



Incoming President's Address

To be elected to the position of President of the Saskatchewan College of Pharmacists is really truly an honour and it is with a great deal of pleasure and some trepidation that I accept the responsibilities of this position. I am pleased to be able to serve my fellow pharmacists and the public in this capacity, but I know I have a hard act to follow, after the tremendous job our current President Debbie McCulloch has done. She has an amazing ability to ask just the right questions and help the rest of us make sense of what are at times very complex issues. Well done, Debbie!

I have also seen the amazing job that the previous presidents have done and truly hope I am up to the challenge. The vision of the Saskatchewan College of Pharmacists is Quality Pharmacy Care in Saskatchewan. We are so fortunate to have in Saskatchewan so many pharmacists that are providing exceptional quality of care, as well as leadership in their areas of practice. We just need to look around the room to see the individuals of whom I speak.

We are also very fortunate to have organizations such as the Health Quality Council to provide leadership in many areas including best practices. We as pharmacists need to tap into these resources in order to continue to provide quality pharmacy care in Saskatchewan. We have a lot to be proud of and I am so happy to be able to say I am a part of it.

As a profession, we have many exciting times to look forward to. We have heard many times in many different forums that our profession is on the verge of change: the actual duties we are engaging in on a day-to-day basis may look very different in 5, 10 or 15 years. If the recommendations that are being proposed now are realized, then we will be able to use our knowledge and skills to the utmost. This by all expectations can and will be to the benefit of the residents of Saskatchewan.

It is, however, so very important that we as a profession know what it is we want pharmacy to look like in the future and begin now to develop a step-by-step approach to getting there. If we think of those changes as an ocean storm, then we must be the captains of the ship of change. The most undesirable role would be one where someone else dictates to us what those changes will be. I would suggest that most of us would be much happier to have a say in how the changes occur instead of having to comply. Part of the way to have a say is to become involved with your profession in a leadership role, whether it be to run for SCP Council or the RBSP Board, or volunteer to be a member of a professional com-



mittee. As pharmacists we have so much to offer both our profession and the public at large.

As a SCP Council member, not only have I had the opportunity to work with truly dedicated individuals on Council, but also have seen very favourable working relationships develop with other health care professional organizations such as RBSP (Representative Board of Saskatchewan Pharmacists), CPSS (College of Physicians and Surgeons of Saskatchewan), SMA (Saskatchewan Medical Association) and SRNA (Saskatchewan Registered Nurses' Association). Those interdisciplinary relationships go a long way to building very effective partnerships. I really look forward this year to continuing those working relationships and being able to collaborate on issues of mutual interest.

I feel one of the most valued characteristics of the pharmacy profession is our positive public image. We, as a profession, have always felt that the public's perception of us is that we are both accessible and
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SCP Council 2005-06

Division 1

Jeannette Sandiford, Weyburn
(term expires June 30, 2007)
President-Elect

Division 2

Terri Bromm, Tisdale
(term expires June 30, 2006)

Division 3

Randy Wiser, Prince Albert
(term expires June 30, 2007)

Division 4

Bev Allen, Saskatoon
(term expires June 30, 2006)

Division 5

Bill Paterson, Regina
(term expires June 30, 2007)
Past President

Division 6

Corry MacWilliam, Swift Current
(term expires June 30, 2006)

Division 7

Debbie McCulloch, Rosetown
(term expires June 30, 2007)
President

Division 8

Melanie McLeod, Regina
(term expires June 30, 2006)
Vice President

Ex Officio

Dean Dennis Gorecki
College of Pharmacy and Nutrition,
Saskatoon

Public

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Joseph Jeerakathil, Saskatoon

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Jeanne Eriksen,
Assistant Registrar

Paulette Francis,
Reception/Accounting Clerk

Pat Guillemain,
Administrative Assistant

Ray Joubert,
Registrar

Cheryl Klein,
Senior Administrative Assistant

Heather Neirinck,
Administrative Assistant

Lori Postnikoff, Field Officer

Council Highlights – April 28, 2006

Highlights from Council's meeting held in Prince Albert before the RBSP Conference:

