



Public Opinion Research

Six focus groups were conducted in March 2006, one in each of North Battleford and Prince Albert, and two in each of Saskatoon and Regina. Participants were recruited from adults in the regions selected. For the most part, the six focus groups showed a consistent set of public attitudes across the province, and between rural and urban regions. The findings from these focus groups were used to develop a telephone survey that was approved by the College and which was administered to 400 randomly selected members of the public in Saskatchewan. The survey results are statistically accurate to plus or minus 5%, 19 times out of 20. The consultant's report integrated the findings of the focus groups and the quantitative findings from the telephone survey. The survey results are aligned with the focus group findings.

The six focus groups showed a fairly consistent set of public attitudes across the province, and between rural and urban regions. The main area of differentiation was with respect to the receptivity to the

concept of pharmacist practitioners (i.e. diagnose and prescribe like nurse practitioners). There appears to be more resistance to this in Regina, and a general acceptance and/or support in Saskatoon and the smaller communities that were visited.

Expertise

The public wants pharmacists to be up-to-date and knowledgeable about drugs, their side effects and interactions. The expertise and the courtesy/friendliness of the pharmacist are the top factors in selecting a pharmacy, and the survey shows these two factors to be equally important.

Primary Health Care

The public knows that pharmacists are regulated, but they generally don't know who does this or how it is done.

In general, the public does not seem to understand what primary health care is, and they currently see the pharmacist's role on this team as the person who dispenses medication according to the directions of a physician, and the person who gives advice on medication.

There is a strong perception among the public that pharmacists only know about medication, and do not have the knowledge base or qualifications to diagnose. Doctors were placed on a platform by participants in the focus groups, somehow being the all-knowing, all-seeing directors of health care, and the pharmacists and other health care professionals being there to follow their lead.

Despite focus group participants noting evidence to the contrary (ex:

doctors looking up details about drugs vs. pharmacists knowing it), they saw physicians as being equally or more knowledgeable about drugs and medication, which matches the survey results.

Specialist

While the focus groups were neutral or negative toward the concept of specialist pharmacists, the survey showed support for this concept. The public also supports the use of trained technicians, under the supervision of a pharmacist.

Reward Programs

The public appears neutral to mildly supportive of the use of incentives such as reward programs or reduced dispensing fees. These are simply seen as ways of doing business in a competitive market. Reward programs, in particular, have little weight in the selection of a pharmacy. They are seen more as a bonus once the choice has been made, and having one has little to no impact on their perception of the pharmacist.

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SCP Council 2006-07

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(term expires June 30, 2007)
President

Division 2

Terri Bromm, Tisdale
(term expires June 30, 2008)
Vice-President

Division 3

Randy Wisner, Prince Albert
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George Furneaux, Regina
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Administrative Assistant

Lori Postnikoff, Field Officer

Council Highlights – September 18-20, 2006

From the Meeting Held in Regina, September 18 to 20, 2006:

- Welcomed Ken Hutchinson as the new public member, George Furneaux representing Division 6 and Janet Harding representing Division 8 as new Councillors.
- Received our consultant's final report on the public opinion research (see separate article).
- Based upon the public opinion research and a facilitated workshop, developed a strategic plan for 2007 – 2011 (see separate article below).
- Passed a bylaw amendment to reduce the general meeting quorum from 50 to 30 eligible members because of the concerns in reaching quorum at our last few Annual General Meetings.
- Agreed to plan – participating in proposed joint Council and member meetings and educational opportunities with the College of Physicians and Surgeons and the Saskatchewan Registered Nurses' Association. Until we gain sufficient experience, we will continue to hold our Annual General Meeting in conjunction with the RBSP Conference.
- Continue to pursue obtaining our solicitor's opinion on prohibiting pharmacies establishing within a premises from which tobacco is sold.
- Elected Terri Bromm, from Tisdale, as Vice-President to fill the vacancy.
- Supported a Saskatchewan Health proposal to investigate legislative amendments that would allow the Drug Plan to capture sales of Exempted Codeine Products in the ADAPT database for viewing on the PIP Medication Profile Viewer.
- Approved plans for consultations with stakeholders on prescriptive authority for pharmacists.
- Approved in principle the final draft of a bylaw and the consultation strategy to ensure that the applicant for a pharmacy permit is the operator of the pharmacy and to clarify the responsibilities and accountability of the pharmacy manager.
- Supported in principle a Saskatchewan Health proposal on the role of the pharmacist and flexibility in licensing to respond to public health emergencies such as a pandemic.
- Considered a petition from approximately 90 members protesting loyalty programs (see separate article).
- Approved drug schedule amendments for lidocaine, diphenhydramine, bacitracin, gramicidin, polymyxin B (Ministerial approval pending) and nicotine (see separate article).

Strategic Planning

Council met in Regina on September 18-19, 2006, to participate in the Strategic Planning session for the 2007-2011 planning cycle.

