



## New President's Address to the Annual Meeting

by **Debbie McCulloch**

It gives me great pleasure to take on the challenges, duties and responsibilities of being President of the Saskatchewan College of Pharmacists. As I assume the role of president, I am met with mixed emotions. First of all, I am excited to think of what may lie ahead; secondly, I am nervous about how I will handle everything and if I am well enough prepared for this adventure, but mostly I am very grateful and humbled to have this wonderful opportunity. I am stepping into shoes that have been filled very admirably by others before me. In my years on Council, I have always been awed and impressed by the way each president has carried out their presidential duties. This past year has seen Bill do a terrific job and I look forward to Bill offering me guidance and advice in helping me to carry out my year as president in a similar fashion.

I want to stress how proud I am to be a part of the exciting profession of pharmacy. I must say that the longer I practise, the more the profession evolves; and the more involved I am in the Saskatchewan College of Pharmacists, the prouder I am to be a part of this honourable and noble profession. All of us as pharmacists have experienced the satisfaction of knowing that we have made a positive impact on the health and lives of our patients – whether it be the new baby whose mother needs advice about a rash, to the ninety-year-old who is being prescribed many chronic medications, the people of Saskatchewan rely on us to be there with quality



pharmacy care. From the rich to the poor, the healthy to the terminally ill, the professional, the student, as well as the labourer, they are all our patients and it is for them that we commit to quality pharmacy care. I applaud each of you as pharmacists for contributing to the excellent job you do and the valuable service we provide to the people of Saskatchewan. As a profession, we have the reputation of not only using our knowledge and skills well but of being **accessible and caring**. A quote that has stuck in my mind is, "No one cares how much you know, until they know how much you care." It is part of our duty to ensure that our patients always know how much we care about them as individuals and that they are always aware that our number one priority is their wellbeing.

That being said, I look forward to a year filled with ongoing commitment to **Quality Pharmacy Care** in Saskatchewan. We as pharmacists are actively involved in the initiation and implementation of **primary care teams** in the province. Some pilot projects have been in place and

it is with great interest and excitement that we see more teams up and running in the province with pharmacists being important members on those teams. One of our "Ends" deals with the **pharmacists as a member of the health care team** and this initiative definitely reinforces us as professionals in this role.

The year 2005 has brought about new advances in **data collection for health professionals**. The **ADAPT** program (All Drugs for All People) is now up and running. The upcoming year will see us dealing with the impact of this new program on our profession and our patients. The possible benefits are keenly anticipated and it will indeed be exciting to see how this new gathering of information will aid us in our ability to better serve our patients. Possibly, this could also create new challenges for us as well, in the field of privacy legislation or other areas. Its impact on health care will be determined.

In my upcoming year as president, I also look forward to seeing  
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## SCP Council 2004-05

### Division 1

Jeannette Sandiford, Weyburn  
(term expires June 30, 2005)  
Vice-President

### Division 2

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

### Division 3

Randy Wiser, Prince Albert  
(term expires June 30, 2005)  
Past President

### Division 4

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

### Division 5

Bill Paterson, Regina  
(term expires June 30, 2005)  
President

### Division 6

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

### Division 7

Debbie McCulloch  
(term expires June 30, 2005)  
President-Elect

### Division 8

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

### Ex Officio

Acting Dean Dr. Linda Suveges

### Public

Lavonne Heck  
Vacancy

### Student Observer

Steven Yakiwchuk

## SCP Staff

Andrea Brockmeyer,  
P/T Licensing Assistant  
(term)

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 8, 2005

The SCP Council met on Friday, April 8, 2005, in Regina, just prior to the RBSP Annual Conference.

Council was informed that the College has been in contact with the Meth Watch Coalition and has offered to assist the Coalition in an advisory capacity. Initially Meth Watch is targeting “hot spots” across western Canada, but a wider implementation of the Coalition program on a voluntary basis is the intent. We will keep members informed as to any new initiatives in the coming months.

Council received correspondence from the Health Quality Council (HQC) seeking input from the profession as to HQC’s “next steps in the evolution of its strategic directions”. In the past year HQC has published two reports: one on post-AMI care and the other on drug management of seniors in long-term care facilities. HQC “also wishes to ensure that following each report, there is at least some degree of quality improvement activity being generated in the province in response to the findings of each report”. Council will respond to this request based upon its earlier work to outline the priorities this College suggested for improvement ideas.

Council heard from the Registrar, in his capacity as Returning Officer, the makeup of Council for the 2005-2006 membership year. Councillors for Divisions 3, 5 and 7 were re-elected by acclamation. In accordance with the Bylaws of the College, Jeannette Sandiford was appointed as Councillor for Division 1. The election of executive positions was also conducted.