- Heard a presentation on the preliminary results of our public opinion research to understand public opinions and expectations of pharmacists and the College. The results will be used to guide strategic planning.
- Approved the terms of reference for a Linkage Committee as a standing committee of Council to recommend Council's agenda priorities and ownership (i.e. public) linkage opportunities to meet those priorities.
- Heard a presentation from Kelly Pierson who promoted the Smokers' Help Line. Council agreed to partner with her organization to encourage members to refer smokers to the Help Line (refer to separate article in this Newsletter).
- Received correspondence from the Saskatchewan Medical Association encouraging us to ban the sale of tobacco products in pharmacies.
- Agreed to participate in the planning of a pharmacy leadership summit to advance the role of the pharmacist.
- Appointed George Furneaux from Regina as a member-at-large to fill the vacancy on Council for electoral division 6 (i.e. south-western Saskatchewan).
- Considered candidates for appointment to fill the vacancy on Council for electoral division 8 (i.e. hospital pharmacists).
- Elected Jeannette Sandiford as President and Bev Allen as President-Elect for the term beginning July 1, 2006.
- Approved in principle the establishment of a task force to address quality of care concerns with the use of benzodiazepines.
- Approved revisions to the Triplicate Prescription Program (refer to separate article in this Newsletter).
- Approved in principle revisions to our bylaws and a consultation process to ensure that the applicant for a pharmacy permit is the operator of the pharmacy.
- Agreed to participate in a process to expedite the licensing of pharmacists from other jurisdictions during public health emergencies.
- Granted an appeal with conditions to a decision of the Registrar that would allow a candidate to repeat the appraisal training, practice assessment and jurisprudence examination.
- Granted two extensions to conditional licences, and one extension to the registration deadline.
- Approved a statement on "The Duty of Pharmacists to Report Issues in the Course of Counselling and Providing Emergency Contraception Care to Minors" (circulated to pharmacies as a Reference Manual update).
- Approved the Supplemental Standards of Practice for Schedule II and III Drugs, June 2005, by the National Association of Pharmacy Regulatory Authorities.

NAPRA Welcomes New President, Janet Bradshaw

The National Association of Pharmacy Regulatory Authorities (NAPRA) elected its new President, Janet Bradshaw, during a Special Board Meeting held Sunday, April 23, in Ottawa.

Ms. Bradshaw is a graduate of the University of Saskatchewan, College of Pharmacy and Nutrition. She has served as Councillor and

President of the Saskatchewan College of Pharmacists and held the position of Vice-President with NAPRA in 2005-06. Ms. Bradshaw practises in Fort Qu'Appelle, Saskatchewan.

Please join us in congratulating Janet and wishing her all the best during her term. We are certainly proud of her.

Incoming President's Address

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knowledgeable. Council is undertaking a survey to gain very valuable information about that public image and how the public perceives our roles and responsibilities, and what they see our strengths to be within the health-care team. I think the results will provide us with many opportunities to develop our roles as well as confirm what we already know about how our existence positively impacts so many individuals

on a daily basis. I think the survey results will also help to reinforce the direction that Council is going to advance our profession, in ways that are for the benefit of the public.

In closing, I wish to thank the SCP Council for instilling in me their confidence and for allowing me to serve our profession in this manner. I would also like to say thank you to the SCP staff, especially Ray, Jeanne, Lori and Heather. I truly

appreciate our working relationship and friendship and all you do for our Council and for our profession. I believe that the upcoming year will present many challenges and opportunities, but with the continued cooperation and camaraderie we will be able to accomplish our goals and see many advances made in our profession. Thank you very much.

Respectfully submitted,
Jeannette Sandiford

Vision – Action – Results “The Fax Referral Program”

The Smokers' Helpline Fax Referral Program is a quick and easy way for health professionals to be sure that the important health concern of smoking is addressed and action is taken.

With approximately 1,600 deaths each year in this province attributable to smoking-related illness, the importance of quitting smoking is undeniable. The Smokers' Helpline Fax Referral Program is a proven quit treatment that doubles your patients' rate of success, compared to not using any quit assistance.

One is often asked about quit rates and the effectiveness of the Fax Referral Program and the success of the Smokers' Helpline. Telephone counselling routinely leads to quit rates of 13% while quit rates for Nicotine Replacement Therapy without counselling may only be 8%. As health-care professionals you can have confidence in the service and the satisfaction in assisting smokers become non-smokers. Your work with the Fax Referral Program is responsible for many “Transformations” and the Smokers' Helpline highlights success stories each day. Fax Referral has equipped callers with specific tools and strategies that our most successful clients have used to become non-smokers. *Smokers are taught the integrated skills and strategies along with the focus and the support they need to achieve success.* The creation of partnerships through



meaningful interaction produce achievements beyond what any one entity could achieve on its own.

The simple action of completing a fax referral form connects smokers to the most effective and evidence-based services in the province. A Smokers' Helpline counselor calls the individual within three days to give more information about supports available and to arrange ongoing support. Services range from self-help materials to proactive telephone and group counselling programs.

The Smokers' Helpline encourages Saskatchewan health care professionals to continue their great efforts in smoking cessation! On average, quitters make six attempts to quit before maintaining abstinence. However ... 40% of quitters report quitting on their first serious attempt. We are a group of people who have a shared repertoire, we want to help a smoker quit and quit for good.

We are here to help you in your efforts to assist your patients to achieve optimum health.

If you would like access to more Fax Referral forms or more information about the Fax Referral Program, please give Kelly Pierson, the Smokers' Helpline Coordinator, a call at 1-306-790-5816.