The planning session was facilitated by Ravi Tangri who had conducted a public research survey in the spring of this year to gather information to assist Council in establishing the strategic plan for the College. Local facilitator Sherry Knight assisted Mr. Tangri.

Acting on Council's invitation, the College Council and staff were joined by representatives from the

RBSP, the Drug Plan and Extended Benefits Branch of Saskatchewan Health and the CSHP Sask. Branch. Starting with nothing more than the opening, "I wish ..." the group went through the steps of dreamer to designer to detailer. From that work the office was assigned with the task of operationalizing the plan.

The strategic plan will be presented at the upcoming district meetings. Please check the date in your area so you can impact the future of the College and the profession.

MEMBERSHIP SUMMARY

As of July 1, 2006, there were a total of **1372 members** on the register, compared to 1389 last July 1. The total consists of 1158 Practising members, 65 Non Practising members, 79 Associate members and 70 Retired members.

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, 2006

	2003	2004	2005	2006
Practising Members	1116	1134	1158	1158
Community	860	843	890	862
Hospital	171	174	175	179
Out of Province	33	34	37	33
Other	52	83	56	52
Conditional Practising			26	32
Non Practising Members	66	58	60	65
Associate Members	105	98	89	79
Retired Members	80	81	82	70
TOTAL MEMBERSHIPS	1367	1371	1389	1372
Membership Terminations	75	65	63	77

From January 1, 2006, to June 30, 2006, 42 graduates of the College of Pharmacy and Nutrition, University of Saskatchewan, registered with our College. Between May 25 and June 30, a total of 32 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, 2005, and July 1, 2006, seven candidates from outside of Saskatchewan registered under the Mutual Recognition Agreement requirements. There were no foreign-trained candidates registered during that period.

Public Opinion Research

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Tobacco

Whether a pharmacy sells tobacco or not has little impact on whether or not most participants use a particular pharmacy, and it has no bearing on their opinion of the pharmacist in that store. Most participants would support or be neutral to banning the sale of tobacco in small pharmacies. There were few participants in the focus groups who advocated for this, but most said that it's probably appropriate given the pharmacy's focus on health and they would support it if it happened. The survey showed relatively equal levels of support for this for both small pharmacies and large stores with pharmacies.

Confidentiality

Information shared with pharmacists is seen to be as confidential as that shared with physicians. Interestingly, the public also would like any pharmacist to be able to access their records so that their prescription can be filled anywhere. Participants felt that pharmacists should take an active role in preventing the abuse and misuse of drugs.

In the focus groups there was strong support for having the *option* of a private alcove or counseling room where the patient could speak confidentially with the pharmacist for sensitive issues. The survey showed only mild support for this.

To view the complete "Final Research Report" go to www.napra.org. Follow the SK link and select Publications.

Regulatory Bylaw Amendment

Lock and Leave Bylaw

The following Regulatory Bylaw Amendment **came into effect August 11, 2006**, upon publication in the Saskatchewan Gazette.

1) Bylaw 14.3.3.1 is repealed and replaced with:

14.3.3.1 The times of operation of the "Lock and Leave" and the times when professional services are available shall be regular and consistent during the times when the remainder of the premises is open to the public. Professional services must be available for at least 50% of the time that the remainder of the premises is open to the public, or some lesser amount of time where the Registrar-Treasurer is satisfied that sufficient professional services will be provided in order to meet the needs of the public.

Upon recommendation of the Registration and Licensing Policies Committee, this bylaw changes the time pharmacist services are available from 66% to 50% of the time that the remainder of the premises is open to the public. This change responds to difficulties in recruiting and retaining pharmacists when there is no need for a pharmacist to be available (i.e. extended hours of opening).

Pharmacy Reference Manual Updates

Members are reminded that the most current pharmacy reference manual documents are available at the NAPRA website – www.napra.org. Clicking on the SK selection will take you to the SCP homepage. From the left sidebar menu select "Pharmacy Reference Manual". SCP Bylaws, Drug Schedules, Federal Legislation and *The Pharmacy Act, 1996*, are also available under the selection entitled "Legislation".

Amendment to Food and Drug Regulations

Nicotine and Its Salts (Nicotine lozenges)

The following regulation amending the *Food and Drug Regulations* (1370 – Nicotine lozenges) was published in the Canada Gazette on July 12, 2006, and is now in effect:

Schedule F Part I (excerpt)

Nicotine and its salts, for human use (except:

- (a) in natural substances;
- (b) in the form of a chewing gum containing 4 mg or less of nicotine per dosage unit;
- (c) in the form of a transdermal patch with a delivery rate of 22 mg or less of nicotine per day;
- (d) in a form to be administered orally by means of an inhalation device delivering 4 mg or less of nicotine per dosage unit; or
- (e) in the form of a lozenge containing 4 mg or less of nicotine per dosage unit.)**

The NDSAC (National Drug Scheduling Advisory Committee) had approved a motion at their March 26-27, 2006, meeting that nicotine and its salts (when sold in a form to be administered orally as a lozenge containing 4 mg or less of nicotine per lozenge) be assigned to Unscheduled status.

