on Starting Points, Click on Pharmacy

Then click on e-Therapeutics, Choose one of the four tabs to access the references of choice e.g. Therapeutics, e-CPS, Patient Info or Drug Interactions, or Click on Natural Medicines for the natural products reference.

Pregnancy and Lactation Reference

Click on www.shirp.ca, Click on Starting Points, Click on Pharmacy

Click on Books tab, Click on Drugs in Pregnancy and Lactation

SHIRP Survey

Saskatchewan Health Information Resources Partnership (SHIRP) provides all of Saskatchewan's health professionals with a multidisciplinary collection of library resources to assist in meeting the health information needs encountered in daily practice, and to help facilitate continuing education. SHIRP is undergoing strategic planning this November, and they would like your input.

An online survey is available on the SHIRP website at <https://www.shirp.ca> or <http://tiny.cc/3dlro> where you can give them your thoughts on what they are doing well, what needs improvement, and the direction they should take over the next five years. The input gathered will help determine how they can best develop their service.

If you have any questions about their stakeholder feedback survey, or about SHIRP itself, please feel free to contact them at:

Maha Kumaran, SHIRP Coordinator: 306-966-8739

Christine Neilson, SHIRP Outreach Services Librarian: 306-966-1291

Privacy Commissioner Issues Report – Advice for Members

The Privacy Commissioner of Saskatchewan investigated a complaint alleging that a pharmacist had inappropriately accessed personal health information on the Pharmaceutical Information Program (PIP). He found that a breach of *The Health Information Protection Act* had occurred, and issued a report on March 23, 2010. The report was made public, generating considerable media attention.

In his report, the Commissioner made several recommendations directed at the pharmacy, the regional health authority, the Ministry of Health and the Saskatchewan College of Pharmacists (SCP) towards improving security of PIP and preventing recurrence. Because of the significant implications of his recommendations, we prepared a submission asking for clarification

and explanation of a number of his findings, conclusions and recommendations. We continue to consult with the Commissioner to reach a common understanding. In the meantime, we agree with his conclusion that carelessly accessing PIP or accessing PIP out of curiosity is strictly prohibited. We also continue to promote pharmacist use of PIP in the course of providing pharmaceutical care. In particular we advise members that you:

- 1) Continue to use PIP for its intended purpose by accessing the patient's profile:
 - When a patient-pharmacist relationship exists;
 - During the course of providing prescription service, or when advising on non-prescription medications;

- When the information is needed to identify, prevent or resolve a drug related problem; or
 - When required or authorized by law.
- 2) Review and adopt into practice the SCP PIP Policy at: http://napra.ca/Content_Files/Files/Saskatchewan/PFM/Policy_for_Pharmacists_accessing_PIP_Sept2006.pdf, as well as our related guidelines at: http://napra.ca/Content_Files/Files/Saskatchewan/PFM/PIP_Guidelines_for_Pharmacists_march2006.pdf

Remember that "The PIP data shall **NOT** be accessed, used or disclosed by a pharmacist for personal interest, gossip or financial gain." – SCP Guidelines.

Northern Lights on Pharmacy, Elk Ridge Resort



Class of '85

*Back Row: Dawna Hawrysh,
Lori Postnikoff, Dawn MacAuley*

*Front Row: Bernie Seipp,
Curtis Loucks, Keith Sapara,
Glen Booker*

The beautiful Elk Ridge Resort, Waskesiu was the site of the Northern Lights on Pharmacy, 9th Annual PAS Conference April 30 – May 2, 2010. The surroundings were fabulous and the program addressed many issues facing pharmacy today, many that sparked healthy debate.



Friday, April 30, 2010

President Randy Wisner welcomed everyone to the **Opening Ceremonies and Awards Program.**

Class of '85 – Member Lori Postnikoff offered some memories of her classmates and introduced each classmate in attendance. President Wisner presented each 25 year class member a SCP 25 year pin as he congratulated each individually.

Class of '60 – Registrar Ray Joubert read the citations and introduced the members of the Class

of 1960 who were in attendance. President Wisner presented a 50-Year SCP pin and a 50-Year Anniversary Certificate to each class member.

Jim Blackburn responded on behalf of his class and then introduced their classmate Bev Ramstead who travelled from South Africa to reconnect with her colleagues.

And what an illustrious group they are. They have distinguished themselves in many walks of life: whether it be in academia, hospital and/or community practice and without fail, each has a background of volunteerism. These are our role models; we should all strive to emulate their lifetime of service to the profession and their communities.

Saturday, May 1, 2010

Following the Pharmacists' Association of Saskatchewan's Annual General Meeting the College held their 99th Annual General Meeting. President Wisner, in his role as Chair, brought the meeting to order and welcomed the members to the meeting. Chair Wisner introduced the members of Council and acknowledged those Council members who

are retiring from Council as of June 30, 2010: George Furneaux, Janet Harding and Joe Carroll as well as Brent Goeres who represented the students as Senior Stick for the 2009-2010 year.

New Council members were introduced: Doug MacNeill for Division 4, Barry Lyons for Division 8 and the new Senior Stick, Jenna Arnelien.

