



## President's Christmas Message

Is it really that time of year again? A time of celebration, festivities, gathering with family and friends, giving and receiving gifts and enjoying activities that include "eating, drinking and being merry." The Christmas season is upon us with all of its joyous traditions. Let us enjoy every moment and spread the true spirit of Christmas to all those around us.

In saying that, we as pharmacists are only too aware that this time of year may be filled with heightened stress and emotional turmoil for some. We may have patients who are ill themselves, or have family members who are struggling with illness. Others may be mourning over the thought of spending Christmas without loved ones they have lost, or we may have patients, co-workers or friends who are experiencing difficulty dealing with financial burdens or time restrictions that



have become even greater at this time of year. As health care workers and friends, let's not forget to give each of these individuals an extra "warm fuzzy" at this time. Kind words, a little understanding, a helping hand and giving generously to those who need us, will not only bring joy to them but to us as well.

As pharmacists, let us look back on 2005, and remember those times throughout the year when we have indeed given out some "warm fuzzies", and received some from others. As a member of Council, I look back on this year with pride. We have had an exciting year for our profession. The Minister of Health has announced the introduction of the PIP (Pharmaceutical Information Program). This tool should assist us in providing excellent pharmaceutical care to our patients. We have also seen the rescheduling of pseudoephedrine single entity products, which reinforces our professions' stand to do its part in curtailing the crystal meth problem in our province. We, as pharmacists, can indeed be proud of our many accomplishments.

So, in writing my letter to Santa this year, I will include a paragraph like this:

*Dear Santa,*

*My fellow pharmacists in Saskatchewan have been especially good this year, providing "Quality Pharmacy Care" for the people of Saskatchewan. Please bring them happiness, health, prosperity and a continuing love and commitment to their profession and their communities. Bring them that wonderful feeling of knowing they are making a difference in the lives of those around them and bring them a wonderful holiday season filled with family and friends.*

*Yours truly,  
Debbie McCulloch  
President SCP*

*P.S. Maybe you could throw in a nice camera for me too.*

Wishing you all a very Merry Christmas. I am looking forward with anticipation to a rewarding and exciting new year ahead.

Debbie McCulloch



### *Wishing You a Peaceful Holiday Season*

Best Wishes from the Staff  
of SCP: Jeanne Eriksen,  
Paulette Francis,  
Pat Guillemin,  
Ray Joubert,  
Cheryl Klein, Heather Neirinck  
and Lori Postnikoff

#### **Holiday Office Schedule:**

Closed: December 26 to January 2  
Regular Office Hours: January 3  
8:00 am – 12 noon  
1:00 pm to 4:30 pm

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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

Lavonne Heck, Regina  
Joseph Jeerakathil, Saskatoon

### Student Observer

Cynthia Berry

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 – December 6-7, 2005

Highlights from a meeting held in Regina on December 6 and 7, 2005. Council:

- Welcomed Joseph Jeerakathil from Saskatoon as a new public member;
- Approved a bylaw authorizing the transfer of the Alternative Reimbursement Fund to the Representative Board of Saskatchewan Pharmacists. Once the lawsuit against the College is resolved, the bylaw authorizes the conditions under which the funds can be transferred;
- Established a committee to finalize the topics to be studied in a public opinion survey. The goal is to validate the appropriateness of our Ends policies, and to assist with planning;
- Due to strong public and member reaction to the penalty, Council reviewed the report on the disposition of the charges against Robert Jones and Robert Travis. To prevent similar member behaviour from recurring, Council reaffirmed support for Discipline Committee recommendations that SCP take appropriate steps to enhance monitoring of member dispensing of Narcotics, Controlled Drugs and Targeted Substances;
- Agreed to begin pursuing measures within our jurisdiction, and in collaboration with public and government, to completely dissociate pharmacists and pharmacies from the sale of tobacco products. To achieve our goal of public policy supporting health, and also due to continuing public pressure, Council has raised the priority of such strategies that could, for example, include NOT permitting pharmacies to be located in premises from which tobacco is sold;
- Identified risks that would prevent the College from meeting its goals. The next step will be to decide on the measures needed to respond to these risks;
- Approved conferring "Member Emeritus" status upon retired members to recognize at least 25 years of continuous affiliation with the SCP or other regulatory bodies for pharmacists;
- Approved a Lock and Leave by-law amendment to change the period of professional services available from two-thirds to one-half of the time the entire premises is open to the public. This was recommended by the Registration and Licensing Policies Committee because experience with exemptions to the two-thirds requirement showed satisfactory public access to pharmacy services when Lock and Leave installations operate at one-half of the time that the remainder of the premises is open;
- Approved the charging of re-inspection fees for second and subsequent pre-opening inspections. Recommended by our Registration and Licensing Policies Committee, the proprietor bears the additional cost when second and subsequent inspections are needed because the requirements for opening have not been met;
- Appointed Lyn Rhode, Bev Brooks, Leanne Cameron and Joseph Jeerakathil to our Complaints Committee. Members were selected from the recent member survey to replace resigning members;
- Re-scheduled desloratadine (pending ministerial approval) and clobetasone ;
- Met with RBSP to share information. Some topics included: Triplicate Prescription Program changes; crystal methamphetamine; prescriptive authority for pharmacists; malpractice insurance; Pharmaceutical Information Program; and Alternative Reimbursement Fund.
- Approved a report of the recent district meetings (see separate report). Based upon member feedback and support, we will continue these meetings next fall;
- Due to member feedback at dis-

district meetings (see District Meeting Report), and also due to some stakeholder comments not being received, deferred final approval of changes to the TriPLICATE Prescription Program. Member feedback was shared with our partners, including the College of Physicians and Surgeons who has also deferred final deci-

sions to allow the partners to re-consider the proposed changes;

- Due to strong member comments from district meetings, agreed that the learning portfolio should be reviewed; and
- In spite of strong member support at district meetings, deferred a final decision to re-schedule Exempted Codeine Products to

prescription status with prescriptive authority for pharmacists because some stakeholder comments had not been received. These measures would allow for sales data to be captured by the ADAPT database and made available in the patient's medication history on the PIP Medication Profile Viewer.

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## Regulatory Bylaw Amendment

### Malpractice Insurance – Bylaw 4.4.4

The following Regulatory Bylaw amendment became effective November 18, 2005, upon publication in the Saskatchewan Gazette.

#### Bylaw 4.4.4 Malpractice Insurance is repealed and replaced with:

4.4.4 Malpractice Insurance

4.4.4.1 In this bylaw:

**'acceptable malpractice insurance'** means personal insurance that:

- a) insures a practising member against liability claims relating to the performance, or alleged performance, of professional services.
- b) provides a limit for each claim of a minimum of one million dollars;
- c) is either:
  - i. of an 'occurrence type' provided through membership in the Representative Board of Saskatchewan Pharmacists from time to time or is reasonably comparable to the insurance provided through membership in the Representative Board of Saskatchewan Pharmacists; or
  - ii. of a 'claims made type', in which case it also provides for an extended reporting period providing liability protection for claims made within a minimum period of not less than two years after the practising member ceases to be a practising member; and
- d) has a maximum deductible of \$5,000.00 per claim; and
- e) includes as a term that the College will be notified by the insurer in the event of any cancellation or amendment to the coverage afforded to the practising member thereunder; and
- f) is underwritten by an insurer registered to do business in Saskatchewan.

**'claims made'** means the malpractice insurance policy responds if it is in place at the time in which a claim for damages or other relief is made against a member;

**'occurrence'** means that the malpractice insurance policy responds if it was in place at the time in

which the incident that is the subject of the professional liability claim occurred;

**'personal'** means insurance held by the individual member or in respect to which the individual member is a named insured.

4.4.4.2 Every member must hold and continuously maintain acceptable malpractice insurance.

4.4.4.3 The Registrar-Treasurer shall not grant or renew a licence to practise as a pharmacist until he receives a certificate in the form of Form 1 from the applicant for the licence that the applicant has in place acceptable malpractice insurance.

4.4.4.4 If at any time a member fails to continuously maintain acceptable malpractice insurance or otherwise ceases to be insured pursuant to a policy providing acceptable malpractice insurance the member shall immediately report that fact to the Registrar-Treasurer.