SCP Council and Officers for the membership year 2005-2006 are:

- Division 1: Jeannette Sandiford – President-Elect, Weyburn
- Division 2: Terri Bromm, Tisdale
- Division 3: Randy Wiser, Prince Albert
- Division 4: Bev Allen, Saskatoon
- Division 5: Bill Paterson – Past President, Regina
- Division 6: Corry MacWilliam, Swift Current

- Division 7: Debbie McCulloch – President, Rosetown
- Division 8: Melanie McLeod – Vice-President, Regina
- Public: Lavonne Heck, Regina
- Public: Vacant

Michelle Deschamps, who has been the SCP appointee to the Canadian Council on Continuing Education in Pharmacy, has recently stepped down from this role as she and her family will be relocating out of province. We wish to thank Michelle for her support and dedication to the College in her many roles as committee member, conference host committee co-chair and CCCEP appointee. Best wishes Michelle.

Council has approved the appointment of Aleta Allen of Prince Albert to the CCCEP Board. Aleta is a member of the Continuing Professional Development for Pharmacists Advisory Committee and will represent Saskatchewan at the national level.

Dr. Suveges reported to Council that Cynthia Berry is the Incoming-Senior Stick for 2005-2006. As such, Cynthia will be an observer at all Council meetings to provide the “student” perspective on emerging issues. For the past year, Steve Yakiwchuk has attended Council meetings and the staff and Councillors wish Steve all the best as he begins his career in the profession. Good luck Steve and welcome Cynthia!

Council received a report on the results of focus group and survey research conducted in New Brunswick and Nova Scotia on public attitudes towards pharmacists. Council agreed to conduct similar research in Saskatchewan to enhance their policy development process.

At last fall’s district meetings, and since then, members have asked that we reinstate our bylaws prohibiting rewards on the purchase of prescriptions. These requests have arisen from recent court decisions in Ontario. Because Council remains reluctant to interfere in the retail prescription marketplace, the following policy statement was approved:

*“Effective May 9, 2002, Council repealed bylaw 14.2.5 that prohibited the offering of coupons, rebates and other rewards on the purchase of prescriptions. At that time, the Complaints Committee was handling a considerable number of complaints from members only to find the Bylaw in question to be unenforceable because neither the complainants, nor the Committee, could find any public harm in the advertising or offering of rewards on the purchase of prescriptions. Such rewards include air miles, patronage credits or points, dividends, coupons, and rebates.*

*Demonstration of public harm is an important factor to successfully prosecute a complaint. Therefore, the Committee concluded that such practices on the purchase of prescriptions were a market place issue in which the College should not interfere unless public harm could be demonstrated. Council agreed and repealed these bylaws prohibiting the advertising of such practices.*

*While advertising is permitted, such a practice may still be regarded as professional or proprietary misconduct if it meets the definitions under sections 25 and 26 of The Pharmacy Act, 1996. This definition includes two important elements:*

- *harm to the best interests of the public or the members, or,*
- *tends to harm the standing of the profession.*

*Therefore, where it is alleged that offering or advertising rewards on the purchase of prescriptions harms the interests of the public or the members, or tends to harm the standing of the profession, Council expects that the Complaints Committee will consider such allegations only when supported by substantive information demonstrating harm.”*

At the last meeting, Council agreed to change the priority of our tobacco policy from low to medium because of new legislation prohibiting smoking in all enclosed public places. The relevant section of the policy reads “In consultation with the public and collaboration with government, complete dissociation of pharmacists and pharmacies from the sale of tobacco (i.e. no tobacco sales in pharmacies, or from the premises in which the pharmacy is located).”

To clarify, Council does not want the College to administer and enforce a prohibition, but will enhance activities to seek other remedies to achieve this policy.

Council approved in principle to establish new categories for recognizing members. The office will consult with our Awards Committee to finalize the “Member Emeritus” category, and a Fellows Program. We will advise members of the details as decisions are finalized. Thank you to Victor Siroishka, a retired member, for presenting his formative ideas to Council

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### **New President’s Address** *continued from page 1*

the impact the newly formed **Health Quality Council** has on our profession as well as health care in Saskatchewan as a whole. No doubt, health care in our province will only get better as **“best practice guidelines”** are adopted and implemented.

Now, I will get to the part of my speech that you all have been looking forward to ... the end. In closing, I would like to acknowledge and thank Ray, Jeanne, Lori and all of the staff at the SCP office for their

dedication and hard work, and I look forward to working even more closely with each of you in the year ahead. As members of the Saskatchewan College of Pharmacists, we are indeed fortunate to have such an excellent staff in our office. To the other members of the Saskatchewan College of Pharmacists Council, thank you for a job well done. I anticipate an upcoming year filled with promise, challenges and great things to come. Thank you very much.



### **A national communication system allowing dissipation of Health Canada Advisories and other information to SCP members**

NAPRA provides E-Link as an e-mail facility within a national communication system.

The College has promoted this mail facility to distribute information in a timely and efficient manner. From time to time subscribers may also receive other broadcast bulletins and notices, in particular from NAPRA. This system allows for more rapid distribution of vital information in a cost efficient manner as this is a service provided by NAPRA to all members. Health Canada Advisories and other urgent messages will be transmitted via this system to all members who have access to E-Link.