Drug Schedule Amendments

The following drug schedule amendments became effective April 28, 2006, upon publication in the Saskatchewan Gazette:

1.0 Amend Schedule III to add in alphabetical order:

ephedrine and its salts in **combination** products (in preparations containing no more than 8 mg per unit dose, with a label recommending no more than 8 mg/dose or 32mg/day and for use not more than seven days and indicated for nasal congestion)

[Note: Pharmacists are advised that in areas where there is evidence of abuse or particular concern about abuse, ephedrine products should not be located in a self-selection area of the pharmacy]

pseudoephedrine and its salts and preparations **in combination products**

[Note: Pharmacists are advised that in areas where there is evidence of abuse or particular concern about abuse, pseudoephedrine products should not be located in a self-selection area of the pharmacy]

This means that combination products containing ephedrine or pseudoephedrine can ONLY be sold in a pharmacy for self-selection in the Professional Services Area unless there is concern/evidence of abuse at which time they should be located in an area where self-selection is not possible.

Passionate about PIP (Integrating PIP into Your Pharmacy Practice)

By Kimberly Sentes



Case Study: Mr. C.O. male, 81 years

- Regular compliance pack patient at my pharmacy
- Medication list: Nitro-dur 0.4, Nitrospray, atorvastatin, warfarin, folic acid, aspirin, irbesartan, carvedilol, clonazepam, furosemide, tobutamide.
- Patient brought in prescription for Cialis from family doctor.
- Prescription cancelled due to drug interaction with Nitro patch and spray.
- Patient went to walk-in clinic located down the street and got another prescription for Cialis from a walk-in physician and proceeded to have the prescription filled at another pharmacy without access to PIP.
- Patient comes back later in month to get regular blister packs and PIP is reviewed; drug interaction is caught for the second time.
- Counselling patient again on the interaction and explained why he should not take the Cialis.
- Patient agreed not to take Cialis dispensed from the other pharmacy.

What have we learned from Mr. C.O.?

- Medication reviews, without PIP, can prove to be inaccurate due to patient's lack of knowledge about current medications or refusal to disclose full medication history.

My Initial PIP Experience or Why I'm Passionate About PIP

- PIP accessed for ALL new prescriptions.
- In the first two weeks utilizing PIP, 36 Drug Related Problems (DRP) were documented and resolved.
- Average of three DRP/day utilizing PIP (approx. 120 prescriptions/day filled).

"Pharmacists – The Invisible Lifesavers" by Ken Burns (Pharmacy Post, Feb. 2006)

"Pharmacists save lives – yet few people realize it and even fewer believe it ... the worst part is pharmacists don't get it: either they don't understand that they're saving lives or they don't realize that, if they aren't working to the best of their abilities people may be unnecessarily losing their lives."

- Completing an oral med review is significantly more time-consuming than reviewing PIP in patients with complicated medication profiles.
- The resolution of Drug Related Problems is far more time consuming than viewing PIP.
- Did Mr. C.O. receive standardized pharmaceutical care? Was patient safety jeopardized?

Case Study: Mrs. E.C. female, 75 years

- New compliance pack patient from Northern SK
- Current medications:
 - Dr. ONE – insulin, allopurinol, aspirin, candesartan, amiodarone, ferrous sulfate, furosemide 40 mg, rabeprazole, metolazone, simvastatin 40 mg
- Patient goes to FIVE different physicians located in Regina in three months and obtains various prescriptions that are not on current med list from previous community, while still taking compliance pack medications.
 - Dr. TWO – Amitriptyline, furosemide 20 mg and Tylenol #3
 - Dr. THREE – Metoprolol, metformin, nitro-dur, simvastatin 40mg, and risperidone
 - Dr. FOUR – Amoxicillin
 - Dr. FIVE – Benlylin DM, clarithromycin and temazepam
- All of the above filled at different pharmacies, none with access to PIP

What have we learned from Mrs. E.C.?

- Shocking use of the healthcare system!
- Significant DRPs and therapeutic duplications (i.e. patient receiving furosemide and simvastatin from two different doctors and two different pharmacies)
- RESULT: refused to fill compliance pack until all medications brought to the pharmacy and provided patient with a one-week supply until medication list could be reassessed.
- Helped patient find a family physician in Regina accepting new patients.

More Case Studies

- 1) Patient is using a salbutamol inhaler regularly from different walk-in clinics and pharmacies, no steroid inhaler on file in the past year. PIP is EFFICIENT for viewing exact dates of dispensed prescriptions, in turn improving patient counselling and adjusting pharmacotherapy if necessary.
- 2) Methadone patient is multi-doctoring for benzodiazepines. PIP allows us to CLEARLY view medication histories, allowing us to deal with multi-doctoring situations before we experience another situation like the Ironchild inquiry.
- 3) Patient receiving antibiotics from numerous walk-in clinics and pharmacies. PIP is EFFECTIVE for viewing antibiotic use and

overuse allowing improved counselling and utilization of antibiotics.

- 4) Masked profiles: Two experiences, both patients consented without any issues; consent form attached to prescription and filed as usual.