It was noted that the Unscheduled status was pending final amendment of Part I of Schedule F to the *Food and Drug Regulations* to remove these nicotine oral lozenges from prescription status. Now that the amendment of Part I of Schedule F to the *Food and Drug Regulations* is in effect, the NDSAC recommendation to Unscheduled status is no longer pending.

This means that all commercially available products of these formulations are Unscheduled and may be sold from any retail outlet in Saskatchewan.

FREQUENTLY ASKED QUESTIONS

Q With the new Prescription Review Program can we still transfer prescriptions for Benzodiazepines?

A Yes, just as before, a prescription for a benzodiazepine can be transferred ONCE. What this means is that the prescription can be transferred from Pharmacy A to Pharmacy B and then the prescription must remain at that pharmacy. It CANNOT be transferred back to Pharmacy A or to Pharmacy C.

Q Mersyndol with Codeine is sold in packages of 24 tablets. Could a person buy two packages within 30 days, but on two occasions, since this would only be a total of 48 tablets?

A Technically, pharmacists may only sell 1 x 24's of Mersyndol with Codeine per occasion. The bylaw limits the inventory to package sizes that do not exceed 50 solid oral dosage units, while it limits the sale of only one consumer package per occasion.

A popular misconception is that the bylaw limits the sale to 50 solid oral dosage units every 30 days. That is incorrect. Rather, the guidelines expect the pharmacist to obtain a disclosure from the patient of codeine purchases within the past 30 days. Consistent with the similar "double doctoring" provisions under the Narcotic Control Regulations, the pharmacist is expected to take this information into consideration when deciding to sell the product. The guidelines also suggest that under these circumstances the pharmacist may provide written supplementary information on codeine use.

For these reasons, many pharmacies have adopted the policy of limiting the sale to 50 solid oral dosage units once in 30 days. Consistent with pharmacy policy, a pharmacist may sell 1 x 24 per occasion, on more than two occasions per 30 day period. However, other factors,

such as ethics and personal judgment will affect the pharmacist's decision to sell under these circumstances, especially if the patient discloses other codeine purchases in the 30-day period.

Q Are refills on prescriptions for Narcotics valid?

A No, refills are not valid. However, Health Canada has agreed that a prescription for a Narcotic medication can be part-filled.

Neither Narcotic nor Controlled Drug regulations define refills, repeats or part-fills. While perhaps a subtle distinction can be made between refills and repeats, we will treat them as synonymous and define them as the dispensing of a medication without a new authorization from the practitioner. A part-fill is the dispensing of a quantity of medication which is less than the total amount of the drug specified by a practitioner when the prescription was originally written or issued.

Refills or repeats are not permitted for Narcotics.

They are, however, acceptable for Controlled Drugs if the practitioner specifies the number of refills and the dates or intervals when he issues the prescription in writing. (Note: Veterinarians are not participants in the Prescription Review Program.)

Part-fills are legal for both narcotics and controlled drugs if the total quantity dispensed does not exceed that originally authorized. The principal requirement is, however, that the doctor must authorize, in writing, the total quantity involved as a single figure and not as a smaller figure multiplied by the number of times the medication is to be dispensed. The practitioner must be conscious of the total amount which he is prescribing.

Prescribers may order part-fills, but must specify the total quantity, the amount to be dispensed each fill, and the time interval between fills.

Member Petition Regarding Loyalty Programs

Last spring, we, and we understand the RBSP and the Drug Plan, received a petition from approximately 90 members protesting loyalty programs. Since then we have been unsuccessful in identifying who is leading this petition so that we can clarify member expectations. While the protest is clear, we are uncertain whether members want a ban on both the advertising and offering of such programs, or on the scope of banning rewards on the purchase of a prescription ranging from free parking and delivery, to Co-op dividends to bonus Air-miles days.

As our recent public opinion research has shown, the public appears neutral to mildly supportive of the use of incentives such as reward programs. This result may justify a prohibition, or restriction on advertising loyalty programs, bonus offerings or both. We will examine this option, but based upon court precedents in Canada, we are not optimistic of any limitation on advertising. Until we receive favorable legal advice, we will continue our current policy of handling complaints when public harm can be demonstrated.



Common Drug Review – Contributing to the Health of Drug Benefit Plans

Publicly funded drug plans in Canada subsidize a wide range of prescription drugs so that individuals covered by these plans have access to necessary medications. Every plan faces the challenge of increasing demand for drug coverage within limited financial resources.

With new drugs constantly emerging on the market, health care decision makers and drug plan managers need clear answers to difficult questions: Does a new drug provide a clinical advantage over existing products? Will it benefit certain patient groups? Is it cost effective?