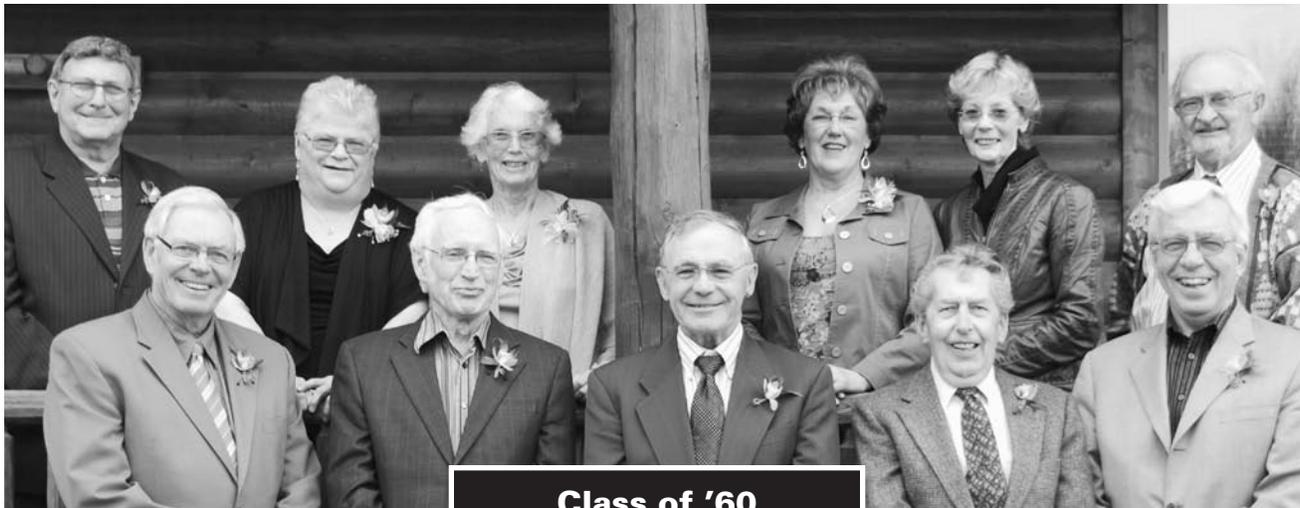
During the meeting the membership rose for a moment of silent tribute to the College members who have departed since last we met:

Alan Gregory Appenheimer
John Paul (Jack) Harmel
Leandra Maria Korpus
Charles Henry Kouri
James Franklin McNab
John Harvey (Jack) Miller
Vernon Charles Nelms
Robert Thomas Orzynski
Grace Sauder
Colyn Bryce Scobie
Yvonne Harriet Smith
James Austin Stewart
Lyle Mervyn Thurston
John Allan Wilson.

The following reports were offered to the membership: President's Annual Report, Report of the Registrar-Treasurer, the Auditor's Report and a report from the College of Pharmacy and Nutrition by the Dean, Dr. David Hill.

Mr. Robert Shay of Hafford had his name added to the roll of the Member Emeriti and as such may use the designation "MESCP".

Northern Lights on Pharmacy, Elk Ridge Resort



Class of '60

*Back Row: Larry Birstein, Charlotte Eytcheson, Beverley Ramstead, Rose Walden, Ruth Fahmi, Larry Rohachuk;
Front Row: Bruce Schnell, Bob Moffitt, Ervin Baber, Frank Antoine, Jim Blackburn*

Sunday, May 2, 2010

Noon Sunday at the beautiful Elk Ridge Resort members gathered for the annual President's Luncheon to witness the change of officers for the Saskatchewan College of Pharmacists.

Following a wonderful lunch, President Wisner assumed the Chair and introduced Council and guests. He then presented awards to members of the College who had distinguished themselves during the year or for a lifetime of commitment to the profession. President-Elect Christine Hrudka introduced the Award recipients.

A **"Certificate of Recognition"** is presented to pharmacists for their outstanding service to the Saskatchewan College of Pharmacists:

- Upon retirement as the SCP representative on the Canadian Council on Continuing Education in Pharmacy (CCCEP): Aleta Allen, Prince Albert
- Upon retirement as the SCP representative on the Saskatchewan Formulary Committee: Cintra Kanhai, Regina
- Upon retirement as the SCP representative on the Institute of Applied Science and Technology Nursing Program Advisory Committee (SIASST Saskatoon) – Rick Gaertner, Nipawin
- Upon retirement from the Professional Practice Committee – Jodie Simes, Fort Qu'Appelle

sional or voluntary duty – Bob Clare, Regina.

On behalf of the College, to each of our award recipients we extend our best wishes and our thanks for your efforts.

President Wisner introduced his personal guests and then delivered his farewell address to the membership.

The Bristol-Myers Squibb Past-President's Award was presented to Past-President Wisner by Registrar Joubert.

Registrar Joubert invited Christine Hrudka to the podium for the Presidential Installation. Following the installation President Hrudka delivered her Inaugural Address (see cover of this issue).



Convocation Luncheon 2010

Council hosted the 2010 Convocation Luncheon for the graduates from the College of Pharmacy and Nutrition.

President Randy Wiser welcomed the graduates, parents and guests to the luncheon and congratulated the graduates on their accomplishment. Greetings were brought by the following:

- Ms. Dianne Donnan, President, the National Association of Pharmacy Regulatory Authorities
- Ms. Janet Bradshaw, Board member of the Canadian Pharmacists Association
- Mr. Harold Just, Chair, the Pharmacists' Association of Saskatchewan

Ms. Christine Hrudka, President-Elect presented the Saskatchewan College of Pharmacists awards;

- To Ms. **Alana Lynn Ormsby** of Eston, the Saskatchewan College of Pharmacists **Gold Medal** and the **Robert Martin Prize** as the most distinguished pharmacy graduate of the College of Pharmacy and Nutrition in 2010 graduating with Great Distinction. Alana is currently practising

in community practice in rural Saskatchewan.