Safety in Healthcare

- US Institute of Medicine (1999) released a landmark report documenting medical safety in the US [SIHL, "Creating a Culture of Safety in Healthcare", Ayers et al, 2005].
- Bombshell: Human error in medicine estimated to account for

44,000 to 98,000 preventable deaths per year.

- Compared to aviation, a wide-body jet accident with no survivors would occur every two days.

Why Integrate PIP into Your Practice?

Benefits to PATIENTS:

- Improves Patient Safety
- Standardized Care for all Patients

Benefits to PHARMACISTS:

- Ease in investigating DRPs
- Improved confidence in investigating DRPs
- Clarifies and improves patient counselling.

- Improved physician/pharmacist relationships (approx. 10% of doctors have computers compared to 100% of pharmacists.)

Passionate about PIP

- Not integrating PIP into daily practice can jeopardize patient safety and the quality of pharmaceutical care. Ethically ALL pharmacists should embrace PIP.
- PIP is an amazing, life-saving tool and I can't imagine not having access to it everyday. I hope that I have inspired some of you to become passionate about the benefits of integrating PIP into your practice.

Why Should Members Use PIP?

Presentation by Ray Joubert, Registrar at RBSP Conference April 30, 2006

The central question is "why should members integrate the Pharmaceutical Information Program Medication Profile Viewer into your practices?"

From the College's perspective, members have an ethical duty to fulfill your professional role of "finding, fixing and preventing" drug related problems. We believe that the Viewer is one of the most important tools you can use to help you fulfill this role. Drug related problems include:

- Needing pharmacotherapy
- Taking the wrong drug
- Taking too little of the right drug
- Taking too much of the right drug
- Experiencing an adverse reaction or side effect
- Experiencing an interaction
- Not taking the drug as prescribed
- Taking the drug for an invalid indication
- Receiving a new drug likely to cause intolerance

As we advocate the use of patient profiles in the pharmacy as a tool to fulfill your role, we advocate using the Viewer because it is more complete due to the history of prescription purchases in other pharmacies. However, there are more

specific ethical reasons why pharmacists should use the Viewer.

- 1) Members have an ethical duty to access the profile for its intended purpose. The vision for PIP is to "provide health care professionals and patients with the information and tools to make optimal drug therapy decisions to improve the quality, safety and management of health care for Saskatchewan residents". Therefore, using the Viewer is compatible with your duty of care to the patient.
- 2) This vision is broader than the findings of the Darcy Ironchild inquiry where the Coroner recommended a network **"be implemented of all pharmacies to prevent medication prescriptions of the same lethal, addictive and controlled medication and/or double doctoring between pharmacies throughout Saskatchewan."** Thus it appears that members' minimum ethical duty begins with accessing the patient profile in PIP to prevent diversion of addictive drugs.
- 3) Your obligations from your Standards of Practice are to gather

information and assess its relevance to patient care which is interpreted to mean any information that is reasonably available. The Viewer now makes a more complete drug history reasonably available to you, and therefore its use is expected under your Standards of Practice.

- 4) You have an ethical duty to cooperate with other members of the team caring for the patient. As they have relied upon your access to patient profiles to identify, resolve and prevent drug related problems, they are also likely to rely upon you to expand your ability to fulfill this role by using the Viewer.
- 5) The Viewer thus has the potential to advance your role as a member of the health-care team. While you are often a remote member of the team, the Viewer creates the environment where you can effectively function as a virtual member of the team. Planned PIP phases under development will enhance this capability.

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Why Should Members Use PIP? *continued from page 5*

6) Even without these future phases, members can use the Viewer to promote your role. One important function is to use it for monitoring for adherence (for example, monitoring patients on cardiovascular medications to ensure adherence with scientific evidence). We know that long term adherence to medication regimens for a chronic condition is generally approximately 50% at one year. For many conditions, the benefit of medications does not begin to manifest itself until 12-24 months following control of the condition (e.g. hypertension, cholesterol, etc). In essence, many individuals choose to stop their drug therapy prior to realizing any benefit. Even in situations in which benefit is seen early, loss of adherence results in an increase in adverse events and associated negative outcomes.

Thus, promoting your role in adherence is an ideal situation to focus on for several reasons:

- Pharmacists are the best trained health professionals to talk to patients and problem solve with drug adherence related issues;
- Pharmacists are likely the best equipped individuals to recognize

non-adherence with patient profiles and now with the release of the Viewer;

- Pharmacists see the patient the most frequently in order to deal with medication refills;
- An incentive exists for drug plans to maximize adherence in that they are not paying for drugs that achieve no benefit;
- Incentive to health-care system exists because of the overwhelming evidence that enhanced adherence results in decreased contact with health-care system; and,
- Lack of political and scope of practice conflicts as most would agree that this function naturally falls within our current scope of practice.