The Canadian Agency for Drugs and Technologies in Health (CADTH) meets this need through its Common Drug Review (CDR) program. CDR provides objective, evidence-based information and formulary listing recommendations on new drugs to Canada's public drug plans (except Quebec).

When the CDR receives a new drug submission, a review team

(that includes relevant clinical experts) conducts rigorous clinical and economic reviews.

The Canadian Expert Drug Advisory Committee (CEDAC) uses these reviews to provide a detailed formulary listing recommendation to the plans that is publicly released on the CADTH web site.

Since its inception, the CDR program has met its targeted timeframes, of five to six months per submission, for conducting reviews and issuing recommendations.

In the end, each drug plan is free to make its own final decision about whether to cover a particular drug, based on the CDR recommendation and the plan's individual mandate, priorities, and resources.

For more information on CDR, see www.cadth.ca or contact: Brendalynn Ens, RN, MN, CADTH Liaison Officer for Saskatchewan; Phone: (306) 655-6486. E-mail: brendalynne@cadth.ca.



National Pharmacy Technician Survey Launched!

The Canadian Pharmacists' Association has launched *Moving Forward: Pharmacy Human Resources for the Future*, the pharmacy technician profile surveys. There are two surveys: one targeted to pharmacists and one to pharmacy technicians. The focus is to build a picture of the pharmacy technician workforce in Canada to capture demographics and attitudes towards the role of the pharmacy technician both now and in the future.

Links to both surveys are now live at www.pharmacists.ca/hr and have already been distributed via E-link to all subscribers. CPhA has distributed the surveys to a representative sample of pharmacist owners or managers across the country. If you received a copy, we urge you to complete the survey and submit to CPhA (either on-line or by mail) and distribute the technician survey to all technicians at your site of practice and encourage them to complete and submit the forms (either on-line or by mail).

NEW!!

Member Emeritus Status – MESP

Attention Retired Member! Have you previously been a Practising or a Non Practising member of the Saskatchewan College of Pharmacists in good standing for at least 25 years? If so, you may be eligible to apply for the designation 'Member Emeritus Saskatchewan College of Pharmacists' or 'MESP'.

Application forms and criteria are being mailed to Retired members, and are also available from the College office by request. Submissions are subject to approval and confirmation by the SCP Awards Committee.

ISMP Canada Safety Bulletins (Institute for Safe Medication Practices Canada)

We would like to direct members to a worthwhile website for the Institute for Safe Medication Practices Canada www.ismp-canada.org

ISMP Canada has a national voluntary medication incident and 'near miss' reporting program founded for the purpose of sharing the learning experiences from medication errors. Implementation of preventative strategies and system safeguards to decrease the risk for error-induced injury and thereby promote medication safety in healthcare is our collaborative goal.

ISMP Canada publishes 10-12 safety bulletins annually: issues address areas of weakness that are common to many health care facilities and professionals. By sharing this information in a blame-free environment, the hope is that we all will learn from past experiences.

Topics in 2006:

- Vol. 6 Issue 6 – ALERT: Potential for "Key Bounce" with Infusion Pumps

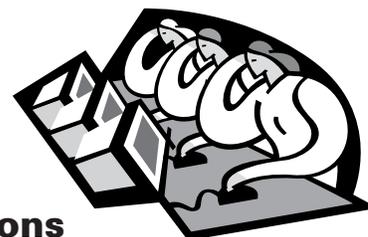
- Vol. 6 Issue 5 – Transdermal Fentanyl: A Misunderstood Dosage Form
- Vol. 6 Issue 4 – Eliminate Use of Dangerous Abbreviations, Symbols, and Dose Designations
- Vol. 6 Issue 3 – Medication Reconciliation – In the Hospital and Beyond
- Vol. 6 Issue 2 – Safety Strategies for Potassium Phosphates Injection
- Vol. 6 Issue 1 – Top 10 Drugs Reported as Causing Harm through Medication Error

From Vol. 6 Issue 4 – Eliminate Use of Dangerous Abbreviations, Symbols, and Dose Designations

Health Care Professionals

- Avoid the use of abbreviations, particularly those known to be problematic, in all handwritten communications.
- Write instructions in full, e.g., "daily" instead of "qd", "units" instead of "u".
- Ensure legibility.

- Review and revise all preprinted orders and clinical pathways to ensure that no dangerous abbreviations are present.
- Eliminate the use of dangerous abbreviations from all pharmacy-generated labels and forms.
- Work with computer software vendors to eliminate the use of dangerous abbreviations in health care software applications.
- Provide examples of errors that have resulted from the use of dangerous abbreviations during orientation for all new staff, including physicians.
- Provide education for health care students about abbreviations that should be avoided in practice.
- Complete periodic audits of clinical documentation, and share the results with practitioners to maintain focus on this safety strategy.