For the immediate future, members who have not logged on to E-Link will receive the information via facsimile or in some cases via Canada Post.

E-Link will provide a reliable, secure e-mail system that supports a full-featured, web-based mail client accessible anywhere, anytime, from any Internet-connected computer by pointing your browser to <http://www.napra.ca/express> or on the NAPRA website home page, click on the red E-Link web mail box. You may forward your email to an alternate address. By establishing a forwarding address, you will automatically receive communications from the College and/or NAPRA.

Please contact Cheryl Klein at the SCP office by telephone or send a message to [support@scp.napra.ca](mailto:support@scp.napra.ca) to be connected or should you forget your password. We encourage you to logon to the E-Link system.

## Regulatory Bylaw Amendments

1. The following Regulatory Bylaw Amendment came into effect April 29, 2005, upon publication in the Saskatchewan Gazette.

### **14.5.3 The dispensary must be equipped with a printing device, refrigerator and heat source (i.e. microwave), all in good working order.**

The requirement for a heat source in the dispensary was lost with the transition from the old *Pharmacy Act*, to *The Pharmacy Act, 1996*, in early 1998.

All pharmacies in the province are required to have the equipment and chemical stocks to prepare basic compounding services. In many instances a heat source is required during the process. Many pharmacies have a microwave on the premises but it is not always located in the dispensary, which necessitates the pharmacist leaving the dispensary and conducting some, if not all, of the compounding process in an alternate location where the microwave is housed. This is not conducive to optimal practice.

2. The following Regulatory Bylaw Amendment came into effect April 29, 2005, upon publication in the Saskatchewan Gazette.

### **4.6.1(b) Every proprietary pharmacy permit that is granted pursuant to the Act is granted subject to the proprietor and the pharmacy manager at all times complying with the Act and the bylaws, regulations, rules and standards made there under, as well as the following additional restrictions, terms and conditions:**

**1. The proprietor shall not, without the further express approval of the College, allow, or provide for, the shipment of drugs from the pharmacy, or the shipment of drugs ordered or procured by the pharmacy, to a location outside of Canada, or to another location in Canada where the proprietor has reason to believe that the drugs are likely to be shipped outside of Canada, by mail, courier, or otherwise, in circumstances where:**

**(a) the pharmacy's services associated with such shipment are; or**

**(b) the sale of drugs associated with such shipment is**

**in any way, directly or indirectly, advertised or otherwise promoted via e-mail, the Internet or via any other means or method outside of the Province of Saskatchewan.**

Our bylaws and standards link the provision of prescription services to persons in other countries with the promotion of these services via the Internet. Hence, the common reference to the term "Internet Pharmacies". However, this office has reason to believe that some pharmacists and/or pharmacies are legitimately circumventing our standards and bylaws by directly or indirectly providing prescription services to American citizens without a relationship to an Internet site. For example, techniques used include:

- 1) An arrangement with a so-called American "store front" operation; and the "store front" promotes the services through the local print or broadcast media;
- 2) Members or pharmacies are subcontracted by other pharmacists or pharmacies to dispense prescriptions on their behalf destined for American citizens;
- 3) Pharmacies brokering inventory for international prescription service pharmacies. This can include splitting inventory with them, or ordering on their behalf with shipment directed to the international prescription service pharmacy, or another party such as another pharmacy or warehouse or broker; and/or,
- 4) Pharmacies or pharmacists holding multiple accounts with suppliers to split orders of inventory destined for Canadians and Americans.

As these practises violate the intent of Council's policy, the Bylaw amendment was approved by Council and submitted to the Minister for approval and publication in the Saskatchewan Gazette.

## Notes from the Field

Information regarding **Crystal Methamphetamine** is now available in the form of an online tutorial at [www.methwatch.ca](http://www.methwatch.ca).

This is a new educational tool that can be used by pharmacy owners, pharmacists and all retail staff.

As many of the products used in the production of Crystal Metham-

phetamine can be bought at any retail outlet, the tutorial is designed to inform individuals about which products Crystal Meth labs need to make the product, as well as some short and long-term behaviours Crystal Meth users exhibit.

To view the tutorial, the user's name, address and a password will

be required. There are a series of questions throughout the program and a small quiz at the end. Once all questions have been successfully answered, a certificate of completion may be generated and printed from the site.



## “From the Desk of the Dean”

Dr. Linda Suveges  
College of Pharmacy and Nutrition

**Guideline 5.2** in the national Pharmacy accreditation standards reads, “The University should facilitate interprofessional health science education. Professional programs in pharmacy should benefit from association with other health science programs including shared didactic and clinical experiences and the utilization of common physical and clinical facilities.” This is also a key goal in the University’s **“A Framework for Action: University of Saskatchewan Integrated Plan 2003-07”**. Although there is much to be done, we are pleased to report on progress in this area.