At last fall's district meetings, the most frequently cited reason for not using the Viewer was fear of violating privacy legislation. We believe that if pharmacists comply with their ethical responsibilities, you will comply with privacy legislation. Therefore, the College has issued a policy statement and guidelines as a Reference Manual update to assist members in complying with your ethical and legal responsibilities. To summarize, the policy statement supports pharmacists accessing and

using the Viewer for its intended purpose when pharmacists are delivering pharmaceutical care services. The policy also specifically defines the circumstances under which members may access masked profiles. It prohibits access and use for unauthorized purposes (i.e. "surfing"). More specifically, "Access to information within PIP is provided to pharmacists to assist them to deliver the best possible quality of pharmaceutical care to their patients. Accessing, using, or disseminating information from the PIP program, other than as permitted in this policy is professional or proprietary misconduct".

Therefore, we will support member access and use in compliance with the policy, and members who do not comply may be subject to the discipline process.

The guidelines more specifically describe accountability, purpose, patient control, patient communication, limiting use and disclosure, safeguards, access by patients, amendments and complaints.

To conclude, for many professional reasons, members should access and use the Viewer. You should not fear accessing and using it if you follow your ethical obligations and Standards of Practice.

Changes to the Triplicate Prescription Program – "Prescription Review Program"



The Minister of Health has approved revisions to the bylaws of the College of Physicians and Surgeons of Saskatchewan that significantly change the Triplicate Prescription Program to become effective June 2, 2006 upon publication in the Saskatchewan Gazette.

Amongst other things, the name of the program is changed to the "**Prescription Review Program**", the **special prescription form is eliminated** and the panel of monitored drugs is **expanded to include benzodiazepines, and other drugs**. For more complete details, please refer to the following document.

Some implementation and transitional issues exist that require clarification:

- prescribers may continue to use the Triplicate (duplicate) forms until supplies are depleted;
- the new Program requirements apply to new prescriptions as of the effective date. This means that, for example, for the drugs added to the panel of monitored drugs such as benzodiazepines, members should honor prescriptions (i.e. repeats) received before the effective date as they were then issued.

We ask all members to continue your usual cooperation by adhering to the Program requirements.

Summary of the Prescription Review Program (Formerly Triplicate Prescription Program)

Saskatchewan College of Pharmacists

Revisions to the bylaws of the College of Physicians and Surgeons of Saskatchewan replace the Triplicate Prescription Program with the Prescription Review Program and revise the Program's requirements. It continues as a partnership between this College, the College of Physicians and Surgeons of Saskatchewan and the College of Dental Surgeons of Saskatchewan, who will also similarly amend their bylaws. The Saskatchewan Registered Nurses' Association has been added as a partner in anticipation that Registered Nurse (Nurse Practitioners) will be granted prescribing privileges under the federal *Controlled Drugs and Substances Act*. The complete text of this new bylaw is attached, and the Program requirements are summarized as follows:

- 1) The list of drugs covered by the Program is expanded to include all amphetamines (rather than just dextroamphetamine), anabolic steroids, all barbiturates (rather than just butalbital), benzodiazepines and chloral hydrate;
- 2) Prescribers are no longer required to write prescriptions for any of these drugs on the special triplicate (or duplicate) form*;
- 3) While under federal law many of these drugs can be prescribed verbally, the written prescription requirement continues for all drugs under the new Program, including those that have been added;
- 4) While there is no time limitation under federal law, prescriptions for drugs under the new Program continue to be valid for no more than three days. However, the prescriber must include a statement on the prescription that it is only valid for three days;
- 5) The prescriber must also include on the prescription:
 - a) The patient's date of birth;
 - b) The patient's address;
 - c) The total quantity of medication prescribed, both numerically and in written form;

- d) The patient's health services number; and,
 - e) The prescriber's name and address;
- 6) Prescribers may order part-fills, but must specify the total quantity, the amount to be dispensed each fill, and the time interval between fills;
 - 7) Prescribers may issue refills as permitted under federal law. To summarize, prescription refills are NOT permitted for any narcotic, but are permitted under the Program when issued in writing for:
 - a) Controlled Drugs Level I and II, including preparations, if the prescriber has specified the number, and frequency or interval between refills;
 - b) Benzodiazepines, if the prescriber has specified the number of refills and less than one year has elapsed since the date the prescription was issued. If the prescriber also specifies the interval between refills, the pharmacist may not dispense the refill until the interval has expired;
 - c) Chloral hydrate if the prescriber has specified the number of refills;
 - 8) The Registrar's office of the College of Physicians and Surgeons is authorized to collect and use the information gathered under the Program for the purposes of the Program (i.e. to generate "alert" and "explain" letters to physicians) and may disclose dispensing information to us;
 - 9) While the one prescription per form rule is eliminated, prescribers are encouraged to write only one drug per prescription;
 - 10) All other requirements of the former Triplicate Prescription Program are retained.

The SCP continues to expect member cooperation with prescribers to ensure the success of the Program.