NAPRA Policy Defines Placement and Conditions of Sale for "Schedule F Recommended" Drugs

[Extracted from NAPRA News Release June 8, 2006]

The recent approval of the *Policy for "Schedule F Recommended" Drugs* by the National Association of Pharmacy Regulatory Authorities (NAPRA) Board of Directors marks a significant step forward in the clarification of the placement and conditions of sale for this particular category of drugs, not yet officially added to Schedule F of the *Food and Drug Regulations* to the *Food and Drugs Act*.

"Schedule F Recommended" drugs are a category of products that have received a Notice of Compliance from Health Canada, with the expectation that they be marketed and labeled as prescription drugs though they contain medicinal ingredients that have not yet been added to Schedule F. This allows for

the sale and use of these products, in the absence of an official federal requirement of a prescription. Under the approved policy, "Schedule F Recommended" drugs are automatically included in the NAPRA National Drug Schedules (NDS)-Schedule I. Drugs falling under the umbrella of NDS-Schedule I classification require a prescription. Most, but not all, provinces have conditions for sale that mirror the NDS.

"We are very pleased with the policy and the benefits it brings to patients and practitioners throughout the country," says Ken Potvin, Executive Director of NAPRA. "The policy benefits patients who receive "Schedule F Recommended" drugs by recognizing their prescription status in an official capacity through their inclusion in Schedule I of the National Drug Schedules."

"The Bureau of Policy, Science and International Programs within the Therapeutic Products Directorate was very cooperative during the entire process. The finalization of this policy was a direct result of a highly collaborative effort between NAPRA and the Bureau," says Mr. Potvin. "We look forward to continuing our progress on matters of mutual interest for the Directorate and pharmacy regulatory authorities."

Website Links

NAPRA Drug Schedule Overview/Policy for "Schedule F Recommended" Drugs – www.napra.org/docs/0/92/112.asp

NAPRA National Drug Schedules – www.napra.org/sortdrug.asp

Learning From Medication Incident Data

[Reproduced with permission from the **Canadian Institute for Health Information (CIHI)**]

Throughout our health care system, there is growing recognition that more can be done to protect Canadians from preventable adverse events, including those related to medications.

At one time, reporting of medication incidents was marred by a culture of “name, blame and shame” that limited reporting and open discussions by health care organizations. Now, there is a shift to openness and using reported information to understand why medication incidents occur and how to prevent them in the future.

CIHI is working in collaboration with Health Canada and the Institute for Safe Medication Practices Canada (ISMP Canada) to develop and implement the Canadian Medication Incident Reporting and Prevention System (CMIRPS). By sharing information on medication incidents, this initiative will help to improve patient safety and quality of care across the country.

CIHI’s primary role in this initiative is the development, pilot testing

and implementation of a reporting system by which Canadian hospitals will report medication incidents to the CMIRPS program. Once the reporting system is launched, CIHI will also be responsible for conducting analytical studies, responding to ad hoc requests for information and providing stakeholders with comprehensive reports.

The parties collaborating on the CMIRPS initiative are working closely with the Canadian Patient Safety Institute (CPSI) and an advisory committee to ensure effective fulfillment of the program’s purpose and goals.

This system will strengthen the ability of Canadian hospitals to manage and share medication incident information more effectively. With groups across Canada working together, voluntary medication incident reporting can be extended to ensure that lessons learned in one jurisdiction are available to reduce the risk of similar incidents occurring elsewhere — and patient safety can be improved across the country. For more information, please email cmirps@cihi.ca.

Prescriber’s Name on Prescription Labels

The College has received inquiries from the Saskatchewan Registered Nurses’ Association regarding the prevalence of prescription labels bearing the title “Dr.” when the prescription is written by a RN(NP).

We know that some labels have been preprinted with the term “Dr.” and understand that a proprietor will wish to use those labels. We ask that at time of reordering labels that this designation be removed from the template, or that a supply of labels without the “Dr.” be on hand to use when printing a label for a prescription issued by a RN(NP).

Further, please have your software printing program changed so that the title “Dr.” for physicians, dentists and veterinarians be added to the individual prescriber’s name and that for RN(NP)s, this designation be added to their name. We acknowledge that this is not a legislated requirement, but by using the “Dr.” on all labels, this is not a correct reflection of all prescribers. We thank you for your assistance.

Generic Hydromorphone vs Dilaudid

by Lori Postnikoff, Field Officer

A little over a year ago, an article was published in the College of Physicians and Surgeons Newsletter regarding hydromorphone by L.O. Lanoie, MD, Medical Health Officer, Prince Albert Parkland Health Region. Dr. Lanoie indicated that it came to his attention that intravenous drug users prefer the brand name product Dilaudid to the generic equivalent. According to Dr. Lanoie the generic equivalents have little or no street value because they do not dissolve well and “plug up the rigs” of users. This was confirmed by Cst. C. Lair of the Prince Albert Joint Forces Unit.

At the time of the article Dr. Lanoie indicated that it was his

policy to prescribe only the generic hydromorphone unless the patient had already been on Dilaudid and had “gold plate reliability”.