The **Health Science Deans’ Committee** has been in place for many years to address issues of common interest. In recent years, during which time Dean Gorecki and Dr. Berenbaum, Nutrition Division Head, have both served as Committee chair, the HSDC has redefined its mission of collaboration. It has established interprofessional committees, which include Pharmacy and Nutrition faculty, to work on strategies for interprofessional interaction and learning at the undergraduate level; continuing education for primary care health professionals; clinical education; and aboriginal health education. The **Saskatchewan Academic Health Sciences Network**, an interdependent partnership involving the University, Saskatchewan Health, Saskatchewan Learning, and the Saskatoon and Regina Qu’Appelle Health Regions, has been formed to address interests and issues in a coordinated way. There is now a **University Coordinator of Health Research**, who promotes collaboration among health researchers. The Dean and College faculty are working on planning teams for the **Academic Health Sciences Complex**, which

will provide enhanced instructional space and facilitate integration of learning, research and health-care practice in the future.

Our College is involved in several interprofessional projects. A grass-roots initiative led by Roy Dobson, Jane Cassidy, Doreen Walker and Jeff Taylor has resulted in Pharmacy/Nutrition interdisciplinary patient-care labs in cardiovascular risk reduction and management of osteoporosis fracture. Our students, faculty and clinical instructors/preceptors participate in the Parkridge Interdisciplinary Practicum which involves cross-discipline, peer-assisted learning while providing care for residents. Pharmacy students have been involved in a practicum pilot in Prince Albert, working with health care colleagues in the areas of addictions, diabetes prevention and management, and palliative care. Our College and the College of Medicine have collaborated with the Saskatchewan Health Quality Council and the Saskatoon Health Region to hire Dr. Derek Jorgenson, Pharm.D., who will work with the Department of Family Medicine in the provision of primary health care services in a new off-campus clinic. Dr. Shannan Neubauer, dietitian Karen Davis, and Pharmacy and Nutrition students participate each summer on the health teams of the Discovery Asthma Camp for pediatric asthmatics. Undergraduate students from the health disciplines are also working on a project to develop a student-run health clinic in a core neighbourhood in Saskatoon.

These are some of the exciting interprofessional health education initiatives that are taking place. We welcome your comments and suggestions on how we can further work towards this important goal.

## Levonorgestrel 0.75 – Plan B

It has come to our attention that some members may be confused as to what the deregulation of levonorgestrel from Schedule F to a Schedule II listing means for Saskatchewan pharmacists. We wish to state Council’s position on the “sale” of this product.

On April 21, 2005, a memo was transmitted via facsimile (via E-Link and Canada Post for those without this facility) that stated:

*“... A corresponding College bylaw amendment placing this drug in Schedule II becomes effective at the same time. This means that qualified pharmacists may legally sell Plan B without a prescription from the no-public access area of the pharmacy.”*

For further information members were directed to review the statement on page 8 of the March 2005 SCP Newsletter.

In this instance, the meaning of the word “qualified” refers to only properly trained, licensed pharmacists (see Bylaw 14.13.10.2). Proper training means successful completion of programs accredited for at least 3.0 CEUs that have been approved by Council. Evidence of successful completion of one of the approved programs must be submitted to the SCP office (i.e. only a copy of the Certificate of Completion from the provider will be accepted):

- the program developed and delivered from the CPDP office at the College of Pharmacy & Nutrition, University of Saskatchewan,
- the CPhA on-line EPC program, and
- the program delivered by the College of Pharmacists of British Columbia.

Should you have any questions regarding qualification for this authorization, please contact Jeanne Eriksen at the SCP office.

## Pharmacy Coalition on Primary Care

The Pharmacy Coalition on Primary Care (PCPC) is comprised of pharmacists from CSHP, the College of Pharmacy and Nutrition, the Health Quality Council, RBSP and SCP. The mandate of the PCPC is to facilitate pharmacist involvement in primary care and primary health care practices in the province by:

- interfacing with stakeholders outside of the profession;
- recommending compensation models to those establishing teams with pharmacists;
- supporting a broad range of practice models;
- encouraging primary care pilots and programs involving pharmacists; and
- recommending education programs that teach the necessary skills and team-building strategies to assist pharmacists to join and participate in primary care teams.

### Success Stories

We'd like to report on the successes to date of a number of provincial pharmacists who have developed/participated in primary care projects, programs or teams.

- Kelly Digneau – primary health care team member (Hudson Bay Pharnasave)
- Pat Smith (Regina) – asthma education supported by Safeway
- Audrey McLelland (Saskatoon) – diabetes education supported by Safeway
- Lana Perrault (Swift Current Coop) – Contraception and STI prevention education in schools
- Charity Evans / Gord Stueck – team-based diabetes education and management (Stueck Pharmacy, Leader)
- Kendra Townsend / Jade Rosin – randomized, controlled trial of diabetes management (Townsend Central Drugs, Wynyard)
- Janet Bradshaw – cholesterol optimization / management of metabolic syndrome (Fort Qu'Appelle)

We are sure there are many more involved Saskatchewan pharmacists out there and we want to hear from you too!