**This also means that the patient's signature on the prescription is eliminated, but members may ask for it at your discretion.*



College of Physicians and Surgeons of Saskatchewan

Bylaw 40 is rescinded and the following substituted in its place:

40. The Prescription Review Program

- 1) Panel of Monitored Drugs – The prescription review program shall apply to all dosage forms of the following drugs, except where indicated otherwise:

ACETAMINOPHEN WITH

CODEINE – in all dosage forms except those containing 8 mg or less of codeine

ACETYLSALICYLIC ACID (ASA)

WITH CODEINE – in all dosage forms except those containing 8 mg or less of codeine

AMPHETAMINES – in all dosage forms

ANABOLIC STEROIDS

ANILERIDINE – in all dosage forms

BARBITUATES

BENZODIAZEPINES – in all doses and forms

BUTALBITAL – in all dosage forms

BUTALBITAL WITH CODEINE – in all dosage forms

BUTORPHANOL

CHLORAL HYDRATE

COCAINE – in all dosage forms

CODEINE – as the single active ingredient, or in combination with other active ingredients, in all dosage forms except those containing 20 mg per 30 ml or less of codeine in liquid for oral administration

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Summary of the Prescription Review Program continued

- DIETHYLPROPION – in all dosage forms
- FENTANYL – in all dosage forms
- HYDROCODONE-DIHYDRO-CODEINONE – in all dosage forms
- HYDROMORPHONE-DIPHRYDROMORPHONE – in all dosage forms
- LEVORPHANOL – in all dosage forms
- MEPERIDINE-PETHIDINE – in all dosage forms
- METHADONE – in all dosage forms
- METHYLPHENIDATE – in all dosage forms
- MORPHINE – in all dosage forms
- NORMETHANDON-P-HYDROXYEPHEDRINE – in all dosage forms
- OXYCODONE – as the single active ingredient, or in combination with other active ingredients in all dosage forms
- PANTOPON – in all dosage forms
- PENTAZOCINE – in all dosage forms
- PHEENTERMINE – in all dosage forms
- PROPOXYPHENE – in all dosage forms
- 2) Prescriptions for drugs covered by the Prescription Review Program shall be issued and dispensed according to the policies and procedures agreed to and amended from time to time by the College of Dental Surgeons of Saskatchewan, the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Registered Nurses' Association and the Saskatchewan College of Pharmacists.
 - 3) In order to prescribe a drug to which the prescription review program applies, physicians shall complete a written prescription which meets federal and provincial legal requirements and includes the following:
 - a) A statement that the prescription is only valid for three days;
 - b) The patient's date of birth;
 - c) The patient's address;
 - d) The total quantity of medication prescribed, both numerically and in written form;
 - e) The patient's health services number; and,
 - f) The prescriber's name and address.
 - 4) Physicians shall only prescribe part-fills of medications to which the prescription review program applies if the following information is specified in the prescription:
 - a) The total quantity;
 - b) The amount to be dispensed each time; and
 - c) The time interval between fills.
 - 5) The office of the Registrar may gather and analyze information pertaining to the prescribing of medications to which the Prescription Review Program applies in Saskatchewan for the purpose of limiting the inappropriate prescribing and inappropriate use of such drugs. In order to fulfill that role, the office of the Registrar may, among other activities:
 - a) Generally, provide education to physicians in order to encourage appropriate prescribing practices by physicians registered by the College;
 - b) Alert physicians to possible inappropriate use of medications to which the Prescription Review Program applies by patients to whom they have prescribed such drugs;
 - c) Alert physicians to possible inappropriate prescribing of medications to which the Prescription Review Program applies;
 - d) Make recommendations to a physician with respect to the physician's prescribing of medications to which the Prescription Review Program applies;
 - e) Require physicians to provide explanations for their prescribing of medications to which the Prescription Review Program applies.
 - 6) Physicians shall respond to such requests for explanation, as described in paragraph 5(e) above, from the office of the Registrar within 14 days of receipt of such a request for information.
 - 7) The Registrar, Deputy Registrar, or Prescription Review Program Supervisor may extend the deadline for reply at their discretion, upon receipt of a written request for extension from the physician.
 - 8) All physicians who receive such a request for information will comply, to the best of their ability, fully and accurately with such request for information.
 - 9) Failure to comply with paragraphs 40(5)(e), 40(6) and 40(8) above is unbecoming, improper, unprofessional or discreditable conduct.
- the Prescription Review Program applies. In making requests for explanations, the Office of the Registrar may require the physician to provide information about the patient, the reasons for prescribing to the patient, and any knowledge which the physician may have about other narcotics or controlled drugs received by the patient;

RBSP 5th Annual Conference and SCP 95th Annual General Meeting

The SCP participated in the 5th Annual RBSP Conference in Prince Albert on the weekend of April 28, 29 and 30, 2006. During the conference both the RBSP and SCP held their annual general meetings.

