



PIP Use to Become Mandatory

At their September 18, 2009 meeting, the Saskatchewan College of Pharmacists Council considered a coroner's recommendation arising from the suicidal death of a resident due to an overdose of amitriptyline. The Office of the Chief Coroner supports the recommendation "that the Ministry of Health look at expediting the implementation of access to the Pharmaceutical Information Program (PIP) by physicians and pharmacists throughout the province". The Chief Coroner advises that the intent of the recommendation goes beyond providing access to PIP, so that physicians and pharmacists use

PIP as a standard of care in making treatment decisions.

Given the following factors:

- continuing sub-optimal PIP use by pharmacists;
 - electronic prescribing in PIP is allowed; and
 - PIP usage will be required when pharmacists receive enhanced authority to prescribe drugs,
- the coroner's recommendation has prompted Council to act on a goal within our strategic plan to make PIP use mandatory.

By mid 2011, Council plans to implement the mandatory use of the PIP Medication Profile Viewer

by members for every patient who is on the system. Sufficient notice is being provided to allow members and other interested parties to plan and prepare for this requirement. We will be encouraging government, pharmacy computer system vendors and others to be prepared. In the meantime, we strongly encourage members to begin using the system more and more to become familiar with its capabilities. In turn, we ask members to encourage your pharmacy computer system vendor to proceed with integration of your system with PIP as soon as possible.

Guidelines for Reporting Suspected Adverse Reactions to Antiviral Drugs During an Influenza Pandemic

From the Canada Vigilance Program

Health Canada would like to inform you that a new document entitled "Guidelines for Reporting Suspected Adverse Reactions to Antiviral Drugs During an Influenza Pandemic" (the "Guidelines") is now available.

The Guidelines briefly define influenza pandemic, identify the role of antiviral drugs in the treatment or prevention of influenza and highlight the importance of reporting adverse reactions to these products in the event of an influenza pandemic. The Guidelines encourage the reporting of all serious adverse reactions, (i.e., adverse reactions which require in-patient hospitalization or prolongation of existing hospitalization, cause congenital malformation, result in

persistent or significant disability or incapacity, are life threatening or result in death.) Information on how to report an adverse reaction is also provided in the Guidelines.

At this point in time, serious adverse reactions to antiviral drugs have been very rare. However, during a pandemic, it will be essential to look for and respond to any serious adverse reactions that may occur with widespread use of these drugs, as this information will help guide the safest and most effective use of these drugs.

The Guidelines are available on the Health Canada website at: http://www.hc-sc.gc.ca/dhp-mps/pubs/medeff/_guide/2009-ar-ei_anti_guide-ldir/index-eng.php

Please visit the MedEffectTM Canada website at: <http://www.healthcanada.gc.ca/medeffect> or call 1-866-234-2345 for more information on reporting adverse reactions to antiviral drugs via the Canada Vigilance Program during an influenza pandemic.

[healthcanada.gc.ca/medeffect](http://www.healthcanada.gc.ca/medeffect) or call 1-866-234-2345 for more information on reporting adverse reactions to antiviral drugs via the Canada Vigilance Program during an influenza pandemic.

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SCP Council 2009-10

Division 1

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

Division 2

Joan Boby, Saskatoon
Vice-President
(term expires June 30, 2010)

Division 3

Randy Wiser, Prince Albert
President
(term expires June 30, 2011)

Division 4

Chris Hrudka, Saskatoon
President-elect
(term expires June 30, 2010)

Division 5

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

Division 6

Joe Carroll, Moose Jaw
(term expires June 30, 2010)

Division 7

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

Division 8

Janet Harding, Saskatoon
(term expires June 30, 2010)

Past President

George Furneaux, Regina

Ex Officio

Dean David Hill
College of Pharmacy and Nutrition
Saskatoon

Public Members

Barbara DeHaan, Biggar
Ken Hutchinson, Fort Qu'Appelle

Student Observer

Brent Goeres

SCP Staff

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Assistant Registrar

Pat Guillemin
Administrative Assistant

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Senior Administrative Assistant

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Administrative Assistant

Lori Postnikoff
Field Officer

Jeannette Sandiford
Contract Field Officer

Audrey Solie
Administrative Assistant

Council Highlights – September 17-18, 2009

From the meeting held in Saskatoon:

- Welcomed new Councillors Barbara DeHaan, Public Member; Dr. David Hill, Dean, College of Pharmacy and Nutrition; Spiro Kolitsas, Division 5; and Brent Goeres, Student Observer;
- Appointed Kim Borschowa of Radville and Leah Butt of Leader as Councillors to fill the vacancies in Divisions 1 and 7, respectively;
- Conducted a session to integrate the CPhA Blueprint Implementation and Action Plan with our Strategic Plan;
- Agreed to form a Centennial Celebration Committee for 2011;
- Accepted regulations and approved bylaws for submission to the Minister of Health for approval for enhanced authority for the pharmacist to prescribe drugs;
- Approved a request for proposals to selected communications firms for a public education campaign on the role of the pharmacist;
- Increased the minimum required malpractice insurance coverage to \$2 million effective July 1, 2010 (see separate article in this Newsletter);
- Reviewed the provincial pandemic anti-viral drug distribution plan;
- Agreed to explore, with the relevant authorities, expansion of the pharmacists scope of practice (i.e. prescribe anti-viral drugs, administer vaccines by injection in emergencies);
- Approved in principle a working group's recommendations to regulate pharmacy technicians (see separate article in the Newsletter);
- Agreed that PIP use become mandatory (see lead article in this Newsletter);
- Approved in principle proposed legislation to authorize the establishment of a formal governance and administrative structure for the Prescription Review Program, along with powers to collect, use and disclose data on monitored drugs to prevent or reduce misuse;
- Adopted the new National Association of Pharmacy Regulatory Authorities "Model Standards of Practice for Canadian Pharmacists" (see separate article in the Newsletter);
- Accepted proposed amendments to *The Pharmacy Act, 1996* to accommodate the labour mobility requirements of the Agreement on Internal Trade to enhance the mobility of pharmacists coming to Saskatchewan.



National Association
of Pharmacy
Regulatory Authorities

Association nationale
des organismes de réglementation
de la pharmacie

New NAPRA Standards of Practice Adopted

The National Association of Pharmacy Regulatory Authorities asked their members to adopt the recently revised model standards. The "Model Standards of Practice for Canadian Pharmacists March 2009", are modeled after best practices. They are not competency based. The Standards are drafted like a framework for good pharmacy practice and do not contain the former competency elements or performance indicators. However, the Standards are referenced against the competency elements in NAPRA's "Professional Competency for Canadian Pharmacists at Entry to Practice (2007)", so that members can access the appropriate elements in the competency document to determine the skills needed to meet the standard.

The model has also been expanded to include standards on collaborative and expanded scopes of practice. The new Standards of Practice can be viewed at: http://129.128.180.43/Content_Files/Files/Model_Standards_of_Prac_for_Cdn_Pharm_March09.pdf

Responsibilities of the Pharmacy Manager

(from the SCP document of the same name)

The pharmacy manager shall:

- ensure that only licensed pharmacists or interns (under the immediate supervision of a licensed pharmacist) shall practise pharmacy;
- not permit a person who is not a pharmacist to direct, influence, control or participate in the management or operation of the pharmacy;
- ensure a licensed pharmacist is on duty during all hours of operation;
- ensure appropriate advertising, including the correct use of the trade name of the pharmacy, for prescription labels, telephone directory listings, interior and exterior signs, stationary, etc.

The pharmacy manager is required to:

- ensure adherence to the legislation governing pharmacy practice, including, but not limited to, the following:
 - *Food and Drugs Act and Regulations*
 - *Controlled Drugs and Substances Act*
 - *Narcotic Control Regulations*
 - *The Pharmacy Act, 1996*, and Bylaws
- Saskatchewan College of Pharmacists policies, guidelines and standards.

- be responsible for establishing policies and procedures to be followed by pharmacy personnel, which are in accordance with pharmacy law, acceptable pharmacy practice and professional standards.
- be accountable to SCP for all professional activities within the pharmacy.
- provide information to the Registrar concerning the operation or conduct of the pharmacy and pharmacists employed, if so required by the College.
- ensure a system of communication and documentation of information to provide consistency of care.
- ensure the prescription processes and procedures used by the pharmacy are designed to minimize errors, protect the public and adhere to the Standards of Practice.
- ensure a system is in place for the implementation/maintenance of a medication error follow up and reporting protocol.

When named pharmacy manager, the pharmacist acknowledges that he or she has read, understood and accepts responsibilities of their position and the operation of the pharmacy.

The pharmacy manager:

- shall respond in writing to requests from the Registrar (or designate) regarding operation of

the pharmacy and practice situations and, where applicable, identify the member involved in any matter under review.