4.4.4.5 Where a member fails to continuously maintain acceptable malpractice insurance or otherwise ceases to be insured pursuant to a policy providing acceptable malpractice insurance as specified in this bylaw, the Registrar-Treasurer shall suspend the member's membership and licence until such time as the Registrar-Treasurer receives satisfactory evidence that the member has obtained and maintains such insurance.

4.4.4.6 It is professional misconduct for a member to:

- a) provide false or misleading information to the Registrar-Treasurer in connection with the matters contemplated in this Bylaw;
- b) practise, or continue to practise, pharmacy without first obtaining, and continuously maintaining, acceptable malpractice insurance; or
- c) fail to immediately notify the Registrar-Treasurer if for any reason the member fails to continuously maintain acceptable malpractice insurance or otherwise ceases to be insured pursuant to a policy providing acceptable malpractice insurance.

Council continues to believe that adequate malpractice insurance that is mandatory for licensure is in the public's interest. This responds to member requests for alternatives, and the reduced availability of "occurrence" type malpractice insurance required for licenses under the former bylaw.

## District Meeting Report

Due to the content, 10, rather than nine (i.e. Moose Jaw added), district meetings were held from October 17 to November 9, 2005. Attendance was higher than normal, but the demographic mix of members was the same as in past years. The overall rating was 4.02 out of 5, up significantly from past years in the 3.2 to 3.8 range.

### Pharmaceutical Information Program

Generally members support, with some reservations, the Medication Profile Viewer (MPV) being developed under the Pharmaceutical Information Program (PIP) as a tool to enhance patient care. Members asked for guidance and that we work with the partners in the development of the MPV to address member liability, especially respecting privacy, compatibility of technology with existing systems and minimization of the impact upon the pharmacist's time and workload to access the profile. Members also asked that we clearly state our expectations of members regarding use of the MPV.

Members concluded that the success of PIP will depend upon both pharmacist and physician support and use. They asked that we do what we can to enhance the program, encourage members to use it, and to work with Saskatchewan Health and organizations in medicine to optimize physician usage. Suggested enhancements include:

- integration into pharmacy systems as soon as possible
- include samples and key non-prescription medications
- include in-hospital drugs
- more robust data, such as directions or dosage
- ability to print all of the screens
- include clinical messaging (refused to fill, prescription not picked up, etc.)
- prescription transfers from one pharmacist to another
- electronic prescribing (i.e. eliminate the need to print the prescription entered electronically)

### Triplicate Prescription Program

Proposed program changes:

- Expand the program's objective from eliminating diversion to add promoting optimal prescribing, dispensing and use of monitored drugs;
- New name to reflect the expanded objectives;
- Expand the list of monitored drugs to include most, if not all, mood modifying drugs (i.e. benzodiazepines);
- Eliminate the duplicate prescription form, and replace it with methods that retain the functionality of the pads (i.e. three-day rule, signature of recipient). The intent is to raise awareness of the program for prescribers, pharmacists and patients without creating barriers to optimal prescribing;
- Written prescriptions will be required with additional information;
- Pharmacists to be prohibited from dispensing incomplete prescriptions with flexibility in emergency circumstances;
- Physicians, pharmacists and dentists to be subject to synchronized program requirements;
- Information sharing to be permitted amongst the respective regulatory bodies; and,
- Addition of administrative resources to more effectively use the data.

Member response was varied. For example:

- Lack of confidence in prescribers' willingness to issue complete prescriptions;
- Concern about being in a position to enforce completion of the prescription forms;
- Current program interferes with the care of a significant majority of patients (i.e. palliative and home care) when it is intended to address a small proportion of the population;
- Evidence needed to support effectiveness of the program;
- The special form creates some awareness for patients about

the drugs being monitored;

- Including benzodiazepines under current program rules will create unnecessary problems and burdens for the pharmacist;
- Standard prescription formats should be required for all drugs;
- Support the addition of Exempted Codeine Products; and,
- Pharmacists will continue to defer prescriptions, or log them into their systems.