On Friday the conference kicked off with a **welcome reception** in a beautiful setting east of the city at the Cosmo Lodge.

The evening's program began with a brief opening by Board Chair Marg Ustupski who welcomed everyone to the conference. She then invited Ray Joubert, Registrar of SCP, to the podium as he had a special presentation. Ray took the opportunity to acknowledge and recognize Cheryl Klein, Senior Administrative Assistant of the College, for 20 years of dedication to the members of SCP (formerly SPhA).

Cheryl joined the Association when there were only two administrative assistants on staff and all clerical tasks were done "manually". Through many changes, from the promise of an easier workload with the introduction of computers, through to the newest version of the PRS, WHIC and CIHI databases, Cheryl has managed to keep her sense of humour and endless optimism.

Those in attendance, including her husband Larry (yes we managed to keep the secret so she was surprised) warmly congratulated Cheryl and in her words, "it was probably the only time I will get a standing ovation – I will revel in the honour!" Congratulations Cheryl. Please join us in thanking Cheryl for all her efforts on the members' behalf.

Following a lovely buffet dinner, President Debbie McCulloch took the podium to continue the evening's program. Jeff Taylor was invited to say a few words on behalf of the Class of '81 and to introduce his classmates. President McCulloch presented each with a SCP 25-year silver pin as the honoree came forward. In attendance were: Deanne Dowling; Robert Dyck;

Sharon Klein-Hewitt, Arlene Kuntz; Donald Kuntz; Heather McLelland; Jinette Tam and Jeff Taylor.

SCP then honoured the 50-year graduates of the Class of '56, three of whom were in attendance: James H. Cameron, Carrol F. Chlopan and Alvin S. Scherle. Registrar Joubert read a brief biography of each graduate (those present and those that had forwarded their bio information). This was followed by a response from Jimmy Cameron on behalf of the Class. President Debbie McCulloch presented each with the SCP 50-year gold pin and citation.

Everyone was invited to congratulate the evening's honorees and to visit with their colleagues and friends.

continued on page 10



*Class of 1956, from left to right:
James Cameron, Carrol Chlopan, Alvin Scherle*



Cheryl Klein



*Class of 1981, from left to right – back row: Jinette Tam, Heather McLelland, Arlene Kuntz, Deanne Dowling, Sharon Klein-Hewitt
Front row: Don Kuntz, Robert Dyck and Jeff Taylor*

The **95th Annual General Meeting** of the Saskatchewan College of Pharmacists was convened Sunday morning, April 30, 2006. President McCulloch introduced the members of Council and acknowledged Cynthia Berry, Senior Stick, who represented the students on Council. The following reports were presented: President's Annual Report; Registrar's Report; and the Auditor's Report. A report from the College of Pharmacy and Nutrition was presented by Dean Dennis Gorecki.

The **President's Luncheon** soon followed. President McCulloch acting as Master of Ceremonies invited Past-President Bill Paterson to ask the blessing. Following lunch President McCulloch introduced the head table guests and then the members of Council in attendance.

President-Elect Jeannette Sandiford introduced the award recipients as President McCulloch presented the following awards:

Certificate of Recognition

Presented to pharmacists for their outstanding service to the Saskatchewan College of Pharmacists

Corry MacWilliam and Melanie McLeod upon their retirement from Council.

Award of Merit

Presented to recognize any person or group of persons who are not members of the College, who through their active participation has promoted the Saskatchewan College of Pharmacists and/or the profession of pharmacy in Saskatchewan.

The Health Information Solutions Centre (HISC) staff who have diligently worked to design and implement the Pharmacy Information Program (PIP) and install the PIP Viewers in the pilot pharmacies, medical clinics and hospital emergency rooms across the province. Mr. Scott Priddell accepted the award on behalf of the HISC staff.

Presidential Citations

Presented in recognition of a special contribution to pharmacy.

The pharmacies that volunteered to participate in the pilot for the Pharmacy Information Program by incorporating the PIP Viewer into their practice to test the system prior to the province-wide roll out of the program.

Many were in attendance at the luncheon. The others will receive citations in the mail.

- Avon Rexall, Regina
- Cheatham's Pharmacy, Saskatoon
- Drugstore Pharmacies: Estevan, Humboldt, Kindersley, Meadow Lake, Melfort, Melville, Moose Jaw (2), Nipawin, Prince Albert, Regina, Saskatoon (2), Swift Current, Tisdale, Weyburn, Yorkton
- Gray Chemists, Prince Albert
- Henders Drugs, Estevan
- Hill Avenue Drugs, Regina
- Lakeshore Pharmacy, Regina
- Lorne Avenue Drugs, Regina
- Louck's MediHealth Pharmacy, Yorkton
- Medicine Shoppes: Saskatoon (103 Hospital Drive), Saskatoon (20th Street W.)