Recently we have discussed this concern with Dr. Karen Shaw, Assistant Registrar of the College of Physicians and Surgeons of Saskatchewan, because certain regions of Saskatchewan are seeing an increase in the number of Dilaudid prescriptions being written and patients are requesting the brand name product. Dr. Shaw indicated that this is one of the “red flags” she cautions prescribers about when treating patients with pain.

During recent evaluations I also noted that many patients request

the brand name product for other prescription medications which have the tendency to be abused including benzodiazepines. These individuals often state, “I want the brand name and I will pay the difference.” When the patient indicates they will “pay the difference” red flags should go off for the pharmacist as well. Why is the brand name desired? Street value is always higher for the brand name versus the generic equivalent. At this point certain questions regarding patterns of usage should be asked. The PIP viewer is an excellent tool that the pharmacist can utilize to monitor and prevent drug misuse and diversion.

Saskatchewan Chronic Disease Management Collaborative Starting Second Wave

The Health Quality Council will be starting Wave 2 of the SK Chronic Disease Management (CDM) Collaborative in November 2006. The Collaborative is the largest quality improvement initiative in the province. Wave 1 began last November with more than 200 participants – physicians, nurses, pharmacists, diabetes educators, physiotherapists, and others. The final Learning Workshop was held September 22-23, 2006, and HQC will publicly release the Wave 1 results in early 2007.

The CDM Collaborative is a unique opportunity to improve quality of care for patients with diabetes and coronary artery disease, while also improving access to appointments. A Collaborative is a learn-by-doing approach to quality improvement. It brings together health care professionals and makes them part of a network of experts and fellow learners. It is a method that has been used in British Columbia and elsewhere to make significant improvements to health care. If you are interested in learning more about this exciting initiative, please visit the HQC web site: www.hqc.sk.ca/cdm. If you would like to speak to a Collaborative Facilitator in your region, please contact Meghan Jones at mjones@hqc.sk.ca.

Saskatchewan



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July 18, 2006

Mr. Ray Joubert, Registrar
Saskatchewan College of Pharmacists
700-4010 Pasqua St
Regina SK S4S 7B9

Dear Ray:

Over the last several months, Saskatchewan Health has had discussions with Roche Diagnostics and the Laboratory Quality Assurance Program (LQAP) of the College of Physicians and Surgeons regarding their new point of care device called CoaguChek. As you know, Roche Diagnostics is actively marketing this device to pharmacists in other provinces and wishes to expand its use into Saskatchewan. It is our understanding:

- in agreeing to provide the instrument and corresponding anticoagulation monitoring program, Roche requires that a pharmacy/pharmacist undertake extensive training and on-going test quality monitoring;
- the College of Pharmacists consider the performance of this test to be within a pharmacist's scope of practice;
- the LQAP has reviewed the instrument and other quality parameters pertaining to this testing and agrees that it meets their standards for laboratory testing in Saskatchewan;
- the testing being carried out is used for diagnostic and treatment purposes, specifically the monitoring of blood anticoagulation levels.

It has been questioned whether, by using this device in a pharmacy to generate a blood coagulation test result, would that pharmacy constitute a "medical laboratory" and therefore be subject to regulation under *The Medical Laboratory Licensing Act, 1994*. We have reviewed this matter and have determined that any pharmacy or pharmacist who wishes to carry out this testing would require a licence pursuant to this Act. To obtain a licence a pharmacy may contact Saskatchewan Health at 787-4539.

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As you are likely aware, laboratory testing, particularly anticoagulation monitoring is almost exclusively carried out within regional health authorities. Tests results are often available electronically throughout the region to assist in managing patient care in a range of locations. We **strongly** encourage any pharmacy that is considering implementation of anticoagulation testing to work closely with their regional health authority officials as to how their service would complement that of the region so as to maximize patient care in the most effective efficient manner.

Although the issue of payment for service is not typically within the purview of the College of Pharmacists, I must advise that, as a condition of licensure, no pharmacy licensed pursuant to *The Medical Laboratory Licensing Act, 1994* to carry out this testing, will be permitted to charge any patient for providing such service or for the use of supplies associated with this test unless the supplies are for home use. In addition this service is not a benefit under Saskatchewan Health's Drug Plan. Pharmacies seeking reimbursement for this service may wish, in their conversations with regional health authorities, to discuss whether funding may be available.

I trust the foregoing will clarify the Department's position on this matter. Please don't hesitate to call me at 787-3423 or Kathleen Peterson at 787-5791.

Sincerely,



Brad Havervold
Executive Director

cc: Dennis Kendel, College of Physicians and Surgeons of Saskatchewan
Marg Robertson, Roche Diagnostics
Kevin Wilson, Drug Plan and Extended Benefits Branch
Darlene McLeod, Medical Services Branch
Kathleen Peterson, Medical Services Branch
Georgia Hearn, Laboratory Quality Assurance Program, CPSS

HealthLine Online Announcement

In June, Health Minister Len Taylor officially launched HealthLine Online, a new service from Saskatchewan Health that puts basic health advice at people's fingertips. Part of the Saskatchewan Health website, HealthLine Online will help people better understand and manage their health and the health of their families.