- is ultimately accountable for record keeping, the acquisition, storage and distribution of Narcotic and Controlled Drugs, according to the pertinent governing legislation.
- retains the right to designate which pharmacists may have signing authority for purchasing Narcotic and Controlled Drugs in a specific pharmacy.

Privacy Risks of Faxing

From the Office of the Saskatchewan Information and Privacy Commissioner

The Office of the Saskatchewan Information and Privacy Commissioner (OIPC) publishes the "Saskatchewan FOIP Folio" regularly, which includes many matters that may directly impact on the practice of pharmacy. FOIP Folio can be accessed at: www.oipc.sk.ca.

The article "Privacy Risks of Faxing" from June/July 2009 highlights one such issue. Several apparent privacy breaches involving the faxing of sensitive personal health information to an incorrect fax number are being investigated by the OIPC.

The OIPC office has developed new faxing guidelines, "*Privacy Considerations: Faxing Personal Information and Personal Health Information*". These guidelines are available on their website.

From the June/July 2009 article: Before you fax pi or phi, ask yourself the question — ***If this information was about me, would I want it faxed and inadvertently received by the wrong recipient?*** If the answer is NO, you should strongly consider not faxing the information, or at least ensure it is first de-identified.

Malpractice Insurance Requirement to Increase

With the advent of enhanced authority for the pharmacist to prescribe drugs and recognizing recent trends, Council has accepted the advice of stakeholders, experts and regulatory bodies in other provinces to increase the minimum amount of malpractice insurance required for licensure from \$1 million to \$2 million. This change will become effective July 1, 2010. Therefore, when applying for the 2010-2011 membership/licence, members will be asked at that time to declare that they have this increased coverage.

The information that Council reviewed indicated that most programs already provide this increased minimum coverage. The Pharmacists' Association of Saskatchewan also confirmed that the basic amount of malpractice coverage under their program is \$2 million.

Drug Schedule Bylaw Amendments

1. Added to Schedule II

Naproxen sodium 220 mg tablet (when sold in products labeled with a recommended maximum daily dose of 440 mg, and in package sizes exceeding 6,600 mg)

Council approved the amendment to add “naproxen sodium 220 mg tablets (when sold in products labeled with a recommended maximum daily dose of 440 mg, and in package sizes exceeding 6,600 mg)” to SCHEDULE II as recommended by the National Drug Scheduling Advisory Committee.

This is a **pharmacy only, no public access** product that must be sold by a pharmacist to the public.

As a Schedule II drug, all products containing this drug at this package size must be contained within the lock and leave installation if the premises are open when a pharmacist is not available.

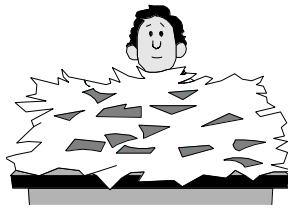
2. Added to Schedule III

Naproxen sodium 220 mg tablet (when sold in products labeled with a recommended maximum daily dose of 440 mg and in package sizes of up to 6,600 mg)

Council approved the amendment to add “naproxen sodium 220 mg tablets (when sold in products labeled with a recommended maximum daily dose of 440 mg, and in package sizes of up to 6,600 mg)” to SCHEDULE III as recommended by the National Drug Scheduling Advisory Committee.

This is a **pharmacy only product that may be available for self-selection**. The pharmacist must be available and accessible for consultation if the patient requests.

As a Schedule III drug, all products containing this drug must be contained within the lock and leave installation if the premises are open when a pharmacist is not available.



From the Desk of the Dean

Dr. David Hill
College of Pharmacy and Nutrition

I am pleased to provide my first Desk of the Dean article, and extend sincere appreciation to SCP for the opportunity to share news with you all on College initiatives, challenges and opportunities. I look forward to the next five years with a great sense of anticipation and excitement. Work is ongoing on a number of developments, highlighted below. But before talking about these, I would first like to express both my personal thanks, and thanks on behalf of our College, to former Dean Dennis Gorecki.

Dennis completed his second term as Dean this August, and is taking a well-deserved administrative leave prior to returning to his faculty post (although he is continuing to work on development activities and University affairs!). He has provided outstanding vision, leadership and commitment to the College and the University. Faculty, staff and students have greatly appreciated Dennis' welcoming and straightforward management style, keen sense of fairness and respect for everyone, and also fun. His wise stewardship of resources and his tenacity in securing new resources have enabled the College to move forward in its tradition of excellence.