Also of importance is the involvement of five of these pharmacists in successfully securing funding to provide primary care services within family medicine practices that involve evaluation of their practice. These pharmacists have written their own protocols, obtained funding and ethics approvals and in some cases have reported on their results. Congratulations to these practice-based researchers: Janet Bradshaw (pharmaceutical industry sponsorship), Charity Evans and Gord Stueck (funder: Cypress Health Region) and Kendra Townsend and Jade Rosin (funder: PHS Branch – Saskatchewan Health).

### Getting Connected

The PCPC has created a listserv for pharmacists interested in primary care to share queries, challenges, successes and information. If you are interested in joining this listserv, simply contact Dr. Yvonne Shevchuk at [shevchuk@duke.usask.ca](mailto:shevchuk@duke.usask.ca) to be sent the registration information electronically.

### Resources

Traditionally, pharmacists interested in clinical service provision have used a business approach to market a service to a particular niche. The primary health care movement will require a different approach. It requires health care providers to determine health needs of the population with team members, including the public themselves. This is known as the community development approach. If done correctly, one will not have to heavily promote these services, because the population themselves will have identified the need.

In early 2004, five senior pharmacy students on their specialty SPEP, developed a primary health care plan for two diverse communities in Saskatchewan. The com-

munities selected by the faculty represented communities at the opposite ends of the scale with respect to primary health care team establishment. The document can serve as a guide or template to pharmacists interested in participating in primary health care. Those involved in this project include: Drs. Yvonne Shevchuk, Roy Dobson, and Shannan Neubauer and Sarah Cherry (Regina), Lindsay Hall (Regina), Catherine Leyshon (Calgary), Kim Nordlund (Melfort) and Christine Woo (Calgary). The document is called: *Primary Health-care and Pharmacists: A Community Development Approach* and is available in electronic version from the PCPC.

### Continuing Pharmacist Education – Primary Health Care

A day-long workshop is being planned for a Sunday in late August or on Oct 15, 2005, to follow CSHP's AGM in Saskatoon. The program will be hosted at the University of Saskatchewan and will offer three components:

- primary care professional skills;
- successful collaborative projects – pharmacists' experiences / what they do; and
- how to collaborate – interfacing with primary health care partners and planners.

In the next few weeks please expect a faxback form inquiring about the interest in your pharmacy and amongst the pharmacists, as well as your preference for dates. We hope to include the proposed cost of the program (there will be no industry sponsorship of this program, however funding is being sought from pharmacy organizations, companies and wholesalers) so that you consider this when stating your interest.

Respectfully submitted,  
Shannan Neubauer, BSP,  
Pharm D, FCSHP  
Chair, Pharmacy Coalition  
on Primary Care

## SCP at the RBSP 4th Annual Conference, Regina, Saskatchewan

The Saskatchewan College of Pharmacists joined the Representative Board of Saskatchewan Pharmacists at their 4th Annual Conference held in Regina, April 8-10, 2005.

On Friday evening, in keeping with our long held tradition, SCP honored the **50-Year Class** from the then College of Pharmacy with eight classmates in attendance.

Ray Joubert introduced and read the citations of attending class members, as President Paterson congratulated each. SCP 50-year gold pins were also presented. Ed Kitchen responded on behalf of the Class of '55.

Karen Hansen from the **Class of '80** introduced her classmates in attendance as each came forward to receive an SCP 25-year silver pin from President Paterson.

Also honored at the Friday evening award ceremony were four pharmacy students for their presentation entitled "Crystal Methamphetamine: A Pharmacist's Perspective".

Deserving recipients of SCP Presidential Citations were Diana Callfas, Lianne Mackie, Heather Ganes and Janine MacDonald.

Congratulations and best wishes to all the honorees.

On Sunday, April 10, 2005, SCP held its **94th Annual General**

**Meeting.** Acting Dean Suveges spoke to her report published in the SCP Annual Report regarding the previous year's accomplishments at the College of Pharmacy and Nutrition. Following that, reports were presented by the President and the Registrar. These reports, which included the auditor's report, highlighted the activities of the Saskatchewan College of Pharmacists over the past year.

The **President's Luncheon** was held on Sunday, April 10, at the Regina Inn. President Paterson fulfilled the role of Master of Ceremonies for the luncheon.

President-Elect Debbie McCulloch introduced retiring Council members, while Bill Paterson presented the **Awards**.

The first retiree recognized, Coralie Sorochuk (unable to attend) will be sent a Certificate of Recognition. Coralie served on Council since July 1, 2004, and is pursuing new career opportunities. We sincerely thank her for her dedication to the profession and to the College.