Saskatchewan HealthLine Online is an information database that offers quick and easy access to medically approved health information. Use the convenient alphabetical listing, search by subject, or type in a key word to find clear, easy to read information on hundreds of health related topics. Follow the links for additional or related information.

This service is a complement to HealthLine, the existing telephone health advice line. Both are a part of our primary health care plan, ensuring Saskatchewan people have access to health information and services when and where they need them.

Please take the time to visit the site through either the Saskatchewan Health website, or at:

www.saskhealthlineonline.ca

PHARMACY PERMIT RENEWAL

Invoices and permit renewal application forms have been mailed to pharmacies.

Application forms, fees and all requirements are **due in the SCP office on or before November 1, 2006.**

Pharmacy managers who have not received the renewal package should contact the SCP office at (306) 584-2292.

Saskatchewan Healthcare Excellence Awards

It is that time of the year again to nominate someone you know for a Saskatchewan Healthcare Excellence Award! These awards are open to anyone in any healthcare field in Saskatchewan. WHO DO YOU KNOW?

Proceeds from the SHEA awards program go to fund Aids Programs South Saskatchewan (APSS) in the valuable work they do. The SHEA awards bring this opportunity to the healthcare workers of Saskatchewan and look forward to YOUR nomination submission.

Areas of Excellence:

1. Client Centre/Client Satisfaction
2. Innovative Treatment or Technology
3. Loyalty to Organization or Institution – Attitudes that make a difference
4. Quality of Work
5. Leadership
6. Community Leadership

For nomination information and forms please visit the SHEA Awards website, www.SHEAwards.ca

SINCERE THANKS AND APPRECIATION FROM COLLEGE OF PHARMACY AND NUTRITION

The annual "Golden Suppository Golf Classic" has been an important source of support for the College of Pharmacy and Nutrition for over 20 years. This year, proceeds from the Golf Classic will 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.

Platinum' Sponsor (\$2,500 plus)

AstraZeneca Canada Cobalt Pharmaceuticals Inc.
Sandoz Canada Rexall

'Golden' Sponsors (\$1,000 to \$2,499)

London Drugs	Teva-Novopharm	Pharmalytics
Scotiabank	GlaxoSmithKline	Apotex
Pfizer	RBSP	Roche
UPE Group of Companies	Sask. Blue Cross	IMS Health
ratiopharm	Pharmacy at Safeway	McKesson Canada
Janssen-Ortho	Gennium Pharma	Bristol-Myers Squibb
Wyeth Consumer Healthcare	Canadian Tire-Preston Crossing	

'Silver' Sponsor (\$500 to \$999)

PharmaChoice	Pharmasave
College of Pharmacy & Nutrition	Lothman Insurance & Consulting
Innovation Place	

'Bronze' Sponsor (Up to \$499)

Arco Graphics	Bayer Consumer Care
U of S Faculty Club	RBC Securities – Tim Ratner
Holiday Park Golf Course	Angelo Décor International Inc.

P R O F E S S I O N A L O P P O R T U N I T I E S

PHARMASAVE

PHARMACIST WANTED Full Time or Part Time

For more information, please contact Henry Tsang
Tel: 306-791-7878, Cell: 306-596-2690
Pharmasave #420, 1695 Dewdney Avenue East,
Regina, Saskatchewan. S4N 4N6
htsang@sk.pharmasave.com
www.pharmasave.com

Advertise your professional opportunity here!

Rate for ad space is \$130
per business card size block.

Call Pat at 306-584-2292
or email pat.guillemine@saskpharm.ca
for further information or to place an ad.

F/T Pharmacist Opportunity Clearwater, BC

Pharmasave in Clearwater, BC is seeking a F/T pharmacist to join their dispensary team. Open Monday to Saturday from 9:00 am – 6:00 pm. Closed evenings and holidays! Competitive wage and full benefit package is available. If you are seeking the opportunity to work in a community pharmacy that offers a wide array of services and focuses on personal health, please reply in confidence to:

Michelle Wight,
Pharmacy Manager/Owner,
at 250-674-3588 or by email at
ps231@mercuryspeed.com.



**Opportunities available for
licensed pharmacists
in Saskatchewan:**

Estevan, Kindersley, Prince Albert,
Regina, Tisdale, Weyburn

Please contact:

**DRUGStore Pharmacy
National Recruitment Centre**

Phone 1-877 NATL JOB
(1-877-628-5562)
Fax 1-866 NATL FAX
(1-866-628-5329)
E-mail jobs@drugstorepharmacy.ca
Online www.drugstorepharmacy.ca



PHARMACIST WANTED

**Full Time or Part Time
No evenings, Sundays or stats**

*For more information on joining our
patient-oriented pharmacy team,
Please contact:*

Yvonne Linnen

Phone 306-338-2351(w) 306-338-2903(h)

Fax 306-338-2421

Email: y.g.linnen@sasktel.net

Wadena Drugs

P.O. Box 340, 66 Main St.