- To Ms. **Andrea Michelle Klassen** of Meadow Lake, the **Campbell Prize**. Andrea graduated with a Bachelor of Science in Pharmacy with Great Distinction. Andrea plans to enter community practice in Alberta.

Joining with the Saskatchewan College of Pharmacists Council and staff in the celebration, were a number of individuals from the profession: those that had provided leadership as preceptors to the students throughout their SPEP

rotations, faculty and staff from the College of Pharmacy and Nutrition and the leadership from the Pharmacists Association of Saskatchewan.

To each of the graduates we wish you a fulfilling career. Remember pharmacy is a health care profession first and foremost and an occupation or business second. There will be many opportunities in the years ahead where you will be asked to show leadership, in your community and in your profession. You have been given the tools to make a difference; it is up to you to determine your own path.



Alana Ormsby



Andrea Klassen

The Ministry of Health Signs on for Phase IV of Triple Aim

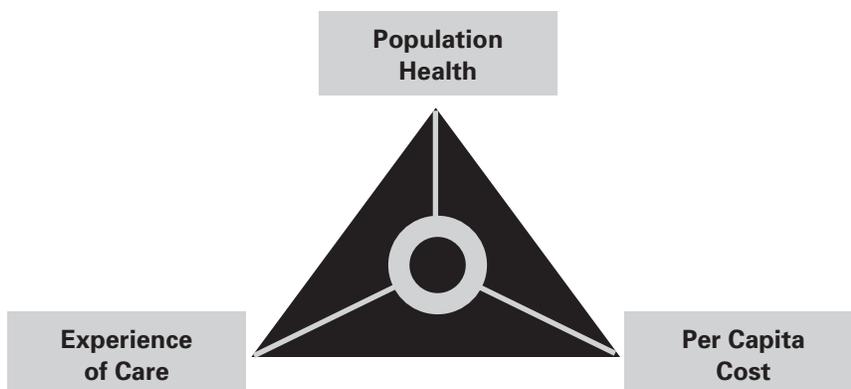
(The following article was submitted by Primary Health Services, Saskatchewan Ministry of Health)

The Ministry of Health has joined organizations from North America and Europe in Phase IV of a strategic initiative focused on the Triple

Aim model. Triple Aim, developed and supported by the Institute for Healthcare Improvement (IHI), is a quality improvement approach that provides tools and peer support for improving the healthcare system through the **simultaneous pursuit**

of three aims: improving the patient experience of care, improving the health of communities, and doing so at a reasonable cost. In Phase IV, Saskatchewan will continue to focus on improving services for people living with chronic disease.

We heard loud and clear from the *Patient First Review* that patients want more patient centered (timely, coordinated, comprehensive and respectful) care. Patients want a system that emphasizes the promotion of good health and the prevention of injury. We heard that we need to improve province wide delivery of standardized care for chronic disease and we heard that health care providers need to be empowered to deliver that care. We also heard that Saskatchewan people



From the Desk of the Dean



Dr. David Hill
College of Pharmacy
and Nutrition

I am pleased to report on a number of major initiatives that the College is embarking on, the first of which is a **Program Evaluation** of the Bachelor of Science in Pharmacy program. This is being done in preparation for our upcoming CCAPP accreditation review (Fall 2011), and as well, will be part of an ongoing **Quality Assurance Plan** for our Pharmacy and Nutrition undergraduate and graduate programs. I have asked Dr. Roy Dobson to spearhead the evaluation project, assisted by Merry Beazely, and guided by the College's executive and faculty.

Several documents, recently developed by AFPC, are steering the process.

- The **Canadian Undergraduate Pharmacy Programs Logic Model** outlines the many 'Inputs, Activities, Outputs and Outcomes' with respect to pharmacy curriculum content, instruction and learning assessment;

student recruitment, admissions and services; and faculty recruitment, retention and development. From this long list, we are determining a workable number of key areas on which to focus.

- The **Educational Outcomes for First Professional Degree Programs in Pharmacy (Entry-to-Practice Pharmacy Programs) in Canada, May 2010** establishes one set of outcomes for graduates of baccalaureate and entry-level PharmD programs. Using common terminology of the *CanMeds Physician Competency Framework* plus pharmacy-specific information, this document details the seven outcomes – Care Provider, Communicator, Collaborator, Manager, Advocate, Scholar and Professional – that will enable us to ensure that we are preparing *Medication Therapy Experts* for their future roles.
- The **Levels of Performance Expected of Graduates from First Professional Degree Programs in Pharmacy in Canada, Working Document May 2010** focuses on global descriptions of performance expected of graduates in the seven outcome areas,

emphasizing confidence, commitment, proficiency and clinical judgment versus reliance on previous detailed checklists of behaviours.

This June, Roy and Merry gave a presentation at the University's Institutional and College/Unit Performance Indicator Workshop about the process that we are using to develop the evaluation. The process will be adapted for the next accreditation review of the BSc in Nutrition. In order to accomplish these assessments, we have identified a number of tools we already have in place (e.g., annual course/instructor evaluations) and those that we will need to implement (e.g., regular surveys of graduates).

Guided by the **Blueprint for Pharmacy**, the College is also developing a position paper on the redesign of the pharmacy program. I look forward to obtaining your feedback in the near future on the parameters involved in this potential shift in pharmacy education in our province.