Next was May Bridgewater, who was presented with an Award of Merit. A public member on Council since July 1, 1998, May also served on the Complaints Committee. We wish to thank May for her dedication to her role as advocate for the

Saskatchewan public.

After presentations were made to retiring councillors, President-Elect McCulloch introduced Presidential Citation award winners, while President Paterson presented the awards. Bev Allen is retiring as the SCP appointee on the Board of Directors for the Pharmacy Examining Board of Canada (PEBC) after completion of two three-year terms. Michelle Deschamps is stepping down as the SCP appointee on the Board of the Canadian Council on Continuing Education in Pharmacy (CCCEP). She has been on the Board since 2002. Arlene Kuntz is retiring from the University of Regina Senate after completion of two three-year terms.

Congratulations again go out to all of these deserving recipients for their service to the community and the profession.

**President Paterson** was afforded the opportunity to reflect upon his term in office and welcomed incoming **President, Debbie McCulloch**. Following the Presidential installation ceremony, Debbie shared her thoughts as she looks forward to the year ahead. *Please see the cover article for the President's Address.*



### 50-Year Class

Left to right –  
Back row: Blair Barnes,  
Ed Kitchen, Don Wright  
Front row: Orest Buchko,  
Faye Kernan, Ed Eidsness,  
James Prenevost



### Class of '80

Left to right –  
Back row: Karen Hansen, Aldona  
Torgunrud, Mary Ann Trischuk,  
Cindy Reimer, Carol Pannell  
Front Row: Yvonne Shevchuk,  
Kathleen Nicholson, Tin Pon,  
Harriette Pituley



### SCP Presidential Citations

Left to right – Back row –  
Presentors: Bill Paterson, Ray  
Joubert. Front row: Diana Callfas  
and Lianne Mackie. Heather Ganes  
and Janine MacDonald were unable  
to attend.

## Rexall Drug Stores Give Major Contribution to the College of Pharmacy and Nutrition

The College of Pharmacy and Nutrition is delighted to announce that Katz Group Canada Ltd., on behalf of Rexall Drug Stores, has committed \$500,000 as a major contribution to the College. Mr. Ben Holden, Director of Retail Development for the Katz Group Canada, presented a cheque to Dean Dennis Gorecki in the amount of \$70,000, the first installment of the pledge, on February 25, 2005. The contribution will be recognized as part of the University of Saskatchewan's "Thinking the World of Our Future" national fundraising campaign.

The funds will be used for three purposes. Work has already begun to refurbish Room 110 Thorvaldson into a state-of-the-art classroom, equipped with multi-media technology and other features. It will be



Ben Holden (left) presents a cheque to Dean Dennis Gorecki.

named the **Rexall Lecture Centre**. A **Rexall Entrance Award** of \$1,000 will be made each year to a student entering the first year of the Bachelor of Science in Pharmacy program, based on high academic standing. The majority of the funds will be dedicated to the **Rexall**

**Research Trust Fund**, to enhance our research programs over the next several years by providing support to faculty and graduate students working in College research theme areas. In the initial four-year period, the Fund will be used to support the Primary Care/Public Health Research Group in the College.

Dean Dennis Gorecki, Acting Dean Linda Suveges and our Development Officer Barb Cox-Lloyd extend sincere thanks, on behalf of the entire College, to Katz Group Canada for this most generous gift. Special thanks are due for Mr. Holden and to Mr. Andrew Parkes, Senior Vice President, Real Estate, for Katz Group Canada, who are both graduates of the College, and with whom Dennis, Linda and Barb worked closely to facilitate this wonderful contribution.

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2005 No. 2

### Research Notes from the Pharmacy EduLab Program

The EduLab is pleased to bring you a second installment in our series highlighting interesting research in the area of medical communication.

#### Featured Article

Weingart SN, Gandhi TK, Seger AC, et al. Patient-reported medication symptoms in primary care. Arch Int Med 2005;165:234-40.

#### Topic

How do patients and physicians communicate about medication side effects and what influences doctors to make changes based on these discussions?

#### Approach

- 661 patients receiving a new prescription were interviewed regarding medication side effects.
- The researchers also conducted medical chart reviews and interviewed the physicians about how reports of side effects were handled.

#### Key Findings

- 27% of the patients reported symptoms they thought were caused by their medications.
- Only two-thirds of these symptoms were communicated to the physicians.
- Preventable or ameliorable adverse events were identified when the patient did not inform the physician of the side effect. Adverse outcomes also occurred

when the physician did not make any changes to address a reported drug-related symptom.

#### Number One Way to Improve Practice

At the EduLab, we feel that pharmacists can help prevent or manage adverse drug reactions by encouraging patients to tell us (and their doctors) about anything they suspect is a medication side effect. We can then provide advice on how to minimize the impact of the side effect or make suggestions for change in the therapeutic regimen.

Don't let your patients suffer in silence! Check in periodically after a new medication is started to make sure things are going well. Approximately one-third of your patients will need some help managing medication-related symptoms and the rest will be glad you cared enough to ask.