Member consensus appears to support changes to the program to enhance its effectiveness. However, the goals and program requirements should be aligned with the technology as it becomes available. Changes should reduce the administrative burden upon members without compromising the goals of the program. Specifically, Council agreed that the preferred strategy is to commit limited resources where they are most effective. Rather than imposing additional resources to prescribing and dispensing, commit resources to effective retrospective monitoring and interventions. For example:

- Funding resources for data mining and analysis to monitor prescribing and dispensing practices that would direct educational and other intervention strategies (i.e. warning and alert letters);
- Using the data to continuously monitor the effectiveness of the program;
- Eliminating the program requirements above what the current laws require. This means eliminating the special form, three-day rule, one prescription per form rule, while allowing verbal prescriptions and refills where permitted by law; and
- Requiring the patient's signature may be retained to add patient awareness of the Program and to confirm identity.

Council asked that we pursue these strategies with our program partners. In the meantime, the Program requirements remain unchanged until further notice.

## Role of the Complaints Committee

The Saskatchewan College of Pharmacists (SCP) recognizes that receiving a letter advising that one's practice is under investigation is an unpleasant experience.

*The Pharmacy Act, 1996*, (the Act) provides direction for the process of investigation and requires the SCP Council to establish two committees, the Complaints Committee and the Discipline Committee; to deal with allegations of professional incompetence, professional misconduct, and proprietary misconduct concerning the practice of pharmacy of any member or proprietor.

Under the Act, the Complaints Committee is obliged to investigate all written complaints received by the College. The Committee decides whether or not the complaint should be referred to the Discipline Committee. The membership of this committee consists of practising members and a public member, all of whom are appointed by Council. According to the Act, an elected councillor chairs the committee.

It is important to emphasize that when the Complaints Committee contacts you, they are simply advising that allegations have been made against you. The role of the Committee is to investigate the complaint by collecting information and evidence to determine whether the allegation(s) is/are well founded. Members under investigation by the Committee have rights, in particular to:

- have an adequate and impartial investigation
- know the specifics of a complaint or what is being investigated
- provide a written or verbal response, or both
- have adequate time to respond
- obtain legal assistance
- meet with the Complaints Committee and provide information
- obtain a written report of the decision after the completion of the investigation.

At the conclusion of the investigation, the Complaints Committee has three options to consider in disposing of the complaint. Based



upon the evidence that has been obtained, the committee may:

- close the file, meaning dismiss the complaint, as there is insufficient evidence to support the allegations
- refer the file to an Alternative Dispute Resolution process
- refer the file to the Discipline Committee for a hearing

The Committee is then required to submit a written report of its decision to the Discipline Committee; and copies of the report to the SCP Council, the member(s) who is/are the subject(s) of the complaint, and the complainant.

Further information may be obtained from Jeanne Eriksen (Complaints Committee Secretary) at 584-2292.

## Administrative Bylaw Amendment

### Pseudoephedrine and its Salts

Council approved the following administrative bylaw amendment at a meeting duly convened November 2, 2005, effective upon that date.

1.0 That Schedule II of the Bylaws of the Saskatchewan College of Pharmacists be amended by adding, in alphabetical order:

### Pseudoephedrine and its salts and preparations as a single entity.

This means that single entity pseudoephedrine products are available only from the no-public access area of the pharmacy. Enhanced control is implemented in response to government's request to limit the availability of this precursor drug in the clandestine manufacture of crystal methamphetamine.

## Permit Renewal Summary as of December 1

### PHARMACIES:

	2002	2003	2004	2005
	(July 1 to June 30)		(Dec 1 to Nov 30)	
Community				
Chain	122	129	137	139
Independent	209	202	188	188
Satellite	15	16	14	12
Internet		1	1	1
Dispensing Physician (1)	7	8	6	5
Publicly Operated	1	1	0	0
<b>TOTAL Pharmacies:</b>	<b>354</b>	<b>357</b>	<b>346</b>	<b>345</b>

**NOTE:** (1) One Dispensing Physician operates two pharmacies/clinics  
Between January 1 and December 1, 2005, a total of nine new pharmacies opened, and 10 pharmacies closed.