All of this work is being done in the context of the university's **Third Integrated Plan 2012-2016**, work on which is underway. We look forward to keeping you posted on these projects.

want improved system performance and leadership from the Ministry and Health Regions to make sure their money is well spent. Triple Aim aligns very well with the *Patient First* recommendations.

Saskatchewan began working with IHI and peers from around the world in 2009. The Ministry of Health (MoH), the Health Quality Council (HQC) the Saskatoon Health Region (SHR) and the Regina Qu'Appelle Health Region (RQHR) formed a coalition to pilot Phase III of the Triple Aim approach in Saskatchewan. Triple Aim was applied to the SHR LiveWell Chronic Obstructive Pulmonary Disease (COPD) program. The Coalition explored what really mattered in the LiveWell program to improve the patient

experience of care and what was working to improve the patient and family quality of life and treatment outcomes. Patient experience was explored through focus groups and survey information. Lessons learned from Phase III will be shared with all other organizations who wish to become involved in Phase IV.

The focus of Triple Aim Phase IV is on rolling out the approach at a regional level with specific goals to:

- 1) Increase the **simultaneous pursuit of three aims** (improved patient experience of care, improved health of communities, and at a reasonable cost) in Saskatchewan primary health care settings with the prevention and management of chronic disease;

- 2) Support innovation in service delivery to achieve the Triple Aim;
- 3) Apply Triple Aim models to larger population segments;
- 4) Strengthen the ability to measure the impact of using the Triple Aim components in practical ways.

Joining the IHI Triple Aim initiative gives Saskatchewan participants access to peers from participating sites in North America and Europe, and support from IHI including access to faculty who can help problem solve specific Saskatchewan challenges.

For more information on the IHI Triple Aim go to: <http://www.ihl.org/IHI/Programs/Strategic-Initiatives/TripleAim.htm?TabId=0> or contact Primary Health Services at 787-0889.

Notes from the Field

Dispensing Errors

A transposition error from a pharmacy assistant in regards to the patient's last name led to a dispensing error. A request for a refill was attributed to the wrong patient.

Because only one of the two medications requested appeared on Mrs. Betty Jane's (not her real name) profile, the pharmacist verified the order with a more senior pharmacist on staff who incorrectly assumed that the medication order was for another person with the same first name but different last name (Mrs. Betty Jones) who was taking both of the medications. Mrs. Jones is Mrs. Jane's caregiver.

When the son of the Mrs. Betty Jane came in and asked to pick up his mother's medications, he was given Mrs. Betty Jones medications. The error was discovered when the patient looked at the medication at home.

Loss/Theft

In the second situation, a father came to the pharmacy to pick up his son's prescription. There were three children with the same last name, but not all from the same family, (Johnny X, Bobby X and Sue X) taking the same medication and all prescriptions had been placed in alphabetical order in a line awaiting pickup.

A discussion took place at the pharmacy counter between Johnny's father and another man who was in the vicinity. While the two men were standing at the counter, a discussion between members of the pharmacy staff regarding the prescriptions for the three children may have been overheard by the two men.

Johnny's father was given his son's prescription and left.

About five minutes after the father left with his son's prescription, the second man re-approached the pharmacy counter and requested and obtained the prescription for Bobby X. About an hour later a

female requested and obtained the prescription for Sue X.

When Bobby and Sue's mother arrived to obtain the prescriptions for the children, the "loss" was discovered.

All three prescriptions were for controlled substances and a police report and Loss Theft Report to Health Canada were filed by the pharmacy (for Bobby and Sue X's prescriptions).

As well as a loss of medication and perhaps confidence in the pharmacy by the customers, the pharmacy staff may have breached the privacy of the patients during their earlier discussion as their personal health information would be contained on any prescription receipts and on the prescription label. Also, it is important to be aware that the discussions that occur behind the dispensary counter can often be overheard by customers waiting for prescriptions. Privacy must be maintained.

As a result of this incident I would encourage pharmacists to implement some or all of the following procedures:

1. In regards to the first situation, never guess about a medication refill request (or anything else to do with filling a prescription)! When you are unsure of a request regarding a prescription, contact the patient for clarification.
2. When a patient arrives to pick up a medication, show them the medication and ensure it is the correct prescription for the correct patient. This will also catch other dispensing errors.
3. If you are unsure in terms of the person's permission to pick up the medication on behalf of the patient, ask them to spell the last name of the patient (if the medication is not for them) or their last name (if the prescription is their own).

Only offer prescription(s) that the patient or caregiver requests. Mr. Smith may not want Mrs. Smith to pick up his prescription.

Ask for the patient's address and confirm this on the patient profile. If the address is not the same, ask for their former address. Don't offer the address and don't ask if it is correct, as they will just agree.

Keep notes on the patient profile or with the prescription if a patient's medication is to be picked up by someone other than their usual care giver.

Forgeries

There have been several forgery reports in 2010. Pharmacists are reminded to verify the identity of the prescriber when unfamiliar. In the most recent incident the prescriber had left the practice approximately five months before a patient began forging prescriptions using his prescription pad.

Remicade Prescriptions

Recently it was brought to SCP's attention that Remicade "orders" are being faxed to pharmacies from BioAdvance Coordinators. These orders do not meet the requirements of a prescription, nor do they comply with the guidelines, "Electronic Transmission of Prescriptions". Please contact our office for more information.