### Potential Danger When Pharmacists Dispense Human Insulin for Animals

Dear Editor:

The reason for writing this letter is to bring to the attention of pharmacists an important matter regarding dispensing insulin for pets without the involvement of a veterinarian. At the Western College of Veterinary Medicine's Small Animal Clinic we have had several clients whose diabetic cats narrowly averted death due to a hypoglycemic coma induced by inappropriate dosages of insulin dispensed by pharmacists.

Under Canada's Harmonized Drug Schedules Insulin is a Schedule II drug, which means for humans this drug can be dispensed by a pharmacist without a prescription from a licensed physician. Despite the fact that use of human insulin in veterinary patients is considered **off-label\***, pharmacists dispense insulin to pet owners without a prescription. They may do so for the life of the pet without having the diagnosis confirmed by a veterinarian (verbally or by prescription), or with no communication between the pharmacist and veterinarian regarding the management of the case. This practice is highly dangerous and is, I believe, contrary to Bylaw 13.1.6 of the Code of Ethics of Saskatchewan pharmacists which states: "A Pharmacist shall co-operate with other health care practitioners to ensure delivery of the highest level of pharmaceutical services to the public".

Not only are there crucial differences in dosing and insulin types used in the treatment of diabetic animals compared to humans, but there is also the potential for human misuse of this potentially lethal drug under such circumstances.

In the last year we have treated several cats in serious condition due to the inappropriate dispensing of insulin by pharmacists. One cat presented in a hypoglycemic coma after a pharmacist incorrectly dispensed undiluted insulin. The phar-

macist failed to read the label on the cat's previous insulin vial, which clearly stated the cat had been originally dispensed diluted insulin. With a final bill of over \$1000 for treatment, this costly mistake could easily have claimed the cat's life. Fortunately, in this case the cat's owner is a nurse and her fast action saved the life of her cat.

In another recent case, a diabetic cat had been chronically overdosed for over two years with 100 IU/ml insulin dispensed by a pharmacist.



The pharmacist had not consulted the veterinarian during the entire time. This cat was hypoglycemic, likely avoiding a coma due to the fact the owners constantly fed the cat.

Diluted insulin is routinely prescribed for small cats and dogs to facilitate more accurate dosing, but some diabetic pets also receive 40 IU/ml commercially available veterinary insulin. Interchanging strengths or types of insulin can have disastrous consequences and should not be done without the guidance of the attending veterinarian.

What is often forgotten by pharmacists is human diabetics can routinely monitor their own blood sugar levels and adjust their insulin dosage on a daily basis, while this type of monitoring is not practical or financially feasible for veterinary

patients. Thus It is even more important diabetic pets have regular contact with their veterinarian. Without the requirement of routine monitoring by a veterinarian, the incentive for some owners of diabetic pets to determine if they are inadvertently under or overdosing their pets with insulin is gone. Without a prescription, owners never have to worry about the supply of insulin for their pets and for some owners such access makes it far more likely mistakes will occur. The practice also discourages responsible and appropriate treatment of diabetes in the pet population.

Recent news about insulin being misused by elite athletes should provide an extra incentive for pharmacists to request timely prescriptions for this product. What is to stop a person claiming they have a diabetic pet from diverting insulin for non-medical purposes? If an annual prescription were required, mistakes such as described above might be avoided and health care of diabetic pets would be improved.

It is unreasonable to assume mistakes will never occur with drugs being dispensed, however the chance of mistakes is increased when pharmacists dispense drugs off-label for use in veterinary species. I think this policy should be re-evaluated.

Sincerely,  
*Elizabeth Snead, BSc, DVM,*  
*DACVIM (Internal Medicine)*  
*Assistant Professor, Dept. of*  
*Small Animal Clinical Sciences*  
**Western College of Veterinary**  
**Medicine, Saskatoon**

**\*"off label"** – this term is used when prescribing and/or dispensing a drug for a use or at a dosage level other than that what is listed on the manufacturers label.

## When the FAX Isn't Factual

[Extracted from "ISMP Canada Safety Bulletin", Volume 4, Issue 12, December 2004]

If you're using fax machines or scanners to communicate prescriptions or medical orders, it's critically important to create a system of regular equipment maintenance and platen (roller in a fax machine or glass surface of a scanner) cleaning to avoid medication errors. An order, originally mistaken as 250 mg of **FLAGYL** (metronidazole), was correctly interpreted as 500 mg once the original order was viewed. Since fax machines are connected to telephone lines, significant line "noise" can obliterate important information, such as portions of a drug name or even the dose. Transmissions via fax machines or proprietary image scanners can show streaks or fade-outs when dirt, dust, stuck paper, correction fluid, and even hole-punches interfere with the scanned image. One frequent problem occurs when unit coordinators affix small stickers to orders, such as a "sign here" arrow for prescribers, then forget to remove them when they scan or fax. The stickers can get caught in the machine, causing a black line across every order sent until it is cleared, or obscure information on scanned documents. A related problem: prescribers sometimes write on the very edge of the order form, making it impossible for fax machines and scanners to "read" the entire order. Thus, an order for "Lomotil QID PRN" may appear as "Lomotil QID" if the "PRN" is in the extreme right margin. In addition to ensuring regular maintenance, those who transmit orders need to be aware of the above stated conditions that could impede communication, and when recognized, correct them immediately.