Our College was recently asked by the University's new *Council of Health Science Deans* to identify priority issues, and our leadership team has identified the following:

- Initiating a comprehensive review and redesign of the professional degree program in pharmacy, to ensure our graduates are fully prepared to perform patient care services permitted under the expanded scopes of practice for pharmacists in Saskatchewan, to enter emerging new models of practice, and to continue to meet competency expectation. As the College has in the past, we will seek the invaluable input of prac-

tioners in the field to achieve this goal.

- Finalize funding support and initiating searches for the three chairs that the College has proposed (i.e. Rational Drug Design, Health Quality Improvement, and Natural Products) as well as completing searches for 2-3 other open faculty positions as described in previous articles.
- Securing adequate resources to support the clinical training of pharmacy and nutrition students, with particular attention to placements in the Saskatoon Health Region and the Regina Qu'Appelle Health Region.
- Ensuring the scale, productivity and quality of research and the opportunities for graduate studies in the College match the levels proposed in our College's Strategic Plan. This will require continuing attention to building research capacity in the College and recruitment of increased numbers of well-qualified students into our graduate programs.
- Recruiting a new development officer for the College and updating the development and advancement plans for the College, continuing to increase our attention to alumni relations, and implementing a more comprehensive communications strategy for the College to its external stakeholders.

In addition to the above, we will continue work on ongoing initiatives, which include financial effectiveness and mission-based management, workplace safety and environmental protection, including pandemic preparedness planning, quality assurance in all aspects of our programs, interprofessional collaborations and planning for our move to the Academic Health Sciences facility in the near future.

Regulation of Pharmacy Technicians

A Working Group studying the feasibility and business case and plan for the regulation of pharmacy technicians according to the Ontario model, reported to Council and recommended the approval of this model. In Ontario, technicians wishing to be regulated may, upon meeting advanced entry to practice competencies, be registered and licensed by the Ontario College into an independent scope of practice with title protection. Council approved the Group's recommendations in principle subject to finalizing the operational and implementation plans, budgets and the resolution of

important outstanding issues such as the meaning of supervision and the ratio between pharmacists and technicians.

Other recommendations include mandatory qualification with the Pharmacy Examining Board of Canada. Those entering the profession from programs accredited by the Canadian Council for the Accreditation of Pharmacy Programs will have direct access to the PEBC Qualifying Examination (written and performance based), while those who have not graduated from CCAPP accredited programs will have only a limited time to under-

take bridging programs before being eligible to write the PEBC qualifying exam. In the meantime, to facilitate communication, we are asked to begin "registering" those who are currently practising as technicians or pharmacy assistants.

The Working Group identified the amendments to *The Pharmacy Act, 1996* and the SCP Bylaws that will be needed, and developed a framework upon which to base Standards of Practice.

The entire report, once finalized, will be available on the 'SK' section of the NAPRA website.

Whose Responsibility is It? Concerns from the Complaints Committee

Over the past couple of years, the Complaints Committee has seen, with increasing frequency, members attempting to divert responsibility for medication errors on to a pharmacy assistant or coworker. From a recent letter of response from a member to the Committee:

"A lapse in mental concentration by the technician occurred in dealing with the patient and/or parent when the prescription was presented for filling."

As the individual responsible for the accuracy and correctness of all prescriptions dispensed, the pharmacist is the person responsible for any and all errors. A medication error is NEVER the responsibility of the pharmacy assistant.

From the "Standards of Practice for Saskatchewan Pharmacists"

The pharmacist is responsible for, and must supervise the functions which may be delegated to an assistant.

These functions may be performed by an assistant only when under the direct supervision of the pharmacist.

When and if pharmacy assistants become regulated as pharmacy technicians in Saskatchewan and an indi-

vidual has registered and licensed as a pharmacy technician then, and only then, will that person be accountable and responsible for his or her dispensing activities.

Other "reasons" submitted to explain alleged errors have been: "it was very busy that day"; "I was just about to leave at the end of my shift"; "the parent indicated that they knew what to do", and most recently, "unfortunately two of us involved erred whilst the third person involved apparently didn't get an adequate chance to discuss the prescription fully during counselling to the point that would have brought the error to his attention." Can any of these submissions possibly address why an individual patient was given the wrong prescription?