## From the Desk of the Dean



**Dr. Dennis Gorecki**  
**College of Pharmacy**  
**and Nutrition**

In September 2003, the Province gave its commitment to a new Academic Health Sciences Centre for the U of S, and last month the 2005-06 Mid-Year Report provided \$100M of the funds for architectural plans to be finalized in 2006-07 and construction to begin in 2008. From the time of initial announcement, University planners have been working with the Colleges that will be located in the complex. Our College has representatives on the teaching space working group, various research working groups, administration working group and a student group.

Faculty and staff were invited to a "Town Hall" on November 18 to learn more about progress, view conceptual drawings of the proposed new construction and building renovations, and hear highlights from the various working groups. The presentation centered on how the plans are supporting the eight principles/goals that were formulated to guide the project: Pharmacy and Nutrition, Dentistry, Medicine, Nursing and Physical Therapy.

**Principle 1** – Renewed emphasis on interdisciplinary learning in undergraduate programs, graduate programs and continuing education. Space will be planned to facilitate this, and will include a 500-seat lecture theatre and adjacent breakout rooms that will also allow Colleges to host national conferences/meetings.

**Principle 2** – Enhancement of clinical learning opportunities, including expanded use of laboratory simulations and increased connections between academic and clinical activities. A Clinical Learning Resources Centre will provide state-of-the-art clinical simulation areas and support problem based learning.

**Principle 3** – Greatly increased attention to Aboriginal issues, including research on Aboriginal health and needs, training of Aboriginal healthcare practitioners and collaborative introduction of indigenous culture and knowledge into curricula.

**Principle 4** – Greater opportunities for collaborative research among the health sciences in the areas of biomedical research, clinical research and social population health research.

**Principle 5** – A re-conceptualized and expanded learning resource centre/library, with increased technology to ensure U of S resources are available not only on campus,

but to clinical supervisors and practitioners across the province.

**Principle 6** – Reconfiguration of student space in light of new developments and trends in student instruction.

**Principle 7** – Rethinking of administrative and student services to emphasize interdisciplinary scholarship and facilitate interaction between Colleges and across disciplines.

**Principle 8** – To allow health sciences to achieve the recent mandates of interdisciplinary primary health team concepts.

The Social Population Health Research area, Clinical Learning and Resources Centre, Academic Health Sciences Library, lecture theatre, meeting rooms and interactive space will be located in a structure to be built between the 1955 wing of Royal University Hospital and the Dental Clinic. A second building, attached to the north end of the Health Science Building, with a pedway to the Arts Building, will house an animal holding facility, "wet" research labs, offices, graduate student space and meeting rooms. Subsequent to the construction of the new spaces, the south section of the current Health Science Building will be renovated to accommodate all of the College offices.

We look forward to bringing you updates on this exciting project!

## Drug Name Confusion

Health Canada has cited that they are aware of the confusion that exists between the names of two commonly used cardiovascular drugs, **amiloride** and **amilazide**. These concerns are appreciated, and will be brought to the attention of the Health Products and Food Branch (HPFB) Look-alike Sound-alike (LA/SA) Working Group, as well as the National Association of Pharmacy Regulatory Authorities (NAPRA).

## List of Approved Natural Health Products

*From the Health Canada website you can access the natural health products database using the following:*

*[http://www.hc-sc.gc.ca/dhp-mps/prodnatur/applications/licen-prod/lists/listapprnhp-listeapprpsn\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/prodnatur/applications/licen-prod/lists/listapprnhp-listeapprpsn_e.html)*

### From the website:

"The list of approved natural health products will be updated on a monthly basis until a more complete searchable database is available. In the interim if you wish to perform a search in this list you may do so by pressing Ctrl+F on your keyboard, and typing the word of your choice.

Please note that to ensure the accuracy of information being posted, there will be a delay of at least 60 days before new products are added to this monthly update." All the licence numbers listed are Natural Product Numbers (NPNs) or DIN-HMs.

Some Melatonin products have received a natural health product number. Please check the listings for those that have been reviewed.