- Midway Pharmacy, Davidson
- Nordon Drugs, Saskatoon
- Pasqua Hospital Pharmacy, Regina
- Pharmasave Pharmacies: Balcarres, Biggar, Carlyle, Estevan, Fort Qu'Appelle, Hudson Bay, Indian Head, Langenburg, Moose Jaw (Lillooet), Moose Jaw (Main Street), Moosomin, Nipawin, Regina (Gardiner Park), Regina (Glencairn), Swift Current, Whitewood
- Prescription Works Pharmacy, Big River
- Prince Albert Coop #1
- R&C Drugs, Regina
- Regina General Hospital Pharmacy
- Royal Drug Mart, Melville
- Royal University Hospital Pharmacy, Saskatoon
- St. Paul's Hospital Pharmacy, Saskatoon
- Saskatoon City Hospital Pharmacy
- Southey Drugs, Southey
- Towers Pharmacy, Regina

We wish to congratulate and thank all the pharmacists employed in these pharmacies for their participation in this pilot project.

President McCulloch gave her final address, reflecting on her goals of the previous year and the accomplishments of SCP during her tenure. She then invited Registrar Joubert to conduct the Presidential Installation of the Incoming President, Jeannette Sandiford. Following this ceremony President Sandiford gave her inaugural address (please see address on cover of this issue).

President-Elect (effective July 1, 2006) Bev Allen presented gifts to President McCulloch and her husband Bill McCulloch in appreciation of the time and effort they have provided to the College.



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50th Convocation Luncheon May 25, 2006 – TCU Place, Saskatoon

The Saskatchewan College of Pharmacists proudly hosted the 50th Convocation Luncheon to recognize the College of Pharmacy and Nutrition, Pharmacy Class of 2006 following the Convocation Ceremony at TCU Place in Saskatoon on Thursday, May 26, 2006.

President Debbie McCulloch as Master of Ceremonies welcomed everyone to the luncheon and congratulated the graduates on their achievements. Board Chair Marg Ustupski brought greetings from the Representative Board of Saskatchewan Pharmacists.

Following the graduates' recitation of the Oath of Maimonides, the graduates mingled with classmates, family and friends who joined them in celebrating this momentous day.

Congratulations and best wishes go to the graduating class. To those who will begin their careers in the province, we say welcome and encourage you to get involved in your profession. For those who have chosen to leave to follow a different path, we wish you well and hope that you find everything you are looking for – if not, we'll be here waiting for you.

President-Elect Jeannette Sandiford introduced the award winners and presented the following:



SCP Gold Medal Award to:
Ms. Amber M. Simmons
Fort Qu'Appelle, Saskatchewan



The Campbell Prize to:
Ms. Sheryllyn K. Chorney
Kamsack, Saskatchewan

Monitoring of Pseudoephedrine

PSE Transaction Logs Lead to Arrests

On March 20, 2006, a press release by the OSP (Oregon State Police) stated that information provided by local pharmacists led to the arrest of four men in Cottage Grove, OR, and a suspected drug house located within 1,000 feet from a preschool was shut down. State police investigators were joined by federal Drug Enforcement Administration agents and Cottage Grove police officers in serving a search warrant at the home where they found meth, PSE, all the chemicals used to make meth, meth making paraphernalia, and directions on how to cook the drug.

Pharmacists alerted investigators after noticing two individuals purchasing large amounts of non-prescription medication containing PSE. Information from pharmacists' reports reviewed by police showed products were purchased by two of the arrested individuals from at least 13 different pharmacies in the Eugene, OR, area and led police to the men's identities. The press release said the partnership with pharmacists was key to the investigation. (Reprinted from the Oregon State Board of Pharmacy Newsletter May 2006.)

Relocation of the Regional Adverse Reaction Centre

The Canadian Adverse Drug Reaction Monitoring Program (CADRMP) announces the relocation of the Regional Adverse Reaction (AR) Centre in Saskatchewan to:

Canadian Adverse Reaction
Monitoring – Saskatchewan
4th Floor, Room 412
101 – 22nd Street East
Saskatoon, Saskatchewan S7K 0E1
Saskatchewan_AR@hc-sc.gc.ca

In conjunction with the relocation, the regional AR centre will be referred to as regional AR monitor-

ing office and will be aligned with the Health Canada Regions to provide regional coverage.

The reporting mechanism remains the same. Toll-free phone and fax lines will be re-routed to the new location and mail will be redirected to the new office.

To report an adverse reaction, request a copy of the adverse reaction reporting form or to obtain information about the program, health professionals and consumers may use the toll-free phone or fax lines:

Tel: 1-866-234-2345
Fax: 1-866-678-6789

Calls will automatically be routed to the appropriate regional AR monitoring office. AR reports can also be mailed to the regional office (see above).

The Health Canada website is a valuable source of adverse reaction information. To download a copy of the adverse reaction reporting form, or to join Health Canada's Med-Effect e-notice and receive the Canadian Adverse Reaction newsletter and health product advisories free by e-mail, go to <http://www.healthcanada.gc.ca/medeffect>.