If you were the patient who received the incorrect drug, the incorrect dose, the incorrect information, would you feel that any of these explanations adequately explain an error that has a direct impact on your health and well being? Even if no harm comes to the patient, we as pharmacists need to take each and every error seriously and deal with the patient promptly with open disclosure and respect, accepting responsibility for the error. From

the Model Standards of Practice for Canadian Pharmacists 2003: "The pharmacist accepts responsibility for medication errors (including errors committed by support personnel); deals immediately with medication errors that pose a risk to a patient."

From the College Code of Ethics

13.1.1 A pharmacist shall hold the health and safety of the public to be of first consideration in the practice of his profession rendering to each patient the full measure of his ability as an essential health care practitioner.

Yes, prescription volumes are going up and yes, a dispensary is a busy place, and because of these factors, perhaps this is just the time to step back and look at your workflow and workload of your practice site from the view point of the patient.

Near misses and medication errors — take the opportunity to review your systems and procedures to identify any which have contributed to the error and make changes which would reduce or prevent re-occurrence. Is the environment in which you work conducive to safe and efficient practice or a mistake just waiting to happen?

“Spinning” DINs

The SCP office has recently received reports of a practice commonly referred to as “spinning” DINs. While we have not investigated the extent of this practice, the sources of these reports are sufficiently reliable to give us reason to believe this article and warning to members are justified.

We understand that in certain SOC categories, one non-SOC equivalent brand is dispensed, but the DIN of the SOC in that category is transmitted to the Drug Plan. Apparently, under these circumstances, the dispensed brand is purchased directly from the manufacturer for what we understand to be significant consideration, such as extra product free of charge, rebates and/or discounts. From our perspective, this practice is unacceptable because it:

- 1) Compromises patient safety, as it is possible that what appears in the pharmacy records and perhaps on the prescription label is not what was actually dispensed, making DIN checking for accuracy difficult and potentially confusing or misleading to the patient;
- 2) Compromises patient safety because the integrity of information in the PIP Medication Profile Viewer is compromised. This reduces confidence in the system;
- 3) Constitutes misconduct because of the foregoing, but also because of what we interpret to be several violations of the Drug Plan contract:
 - a. Avoiding the wholesale drug distribution system
 - b. Violating the obligation to dispense the SOC product
 - c. Potential violation of the actual acquisition cost concept

Should the reports and our understanding be reasonably accurate, we ask members involved in this practice to cease it immediately.

Natural Health Products Regulations

Update Regarding 2010 Target for Full Implementation

From the Natural Health Products Directorate, Health Canada

The 2010 date is a general reference used to describe two issues. Firstly, the date is in reference to the legal requirements as set out in the *Natural Health Products Regulations* (NHPR) for some products (e.g. vitamins and minerals) which had been previously issued a drug identification number (DIN) prior to the implementation of the NHPR. A DIN is a valid licence to sell a natural health product in Canada until January 1, 2010. After this date, all NHPs must comply with the licensing requirements under the NHPR.

Secondly, Health Canada has set a goal of addressing the natural health product (NHP) licensing backlog by March 31, 2010. This date is not set out in law or in regulations — it is simply an internal target adopted by Health Canada.

All NHPs with DINs must obtain a product licence by December 31, 2009, as per section 108 of the NHPR. All NHPs advertised, promoted or sold on the market, must comply with the labelling requirements of the NHPR and be in accordance with the terms of the product’s market authorization. When a labelling change is required as a result of a post-licensing notification or amendment made to a marketed product, including transitional DINs, this change must comply with the post-licensing requirements and labelling requirements of the NHPR.

The modification to the label is expected to be made within a period of 6-12 months of the issuance or amendment of the product licence. Label stock bearing a DIN can, therefore, continue to be used on products during this 6-12 month transition period.

From the NAPRA website, National Drug Schedules and Natural Health Products:

July 2009 — As a result of new information provided by Health Canada’s Natural Health Products Directorate, the Board of Directors decided at its April 2009 meeting to re-examine the policy for Natural Health Products. This review should be completed by spring 2010.

In the interim, the Board agreed that NHPs currently listed in the NDS be maintained in the drug schedules until the Board of Directors is apprised of the results of the re-examination and have made a decision. This means that a product currently listed in the NDS will remain there for the time being even though the product may have received a Natural Product Number.

The Saskatchewan College of Pharmacists has adopted this position. This means that products with NHP numbers on their labels containing drugs listed in our drug schedules are restricted to sale from pharmacies according to the conditions pertinent to that schedule.