Wadena, SK S0A 4J0

**PHARMACIST REQUIRED
GREAT CAREER OPPORTUNITY
IN THE NORTHWEST TERRITORIES**

FULL TIME: 40 HOURS PER WEEK

CLOSED SUNDAYS AND HOLIDAYS;

- Independent IDA Pharmacy offering an excellent wage package and benefits
- Zedall Computer System, 2 terminals, 2 techs
- HAY RIVER is a town of 3500 people on the shore of the Great Slave Lake, featuring excellent recreational facilities, services and education
- Check out the Community website (www.hayriver.com).
- Click on "Business Centre" to see a photo of our building

*** Qualifications to work in the NWT: A Pharmacist Licence in Good Standing from any Canadian Province*

*** Also seeking RELIEF PHARMACISTS in the interim.*

FOR MORE INFORMATION **PLEASE CONTACT:**

LARRY RING
RING'S IDA PHARMACY
HAY RIVER, NWT
867 874 6744 PH
larryring@ssimicro.com
780 886 8978 CELL



FORT NELSON PHARMASAVE

Are you a BC licensed pharmacist with an enthusiasm for the outdoors?

Want to work in a location that promises incredible scenery?

Unforgettable encounters?

Then our Pharmasave in Fort Nelson has the opportunity for you!

Located at Mile 300 of the Alaska Highway, Fort Nelson is ribboned with thousands of kilometers of rivers, dotted by hundreds of lakes and crowned by the majestic Rocky Mountains. Nestled in this Northern Community, our Pharmasave is seeking a highly motivated and enthusiastic individual to become part of their team.

This full time pharmacist position offers a very comprehensive compensation package (including possibility of partnership) and a flexible 40 hour work week (no evenings, Sundays or statutory holidays!).

If it is a quality of life you seek, then reply in confidence to:

Attention: Duane Knott, Owner
Pharmasave #251
4904 50th Avenue N.
Fort Nelson, BC V0C 1R0

Phone: (250) 774-2323 • Fax: (250) 774-2326
ps251@northwestel.net

Live well with



SCP DISTRICT MEETING SCHEDULE

Your input needed!

Mark your calendar

with the date of the District Meeting in your area, and participate in the affairs of your College.

Individual District Meeting Notices outlining the agenda, dates and locations were mailed to members the last week in September.

Meetings commence at 7:30 p.m.

Monday, October 23

Prince Albert

Marlboro Inn – Marlboro East

Tuesday, October 24

North Battleford

Tropical Inn – Cypress Room

Wednesday, October 25

Kindersley

Kindersley Inn – Oak Room

Thursday, October 26

Swift Current

Days Inn – Room “C”

Monday, October 30

Regina

Travelodge – Cambridge Room

Wednesday, November 1

Weyburn

Signal Hill Arts Centre

Thursday, November 2

Moose Jaw

Temple Gardens –
“C” Mezzanine

Tuesday, November 14

Saskatoon

Saskatoon Inn – Manitoba Room

Wednesday, November 15

Tisdale

Tisdale Recplex – Hanover Room

Thursday, November 16

Yorkton

Best Western Parkland Inn –
Harvest Room



SASKATCHEWAN
COLLEGE OF
PHARMACISTS

AWARDS

Invitation for Nominations

Awards and Honours Committee – Member Recognition

Each year we take the opportunity to recognize those members who have contributed to the profession and their communities during the annual conference.

The joint SCP and RBSP Awards and Honours Committee invites you to nominate a colleague(s) who has made significant contributions to the profession and his/her community, and is justly deserving of a College award.

The Awards Committee wishes to offer the following general information to assist as you contemplate your nominations.

Members

- **Honorary Life Member**
Recognizes a pharmacist for outstanding contributions to the profession or the College.
- **Presidential Citation**
Recognizes a pharmacist who has provided exemplary service through the practice of pharmacy, to the profession or to society, which is beyond the normal call of professional or voluntary duty.
- **Certificate of Recognition**
Recognizes a pharmacist for outstanding service to the Saskatchewan College of Pharmacists.

Non-Members

- **Honorary Member**
Recognizes any person for outstanding contributions to the profession and/or the College beyond the normal call of professional or voluntary obligations.
- **Award of Merit**
Recognizes any person, who through their active participation, has promoted the College and/or the profession of pharmacy in Saskatchewan.

Nomination forms and/or terms of reference for these awards are available upon request from the SCP office. Criteria for each award will be outlined in the December issue of the Newsletter.

Deadline for receipt of nominations is January 31, 2007.