## Restricting Access to Crystal Methamphetamine Ingredients

[Announcement from Saskatchewan Health, Communications Branch, released November 1, 2005]

Healthy Living Services Minister Graham Addley joined with the Manitoba government today in announcing plans to restrict the sale of certain cold remedies containing ingredients most easily used to produce crystal methamphetamine.

In co-operation with the Saskatchewan College of Pharmacists, changes will be introduced to move single entity pseudoephedrine products behind pharmacy counters. While pharmacists will move the product behind the counter effective today, a transition phase of approximately one month will be provided to allow managed change with other retailers and their suppliers.

Saskatchewan Health will amend The Drug Schedules Regulations, 1997, reclassifying single entity

pseudoephedrine products to be listed on "Schedule II", meaning they can only be sold in pharmacies and must be kept behind the counter. As well, the volume of pseudoephedrine that may be sold in any transaction will be limited at 3600 milligrams.

"Project Hope committed to build on MethWatch, a voluntary program that monitors the sale of various crystal meth precursors", said Addley. "Today we are taking the first step to regulate access to crystal meth precursors in selected cold remedies and I appreciate the co-operation and support of the College of Pharmacists. We will monitor the situation and make further refinements in the future, if evidence supports the need."

However, these cold preparations represent only one component of the problem. Eighty to ninety per cent of crystal meth in North America is manufactured in super-

labs using commercial bulk quantity ephedrine, the sales of which are regulated by the federal government.

"Last week, health ministers acknowledged that a collaborative approach involving federal, provincial, and territorial governments and key health, education and justice stakeholders is necessary in order to effectively address methamphetamine use. I am encouraged by the federal government's agreement to explore how to control chemicals that are used to make crystal methamphetamine. With provinces, territories and the federal government all working to achieve a common purpose, much good work can be done," Addley said.

"While the single entity pseudoephedrine products represent a small risk of remanufacture, pharmacists across Saskatchewan are willing to do our part to control the manufacture and use of crystal methamphetamine," said Ray Joubert, Registrar of the Saskatchewan College of Pharmacists. "This new requirement balances access for legitimate purposes while restricting access for potentially illegitimate purposes. It also allows other non-pharmacy retailers to continue to sell most cold medications. We encourage members of the public to consult with their pharmacists for selection of the most appropriate products."

### SINGLE INGREDIENT PSEUDOEPHEDRINE PRODUCTS

Product	Company
Pseudoephedrine	Pumpuii Canada Inc
PMS-pseudoephedrine HCL SYR 6 mg/ml	Pharmascience
PMS-pseudoephedrine HCL tab 60 mg	Pharmascience
Drixoral ND long acting tab	Schering Canada Inc
Benylin D for Infants	Pfizer Canada Inc
Sudafed Decongestant Children's Chewable tablet	Pfizer Canada Inc
Nondrowsy Regular Strength Contac Cold 12 hour	GSK
Sudafed Decongestant 12 hour caplet	Pfizer Canada Inc
Decon N S	Jaapharm Canada Inc
Pseudofrin Tab 60 mg	Labratories Trianon Inc.
Eltor 120 – sustained release caplet	Aventis Pharma Inc
Nasal + Sinus Decongestant Relief – Tab 60 mg	Vita Health Products Inc
Congest Aid Tab 30 mg	Zee Medical Inc
Triaminic Pediatric Oral Cold Drops – 7.5 mg/0.8 ml	Novartis
Tantafed Tab 60 mg	Tanta Pharmaceuticals Inc
Pseudofrin Sirop 6 mg/ml	Labratories Trianon Inc

### OTC Codeine and ADAPT

Reports have been received by the SCP that some pharmacies are entering OTC codeine products into the ADAPT database. The Drug Plan is authorized to collect and the pharmacy is required to submit information when drugs are **prescribed and dispensed**. A violation under HIPA could occur if the patient bought Exempted Codeine Products without a prescription and the pharmacy disclosed this purchase to ADAPT without patient consent.



**Canadian Council  
for Accreditation  
of Pharmacy Programs**

**Executive Director – CCAPP**

The Canadian Council for Accreditation of Pharmacy Programs (CCAPP) seeks a highly motivated pharmacist (PhD, PharmD, or equivalent) to serve as Executive Director.