2009 Pillar of Pharmacy Award Winner Wayne Hindmarsh

The Board of Directors for the Canadian Foundation for Pharmacy (CFP) is pleased to announce that Dr. K. Wayne Hindmarsh is the 2009 recipient of the Pillar of Pharmacy Award,

For more than 40 years, Dr. Hindmarsh has been guiding the development of pharmacy students across the country. Dr. Hindmarsh earned Bachelor of Science and Master’s degrees from the University of Saskatchewan, and a PhD from the University of Alberta. While teaching at the Universities of Saskatchewan and Manitoba, Dr. Hindmarsh enriched the lives of many students.

The Canadian Foundation for Pharmacy Pillar of Pharmacy Award is awarded annually to an individual who has demonstrated a life-long commitment to the pharmacy profession.

Narcotic and Controlled Drug Records

(Reprinted with permission from *The Apothecary*, the newsletter of the Newfoundland and Labrador Pharmacy Board)

Why is it necessary to print and review a monthly Narcotic Sales Report?

The Narcotic Sales Report is an important management tool in curbing diversion and theft when properly reviewed. Owners and managers should review the report in conjunction with narcotic prescription files to ensure that all reportable narcotics and controlled drugs are properly recorded; all prescriptions are accounted for; all narcotics and controlled drugs requiring a written prescription are present and unusual patterns of drug usage are monitored or identified.

Why should I do a regular narcotic inventory count?

Narcotic inventory counts are necessary to provide a starting point or baseline to perform narcotic reconciliations. Counts of your narcotic and controlled drug inventory (including benzodiazepines) should be conducted on a regular basis, preferably monthly, in conjunction with random reconciliations on specific drugs. This will help to identify any shortages, possible diversion, or theft. As well, the introduction of perpetual inventory management by software providers is a useful tool for facilitating the reconciliation process.

What must a pharmacist report to Health Canada regarding narcotics and controlled drugs?

Both the *Narcotic Control Regulations* (section 42) and the *Regulations to the Food and Drugs Act* (s.G.03.013) require a pharmacist to report any loss or theft of these drugs within ten (10) days of discovering the loss.

What is considered a loss of controlled substances?

A loss can take many forms, but is basically anything that results in a shortage in your inventory of controlled substances. Some examples are theft or robbery, diversion or unexplained loss, spillage or wastage, damage or contamination of products, etc.

How do I report a loss?

Forms can be found on the NAPRA website (<http://napra.ca>) under "SK", then click on Reference Manual, then on "Narcotic and Controlled Drugs & Substances Form". Submit the completed form to Health Canada. Send a copy to SCP and retain a copy in the pharmacy.

MEMBERSHIP SUMMARY

2009-10 Membership Year: 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.

Membership Renewal Summary – As of July 1, 2009

	2004	2005	2006	2007	2008	2009
Practising Members	1134	1158	1158	1185	1261	1297
Community	843	864	862	842	928	913
Hospital	174	175	179	185	200	215
Out of Province	34	37	33	37	36	41
Other	83	56	52	68	76	102
Conditional Practising		26	32	53	21	26
Non Practising Members	58	60	65	61	60	57
Associate Members	98	89	79	85	75	71
Retired Members	81	82	70	66	62	60
TOTAL MEMBERSHIPS	1371	1389	1372	1397	1458	1485
Membership Terminations	65	63	77	67	71	53

From January 1, 2009 to June 30, 2009, 50 out of 78 graduates of the College of Pharmacy and Nutrition, University of Saskatchewan, registered with our College. Between May 28 and June 30, a total of 30 of those graduates held a Conditional Practising Membership prior to receiving their Certificate of Qualification from the Pharmacy Examining Board of Canada. Between July 1, 2008 and June 30, 2009, 22 candidates from outside of Saskatchewan registered under the Mutual Recognition Agreement requirements. There were no foreign-trained candidates registered during that period.

Saskatchewan Veterinary Medical Association

SCP has posted a current list of veterinarians on the 'SK' section of the NAPRA website identifying:

- licensed veterinarians whose membership/licence with the Saskatchewan Veterinary Medical Association **does not** allow them to prescribe drugs in Saskatchewan;
- veterinarians who are no longer registered members with the Saskatchewan Veterinary Medical Association, therefore making them unable to prescribe drugs in Saskatchewan.

Return of Empty Methadone Containers

From the SCP Document "Guidelines for Participation in the Methadone Program for Saskatchewan Pharmacists"

Carry Medication or Take-homes

Take-home medication or "carries" are given to stable patients to reduce disruption in and to improve the quality of the patient's daily life. The patient will usually drink the first dose of methadone at the pharmacy under observation, then takes home the carry medication in properly labelled, childproof, unit dose containers for the determined number of days.