Call for Public Representatives

The Saskatchewan Registered Nurses' Association (SRNA) has opportunities for members of the public to serve as public representatives on SRNA committees. Please submit a short biography and two references to info@srna.org



Discipline Decisions and Orders

Case #1 – Utilization of personal health information without consent

On February 17, 2010 the Discipline Committee was convened to consider charges that the respondents, Dan Krikau and Buffalo Pharmacy Ltd. (the "Pharmacy") were guilty of professional misconduct, and proprietary misconduct within the meanings of Sections 25 and 26, respectively, of *The Pharmacy Act, 1996* (the "Act").

The charges were that the respondent(s): (1) utilized personal health information from a prescription database which was the property of another trustee (within the meaning of *The Health Information Protection Act*) to populate the computer system of the pharmacy, without the consent of the trustee and without the consent of the individuals whose personal health information was recorded on the database; and (2) utilized prescription database information to fill, dispense and bill for prescriptions without authorization, to create patient records at the pharmacy and to issue receipts.

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

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

- a) Mr. Krikau shall receive a reprimand;
- b) Mr. Krikau shall pay a fine in the amount of \$5,000.00 to be paid on or before April 30, 2010;
- c) Mr. Krikau shall pay the costs of the investigation and hearing in the amount of \$9,000.00, to be paid on or before April 30, 2010;

- d) in the event that Mr. Krikau fails to pay the fine and/or costs on or before April 30, 2010, his licence shall be suspended; and
- e) a summary of the decision shall be published.

Case #2 – Engaging in an indecent act while working in the dispensary; as a result the member was charged and plead guilty to an offence contrary to Section 173(1)(a) of the Criminal Code.

On February 17, 2010 the Discipline Committee was convened to consider charges that the respondent, "pharmacist X", was guilty of professional misconduct within the meaning of section 25 of the Act.

The member was criminally charged as a result of an incident that occurred in a pharmacy, a public place in the presence of another person, contrary to Section 173(1)(a) of the *Criminal Code*. The member pled guilty to the criminal charge, a conviction was entered and the member was granted an absolute discharge in connection with the conviction.

The matter proceeded by way of an Agreed Statement of Facts. The member confirmed his plea of guilty and the Discipline Committee accepted the plea and found the member guilty of professional misconduct within the meaning of Section 25 of the Act.

The Discipline Committee made the following orders pursuant to Section 34 of the Act:

- a) "pharmacist X" shall receive a reprimand;
- b) the licence of "pharmacist X" to practice as a pharmacist is suspended for a period of 90 days, commencing on the date of the decision;
- c) upon expiry of the period of suspension, "pharmacist X's" continued practice is subject to the following conditions:
 - "pharmacist X" shall obtain counselling at Mental Health Services or another recognized

mental health counsellor; and

- "pharmacist X" shall provide a Release to allow the Registrar to obtain regular reports for a three year period verifying that "pharmacist X" is involved in counselling and following all recommendations;
- d) "pharmacist X" shall pay the costs of the investigation and hearing in the amount of \$5,000.00 on or before December 31, 2010;
- e) in the event that "Pharmacist X" fails to pay the costs on or before December 31, 2010, his/her licence shall be suspended; and
- f) a summary of the decision shall be published.

Mobility Agreement for Canadian Pharmacists (MACP)

As of July 6, 2009, the previous Mutual Recognition Agreement (MRA) has been replaced by the Mobility Agreement for Canadian Pharmacists (MACP) following a comprehensive review by the Association's members in 2007-2008. The review was initiated to facilitate the movement of pharmacists across Canada without imposing unreasonable or discriminatory requirements. Modifications to the initial MRA were needed to better reflect current harmonized initial licensing requirements for the practice of pharmacy in all Provinces, the Northwest Territories and the Yukon. All twelve Canadian pharmacy regulatory authorities approved and signed the agreement.

The full text of the Agreement is available through the following links at the NAPRA website:

- http://napra.ca/pages/Licensing_Registration/default.aspx
- http://napra.ca/Content_Files/Files/Mobility_Agreement_EN_Signed_final_compressed.pdf

Submission to PIP is Mandatory for ALL Prescriptions

The Pharmaceutical Information Program (PIP) is a key component of the Electronic Health Record strategy for Saskatchewan. Drug information is one of the core building blocks of our Electronic Health Record.

The collection of complete prescription information is an important step in developing systems to improve the use of medications for all residents.

Section 3.3(2) of *The Prescription Drugs Act* requires pharmacy proprietors to submit the prescription information to the Minister with respect to each drug prescribed or dispensed, regardless of who pays for the prescription.

RN/NP and the Prescription Review Program

Nurse Practitioners (RN/NPs) are **not** recognized as practitioners under *The Controlled Drug and Substances Act*, *Narcotic Control Regulations* or the *Benzodiazepines and Targeted Substances Regulations*. This means that they are not authorized to prescribe Controlled Substances such as Narcotics, Controlled Drugs, benzodiazepines or other targeted substances. Prescriptions for any of these products written (or offered verbally) are not valid and cannot be accepted as a prescription.

The only drug on the Prescription Review Program that an RN(NP) can order is Chloral Hydrate.

Sale of Non-Approved Marketed Health Products August 2010

Natural Health Products (Unprocessed Product Licence Applications) Regulations promulgated on August 4, 2010, are now in effect. The Council of the Saskatchewan College of Pharmacists has adopted the NAPRA position concerning these products. This Position Statement regarding the sale of non-approved marketed health products reflects the new category of products which will carry an Exemption Number (EN).