CCAPP was granted Letters Patent by the Government of Canada in 1993 to evaluate the quality of pharmacy professional degree programs in Canadian universities and to promote their continued improvement. As Chief Operating Officer, the Executive Director is responsible to the Board of Directors for the overall management of the Council's programs and activities.

The successful candidate will have proven administrative skills, excellent written and oral communication skills and an ability to work independently on assigned tasks within a specific time schedule. Applicants would benefit from teaching and administrative experience in an academic environment, at a Faculty (College or School) of Pharmacy. Knowledge and experience in Canadian academic program development and in accreditation/evaluation procedures are required.

The successful candidate will have the ability to work collaboratively with a diverse range of national and international stakeholders and to accommodate a flexible schedule with some travel.

This is currently a part-time position with potential to become full-time in the future. Approximate starting date would be July 1, 2006. Salary and location are negotiable.

Letters of application, including a curriculum vitae and the names of three references, should be received by 15 January, 2006, or until the position is filled.

**Applications should be sent to:**

Dr. Jake Thiessen, Chair  
CCAPP Search Committee  
School of Pharmacy  
University of Waterloo  
200 University Avenue West  
Waterloo, Ontario N2L 3G1

Phone: 519-888-4567 (ext. 7300)  
E-Mail: [jjthiessen@utoronto.ca](mailto:jjthiessen@utoronto.ca)

**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](mailto:htsang@sk.pharmasave.com)  
[www.pharmasave.com](http://www.pharmasave.com)

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Esterhazy, SK (pop. 3000) has a beautiful golf course in a valley setting, swimming pool, tennis courts, skating arena/curling rink, fitness centers, extensive cross country ski and walking trails, and offers a variety of seasonal sporting activities/clubs for youth and adults. The town is situated close to lakes, parks, snowmobile trails and downhill ski areas. Elementary (K-5) and High School (6-12) offer excellent academics and extracurricular programs. Mosaic Potash, the main employer of the town operates two mine sites in the area.

**Please submit resumé to:**

Keith Sapara  
P.O. Box 250, Esterhazy, SK S0A 0X0  
306-745-6662 / 306-745-2450  
Fax: 306-745-6654  
Email: [randksapara@accesscomm.ca](mailto:randksapara@accesscomm.ca)



**Director of Policy and Research**

Reporting to the Senior Director of Professional Affairs, you will:

- ◆ Lead the development of evidence-based policy activities
- ◆ Promote and facilitate pharmacy practice research activity
- ◆ Contribute to CPhA initiatives to expand the pharmacist's role in health care.

**Qualifications include:**

- ◆ Degree in pharmacy or another health-related discipline; higher research degree ideal
  - ◆ 10 years health-research experience in an association, pharmacy industry, government, health facility or academic institution
  - ◆ Demonstrated experience in policy development and proposal writing
  - ◆ Understanding of Canada's health care system and knowledge of contemporary issues affecting pharmacy
- Bilingualism is an asset. CPhA offers a competitive salary and benefits package. See [pharmacists.ca/careers](http://pharmacists.ca/careers) for further information.

**Please forward your resumé by January 16, 2006 to:**

Canadian Pharmacists Association, 1785 Alta Vista Dr, Ottawa, ON, K1G 3Y6; Tel: (613) 523-7877 x 209; 1-800-917-9489; Fax: (613) 523-0445; Email: [research@pharmacists.ca](mailto:research@pharmacists.ca)

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## Awards and Honours Committee

### Member Recognition



#### Deadline for SCP Award Nominations

Each year during the RBSP Annual Conference, members are recognized for contributions to the profession and to their communities. The joint SCP and RBSP Awards and Honours Committee invites you to nominate a colleague(s) who has made significant contributions to his/her profession and community, and is justly deserving of a College award. The **deadline** for receipt of nomination of a colleague(s) for an SCP Award is **January 31, 2006**. The following criteria will assist you in contemplating your nominations. 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.

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.

#### Presidential Citation

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

#### 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.

#### 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.

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.