All empty carry bottles are to be returned to the pharmacy by the patient at the time of the next visit.

Patients with carries must be informed that they may be asked at any time to appear in the pharmacy and bring with them the remainder of their carry medication. This procedure may be used to deter patients from diverting their Methadone carry doses.

Please ensure that all methadone carry bottles are returned to the pharmacy prior to dispensing the next prescription.

Drug Information Newsletters Online

A new issue of the SDIS Drug News and three new RxFiles Topics are now available. These documents can be viewed and/or downloaded at the following websites:

- SDIS Drug News www.druginfo.usask.ca
Neuropsychiatric Adverse Effects
- RxFiles www.rxfiles.ca
Influenza Overview 2009 – pH1N1 – Antivirals – Oct 2009
Zostavax Q&A (New Vaccine for Shingles Prevention)
Gout Newsletter and Chart

Printed versions have been mailed to pharmacies. If you are unable to access these documents online and would like copies mailed to you, please phone the Saskatchewan Drug Information Service at 966-6340 (from Saskatoon) or 1-800-667-3425 (from anywhere in Saskatchewan).

District Meetings Postponed

There will be Prescriptive Authority Training sessions held during November 2009. So as not to conflict with the timing schedule, the College's annual district meetings will be postponed until spring 2010. Please contact the SCP office if you have any questions or concerns.

College of Pharmacy and Nutrition

Our sincere thanks ...

The annual "Golden Suppository Golf Classic" has been an important source of support for the College of Pharmacy and Nutrition for over 24 years. Proceeds from the Golf Classic support the College Research Trust Fund, enriching the professional programs of the College and helping ensure our students continue to receive the highest quality educational experience.

The success of this event wouldn't be possible without the generous support from our many sponsors, donors, friends and participants. We wish to acknowledge and express our appreciation to the companies and individuals who have contributed to the ongoing success of this event and to the excellence of the College of Pharmacy and Nutrition.

... and appreciation!

AstraZeneca 



'Platinum'

\$2,500 plus





'Golden'

\$1,000 to \$2,499









































'Silver'

\$500 to \$999









'Bronze'

Up to \$499

Arco Graphics Holiday Park Golf Course RBC Securities
Lothman Insurance & Consulting Angelo Décor International



Awards and Honours Committee



Member Recognition Deadline for SCP Award Nominations

Each year members are recognized for contributions to the profession and to their communities. The SCP Awards and Honours Committee invites you to nominate a colleague(s) who has made significant contributions to our profession and/or community, and is justly deserving of a College award.

Nomination forms may be requested from the SCP office, and are also available on the SK homepage of the NAPRA website – www.napra.org. The **deadline** for receipt of nomination of a colleague(s) for an SCP Award is **January 31, 2010**. In all cases, the selections will be approved by the SCP Council, following recommendation from the Awards and Honours Committee.

Honorary Life Member Award

Recognizes a member of the SCP for outstanding contributions to the profession and/or the SCP beyond the normal call of professional or voluntary obligations.

An Honorary Life Member Award may be granted in recognition of:

- Outstanding contribution to the SCP; and/or
- A distinguished record of service to the SCP; and/or
- Specific achievements that enhanced the profession; and/or
- Long-term service to the profession with a distinguished record; and/or
- A distinguished record of professional service to the community.
- Nominee must have made a special contribution to the SCP either on a local, provincial or national level.
- Nominee(s) must be a member(s) in good standing of the SCP.
- Nomination papers must be accompanied by a summary of the qualifications of the nominee consistent with the terms of reference.

**Honorary Life Members will have their annual personal membership fees waived, but are responsible for all other conditions of membership.*

SCP Certificate of Recognition

Presented to the retiring Presidents, Councillors, and committee members of the SCP for their dedication and contributions to the SCP Council.

- Nominee(s) must have made a special contribution to the SCP either on a local, provincial, or national level.
- Nominee(s) must be a member in good standing of the SCP.
- Nomination papers must be accompanied by a summary of the qualifications of the nominee consistent with the terms of reference.

Presidential Citation

Recognizes an SCP member who has made special contributions to pharmacy, but who does not qualify for any other SCP Awards.

Honorary Member Award

Recognizes any person **who is not a member of the SCP** for outstanding contributions to the profession and/or the SCP beyond the normal call of professional or voluntary obligations.