SCP Council Position Statement: Pharmacists should not sell a marketed health product without a Drug Identification Number (DIN), Natural Product Number (NPN), Drug Identification Number for Homeopathic Medicine (DIN-HM) or an Exemption Number (EN).

Background

All marketed health products for sale in Canada require a market authorization, product licence or an exemption number for natural health products (NHPs) from Health Canada. This condition applies to drugs per the regulatory requirements outlined in the *Food and Drug Regulations*. This same condition applies to natural health products, homeopathic products, as well as exempted products per the regulatory requirements of the *Natural Health Products Regulations* (NHPR) promulgated by the federal government six years ago, and the recently promulgated *Natural Health Products (Unprocessed Product Licence Applications) Regulations* (NHP-UPLAR).

Under the federal drug approval process, drugs, natural health products and homeopathic products must complete a review process and obtain a market authorization or a product licence from Health Canada in order to be sold. The approval follows a review by Health Canada for the product's safety, efficacy and quality. Once approved for sale, a number is provided by Health Canada to identify the marketed health product.

For instance, drugs are identified by a Drug Identification Number (DIN), natural health products by a Natural Product Number (NPN) and homeopathic products by a Drug Identification Number for Homeopathic Medicine (DIN-HM). These numbers are indicated on the package label by the manufacturers and serve as a means for the public and health care professionals, such as pharmacists, to know that the product completed Health Canada's review and is approved for sale. In place for many years, this approval process is the most important element of the federal/provincial/territorial safety net system.

New regulations promulgated on August 4, 2010, allow the legal sale of a category of products for which Health Canada has not yet issued a product licence but has completed an initial assessment to ensure that information supporting the safety, efficacy and quality of the product has been provided and that specific safety criteria have been met. This category of products will receive an

Exemption Number (EN) from Health Canada.

Regulations under *The Food and Drugs Act* oblige manufacturers to place the authorization number on the label to facilitate the identification by pharmacists and others. As Health Canada allows for a transition period under the new NHP-UPLAR before the Exemption Number appears on the product label, pharmacists and others may have to consult the Natural Health Products Exempted Database to verify approval status of the exempted products.

NAPRA and its members, the provincial and territorial pharmacy regulatory authorities, abide by the condition set out in federal regulations whereby marketed health products that have not been issued a market authorization, a product licence or an exemption number by Health Canada for their sale, should not be sold by pharmacists. In formulating a specific position on this matter, NAPRA members wish to reinforce this fundamental regulatory requirement in the interest of public safety.

Pharmacists are obliged to hold the health and safety of the public or patient as their first and foremost consideration. As such, they must follow very specific standards of practice to fulfill this role. When presented with a product, a pharmacist requires confirmation that the product is authorized for sale by Health Canada whose mandate is to ensure the product's safety, efficacy and quality.

Travel Tips for Patients

Adapted and reprinted with permission from Consumer Health Information Corporation (www.consumer-health.com).

When patients are traveling, ensure they have all the information they need in order to make sure their medications make it to the destination in good shape.

Getting ready for a trip can be hectic. So, it's important that patients make time to take stock of all the medications they'll need while away from home. Travel can sometimes take them through different time zones – so, this can affect when they take their medicines. Knowing what documentation they need or how much medicine to pack before they travel can be confusing, especially with new rules set by travel security. Here are some tips to provide to patients to help with their travel planning.

Travel Tips

ALWAYS keep your medicines in their original prescription containers with the original labels.

Write down the following information and keep it with you:

- The names of the conditions that your medicines treat.
- When you take your medicines (morning, afternoon, evening).
- How you take your medicines (by mouth, on the skin, etc.).
- Your primary care doctor's address, phone number, "on-call number", and hours of operation are very valuable, especially if you find yourself in an emergency situation.
- Ask your pharmacist to give you a copy of your prescriptions and include the name, phone number and address of the pharmacy. This will make it easier to get medicines if your carry-on items or luggage are lost or stolen.

Prepare a Carry-on Medicine "Travel Kit"

Never pack medicines in your checked luggage. It is best to put them in a "Travel Kit" in your carry-on bag. By doing this, you make sure that your medications are with you in case your luggage is lost. They are also kept at a controlled temperature. This is important because some medicines must be kept at a certain temperature (such as insulin).

Keep your medicines with you so that you can take your doses at the right time.

If you have a special condition, such as diabetes, make sure you pack blood testing supplies, snack foods (such as cheese and crackers) and fast-acting sugar (such as hard candy, sugar cubes, glucose tablets, or gel) in addition to your medication.

A Note About Security Screening

Medications must be in their original prescription containers with the original pharmacy labels. The prescription medicines must match the name on the passenger's ticket. Don't forget that this also applies to pets that are traveling with you and taking prescription medicines. Otherwise, you may not be able to get them through security. Please check the Canadian Air Transport Security Authority website for the most up to date information: www.catsa-acsta.gc.ca

Proper planning is the best way to ensure safe and healthy travel. Have a great trip!

Influenza Vaccinations

Recently a memo was sent to all pharmacy managers regarding the Ministry of Health 2010-2011 Influenza Vaccination Plan. Through that plan only Fluviral and Vaxigrip will be administered through Public Health.

In anticipation of member inquiries about the status of the other vaccines, this will confirm that they are classified as Schedule II drugs. This means that they may be sold by a pharmacist to the public without a prescription. These products must, at all times, be kept or stored in a secure location in the pharmacy, such as the dispensary, that is not accessible to the public. The pharmacist must be involved in their sale, which includes arriving at the decision to sell the drug. In addition, members who handle vaccines must follow our "Guidelines Regarding Vaccine Storage, Handling and Transport" found in the Pharmacy Reference Manual at: http://napra.ca/Content_Files/Files/Guidelines_Re_Vaccine_Storage_Handling_Transport.pdf

Members will also note that FluMist is now available for intranasal administration. According to Astra-Zeneca, FluMist is to be administered by a healthcare professional and is not to be self-administered by the patient. Currently, the administration of vaccines to patients by pharmacists by any route is not permitted because this activity is not officially recognized within the pharmacist's scope of practice. However, this is under review by Council. A variety of factors are involved that include compliance with national and provincial guidelines that require amongst other things appropriate facilities, procedures and records, supervision of the patient, and access to emergency services to respond to anaphylaxis. In addition, we understand that pharmacist must be certified to administer FluMist.



TOBACCO IN PHARMACIES

The following information was received from Mr. Rick Trump, Executive Director of Population Health, Ministry of Health, dated October 1, 2010.

“During the consultation process, some retailers sought clarification on the construction of areas that would allow tobacco sales to continue in their retail establishments. In response to this request, the following guidance is being provided:

The Tobacco Control Amendment Act, 2010 contains the following clauses which outline the ban on tobacco sales in pharmacies: ...

- 8) No person shall sell tobacco or tobacco-related products in any of the following places or premises: ...
- (f.5) a pharmacy;
 - (f.6) a retail store if:
 - (i) a pharmacy is located in the retail store; or

(ii) customers of a pharmacy can enter into the retail store directly or by the use of a corridor or area used exclusively to connect the pharmacy with the retail store.

Compliance with these provisions of *The Tobacco Control Act* will be met in retail establishments that operate a pharmacy and conduct tobacco sales if:

- The sale of tobacco is removed from the retail establishment in which there is a pharmacy; or
- The pharmacy is removed from the retail establishment in which tobacco sales occur; or

- To continue selling tobacco, a separate retail area is constructed in the existing building in such a manner that customers of the pharmacy cannot access the area in which tobacco and tobacco-related products are sold except by the use of a separate exterior doorway.

This means that a doorway must be constructed that is exterior to the rest of the retail establishment. For example, a doorway to the outdoors in a stand-alone store or, in the case of a shopping mall, a door that leads only to a common area in the mall. A staff-only door will be permitted to connect to the retail store. This door must not be accessible by the general public.”

Should you have additional questions about this legislation, please contact Nicole Nieminen, Senior Policy Analyst, Ministry of Health at nnieminen@health.gov.sk.ca

Consumer and Professional Adverse Drug Reaction Reporting

Consumers/patients and health professionals can report adverse reactions (also known as side effects) to health products, including prescription and non-prescription medications, biologics (including fractionated blood products, as well as therapeutic and diagnostic vaccines), natural health products and radiopharmaceuticals, to the **Canada Vigilance Program**.

Members may wish to have copies of the *Consumer Side Effect Reporting Form* available to their patients. The *Consumer Side Effect Reporting Form* is available on the Health Canada website: <http://www.hc-sc.gc.ca/dhp-mps/medeff/report-declaration/index-eng.php#a1>

Privacy Statement: Information related to the identity of the patient and/or the reporter of an adverse reaction is protected as per the *Privacy Act* and in the case of an access to information. Suspected health product-related adverse

reaction information is submitted on a voluntary basis, and is maintained in a computerized database. Adverse reaction information is used for the monitoring of marketed health products, and may contribute to the detection of potential product-related safety issues as well as to the benefit-risk assessments of these products.

More details regarding personal information collected under this program can be found in InfoSource's *Personal Information Bank*, Health Canada; Health Products and Food Branch; Branch Incident Reporting System; PIB# PPU 088.

Reporting by Consumers

- **Mail**
Download and print the *Consumer Side Effect Reporting Form* and the *postage paid label*. Complete the form and mail it to a *Canada Vigilance Regional Office*, using the *postage paid label*.

- **Online**
Complete a *report online*.
- **Fax**
Download and print the *Consumer Side Effect Reporting Form*. Complete the form and send it by fax at **1-866-678-6789**.
- **Telephone**
Call a *Canada Vigilance Regional Office* at **1-866-234-2345** (toll-free).

Note to Consumers

Consumers are encouraged to consult their health professional who could offer additional information that may be useful in reporting a side effect.

*Editor's Note: Links are available on the electronic version of this document at the SK homepage of the NAPRA website. Go to <http://napra.ca> and click on the "SK" link; select the NEWS & EVENTS tab.

Changes to the Labelling of Cough and Cold Products for Children

In December 2008, Health Canada released an advisory to consumers regarding the outcome of a review of the use of cough and cold products for children under twelve (12) years of age. The review showed that although there had been a long history of use in children, there is limited evidence to support their effectiveness. In addition, reports of misuse, overdose and rare side effects which included convulsions, increased heart rate, decreased level of consciousness, abnormal heart rhythms and hallucinations suggested that these products should not be used in children under six (6). As a result of the review Health Canada required manufacturers to re-label over-the-counter cough and cold products that had dosing information for children to indicate that these medicines should not be used in children under age six (6). The full advisory including the list of active ingredients affected by Health Canada's decision can be found at: http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/_2008/2008_184-eng.php.