An Honorary Member award may be granted in recognition of:

- An outstanding single contribution to the SCP; and/or
- A distinguished record of service to the SCP; and/or
- A single specific achievement that enhanced the profession; and/or
- Long term service to the profession with a distinguished record; and/or
- A distinguished record of professional service to the community.
- Nominee must have made a special contribution to the SCP either on a local, provincial, or national level.
- Any person who is not a member of the SCP may be nominated.
- Nomination papers must be accompanied by a summary of the qualifications of the nominee consistent with the terms of reference.

SCP Award of Merit

Recognizes any person, **who is not a member of the College**, who through their active participation has promoted the SCP and/or the profession of pharmacy in Saskatchewan.

- Nominee must have contributed to the active promotion of the SCP or to the profession of pharmacy either on a local, provincial or national level.
- Nominee may not be a member of SCP.
- Nomination papers must be accompanied by a summary of the qualifications consistent with the terms of reference.

Emergency Post-Coital Contraception (EPC) Training

CPDP is pleased to announce they are offering an ECP Training Workshop to pharmacists who wish to offer ECP as part of their professional practice. This workshop is being run for the pharmacy students in the College of Pharmacy and Nutrition as part of their course work. However, CPDP is opening it up to pharmacists to provide an option for them to obtain the certification, as required by SCP, to enable pharmacists to offer this service.

November 13, 2009

1:30 – 4:30 pm

Room 133 ARTS Building on the U of S campus

DEADLINE to Register:

Tuesday, November 10, 2009 at 4:00 pm

REGISTRATION FEE: \$100.00

Pharmacists MUST register with CPDP and include payment in order to attend the program.

Methods of payment for this session are:

- by cheque payable to CPDP, and mailed to the attention of CPDP at their address: Continuing Professional Development for Pharmacists, College of Pharmacy and Nutrition, 110 Science Place, Saskatoon SK, S7N 5C9; or
- credit card payments accepted over the phone, but only during the period of October 1, 2009 to November 10, 2009.

Attention: Preceptors / Assessors!

Dr. Zubin Austin from the University of Toronto has developed a 1-day educational program for mentors/preceptors. The workshop is aimed at preceptors of International Pharmacy Graduates, but the content is also very applicable to anyone involved in clinical practice-based education so our hope is that participants will find it very useful for any teaching setting.

Maria Bystrin, Director of Continuous Professional Development at the Faculty (U of T) and her staff will be working to coordinate these workshops, most likely in early 2010. Once we have a finalized date and details we will be sharing that with the membership.

To assist with planning for the workshop we ask that you contact the SCP office if you are interested in participating so that we have an idea of how many preceptors/assessors may be attending. Please contact the office at 584-2292.

Demonstration Inhalers

Does SCP or NAPRA have guidelines for how to clean demo asthma inhalers between patients? Are alcohol swabs sufficient or should the inhalers be used once and then disposed of?

From the Saskatchewan Drug Information Service: According to GlaxoSmithKline, demo inhalers are intended for use by one person only. Recommendations are:

- if the patient used the demo inhaler while being counselled, either give the patient the demo inhaler to take with him/her or discard the inhaler. The patient should be advised not to share the demo inhaler with any one else and to clean the inhaler with a damp cloth after using, OR
 - the pharmacist can demonstrate technique with the demo and the patient can use his/her active ingredient inhaler. Each pharmacist should use their own demo inhaler and clean it with a damp cloth after each using.
- GlaxoSmithKline will provide demo inhalers free of charge.



The CPATCH Study

Community Pharmacists Assisting in Total Cardiovascular Health

We are looking for: REGULAR community pharmacies to participate in a study being conducted through the College of Pharmacy and Nutrition at the University of Saskatchewan

What it is: Simple, practical clinical activities aimed at improving adherence to cardiovascular medications that can be carried out in a typical workday

Interested in having your pharmacy participate?

Contact: David Blackburn, Associate Professor
College of Pharmacy & Nutrition, University of Saskatchewan
Phone: 306-966-2081 • Email: d.blackburn@usask.ca



Saskatchewan
Ministry of
Health



UNIVERSITY OF
SASKATCHEWAN



MERCK FROSST / Schering
Pharmaceuticals

Canadian Society of Hospital Pharmacists (CSHP) – Saskatchewan Branch

Saskatchewan Branch AGM & Educational Sessions

November 6 and 7, 2009

Radisson Hotel, Saskatoon, Saskatchewan
For information please go to <http://cshp-sk.org>