Reference: *Health Canada Releases Decision on the Labelling of Cough and Cold Products in Children*, December 18, 2008

To assist pharmacists when parents or caregivers request dosing information on these products for children under six (6) years, the following information has been prepared.

Management of Colds in Children Less than Six Years of Age

1) Caregiver Education

- Reassure caregiver that colds are self-limited viral infections that resolve without treatment in 7-14 days.
- It is common for children less than six years of age to have six to eight colds per year.
- There is no cure for colds.
- There is no evidence that cough and cold products provide any benefit for children less than six (6) years old or reduce the risk of complications such as ear infections, sinus infections, febrile seizures or exacerbation of asthma.

2) Nasal Rhinitis/Nasal Congestion

- Saline: for infants, saline drops followed by nasal aspiration regularly and prior to nursing to keep nasal passages open; for older children, saline nasal spray can be used.
- Ensure the child continues to ingest the usual amount of fluids. It is not necessary (and possibly not safe) to give excess fluids. Do not stop nursing or offering milk to children. Contrary to popular belief, milk does not increase mucous production.
- Aromatic oils, e.g., menthol, camphor, in rubs or inhaled, have not been shown to decrease nasal congestion although patients tend to perceive benefit. These products should not be used for children less than two (2) years of age and should be used with caution in older children as they are toxic if taken by mouth or absorbed in sufficient amounts through the skin.
- Humidity: Steam has not been shown to be beneficial and should be avoided around young children because of the risk of accidental burns. Cold humidifiers can be used but should be cleaned on a regular basis to prevent mold growth.

3) Fever

- Fever is a defence mechanism. It is not necessary to treat all fevers.
- Acetaminophen or ibuprofen can be given for a temperature higher than 38.5 if the child is uncomfortable.
- There is no proven benefit in alternating acetaminophen or ibuprofen. This regimen can be confusing for the caregiver and increases the risk of overdose.
- Prophylactic treatment does not prevent febrile seizures.

4) Sore Throat

- Acetaminophen/ibuprofen
- If child is reluctant to eat or drink, try sips of warm or cold

beverages, popsicles or other cold desserts.

- No evidence that medicated lozenges are more effective than sucking on hard sugarless candy and should not be recommended for children < 3-4 years old because of risk for choking.

5) Cough

- Cough is also a body defence mechanism, preventing aspiration of mucous and helping to clear it from the throat and lungs. This aids recovery from respiratory tract infections.
- As above, sips of warm or cold beverages or sucking on hard sugarless candy may help soothe throat irritation caused by coughing and calm the cough reflex.

6) When Parent or Caregiver Should Contact Physician:

- Rapid or difficulty breathing
- Refusal to drink for prolonged period
- Temperature greater than 40
- Signs of dehydration
- Child complains of an earache or symptoms suggest earache (pulling on ear, fussiness)
- Temperature above 38.5 for more than three days
- Changes in behaviour (excessive sleepiness or irritability)
- Cough and/or congestion for more than 14 days
- Skin rash

Karen Jensen
Saskatchewan Drug
Information Service

References/Suggested Reading

- 1) *Patient Self-care*, 2nd Edition, Chapter 24: Viral rhinitis, influenza, sinusitis and pharyngitis; Chapter 9: Fever.
- 2) *e-therapeutics +: Viral Rhinitis*. Available at www.shirp.ca.
- 3) *Handbook of Nonprescription Products 16th edition*, Chapter 11: Disorders related to colds and allergy.
- 4) *UpToDate* online. The common cold in children. Available at www.uptodate.com by subscription.
- 5) *Merck Manual* online. Cough in children; Fever in infants and children.



The North West Company is a leading retailer of food and everyday products and services to rural communities and urban neighbourhoods in Canada, Alaska, the South Pacific and the Caribbean.

7,211 Employees

220 Locations Worldwide

\$1.4 Billion Annual Sales

Pharmacists for Northern Saskatchewan

We offer our Pharmacists:

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Opportunities Aboard on the Horizon

Sunrise Health Region has an opening for a Permanent Full-time and Temporary Part-time (five shifts of eight hours in a three week rotation) Pharmacist at the Yorkton Regional Health Centre in Yorkton, Saskatchewan.

Yorkton Regional Health Centre is an 87 – bed regional hospital offering general medicine, surgery, emergency, intensive care, pediatric, obstetrical, hemodialysis and chemotherapy outreach services. The Pharmacy Department offers a unit-dose, CIVA service daily 0800-1700. Clinical services include pharmacokinetic and renal dosing service, TPN and home IV patient assessments, anticoagulation management service (in-patients and out-patients), medication reconciliation/seamless care at discharge, palliative care consults, group education sessions and direct patient care to selected patients.

The successful candidate will possess a Baccalaureate Degree in Pharmacy and will be eligible for licensure in Saskatchewan. Previous experience in either a hospital or community practice or completion of a hospital pharmacy residency is considered an asset.

We offer a competitive salary, 3 weeks paid vacation, and professional development opportunities.

Interested applicants are invited to contact us at:

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

Phone: (306) 786-0740 • Fax (306) 786-0741

Email: resume@shr.sk.ca

Website: www.sunrisehealthregion.sk

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Change your lifestyle!

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Inter-City Pharmacy

Phone: 306-445-5255 • Fax: 306-445-1239

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Crescent Heights Pharmacy specializes in providing services to several northern communities as well as the city of Prince Albert and surrounding communities.

Our pharmacists in Prince Albert are able to work closely with health care professionals to provide health care to patients living in remote locations.

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Attn: Betty MacDonald