## Non-Insured Health Benefits Program Audits

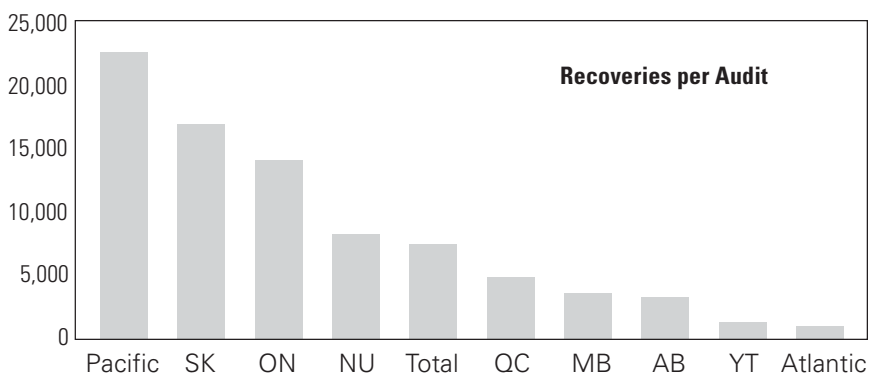
Excerpted from "Non-Insured Health Benefits Annual Report 2003/2004"

Region	Audits Completed On-Site	Audit Recoveries On-site	Recoveries per Audit	NDCV & CCP Savings	Total Recoveries & Savings	Number of Claim Lines Settled Drugs	Total Recoveries/Savings per Line
Total	64	488,335	7,630	353,965	842,300	11,177,953	0.0754
Saskatchewan	13	219,860	16,912	50,597	270,457	1,704,858	0.1586
Ontario	3	42,681	14,227	90,006	132,687	2,207,920	0.0601
Alberta	23	76,733	3,336	50,917	127,650	1,876,415	0.0680
Pacific	3	68,002	22,667	47,915	115,917	1,742,858	0.0665
Manitoba	6	21,804	3,634	62,207	84,011	1,784,360	0.0471
Quebec	5	25,005	5,001	16,957	41,962	1,054,485	0.0398
Nunavut	3	24,925	8,308	6,307	31,232	86,041	0.3630
Atlantic	4	4,255	1,064	15,674	19,929	511,171	0.0390
Yukon	4	5,070	1,268	4,748	9,818	77,879	0.1261

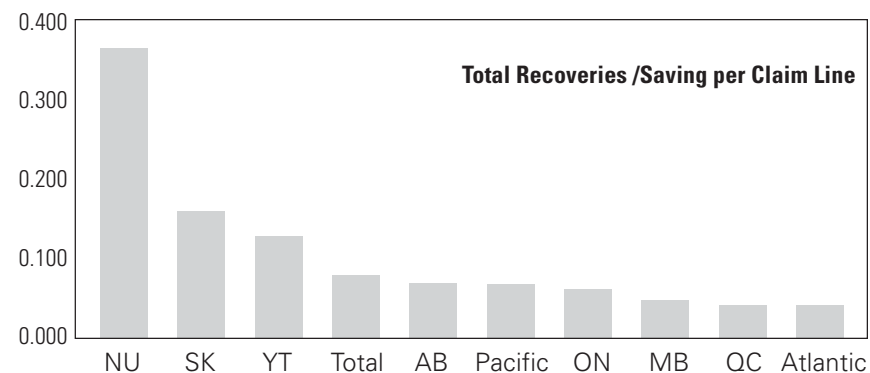
NDCV: Next Day Claims Verification Program

CCP: Client Confirmation Program

As the above table illustrates, for the 2003-04 fiscal year, Saskatchewan led the other regions in total recoveries and savings from the NIHB audit processes at \$270,457.



The above graph shows Saskatchewan as the second highest total recovery per completed audit, significantly above the total, or national average. Note that while the Pacific region is ranked the highest, this data is based upon three audits, compared with 13 in Saskatchewan.



In case volume might be a factor, Saskatchewan ranks second at \$0.159 in total recoveries and savings per settled claim line.

What does this data mean? We plan to explore answers with members, the RBSP and NIHB.



The College of Pharmacy and Nutrition offers undergraduate programs in Pharmacy and Nutrition/Dietetics and M.Sc. and Ph.D. programs in pharmacy and nutritional sciences. The following academic positions are available for the 2005-2006 academic year.

**Term Faculty Position in Pharmacy**

Applications are invited for a full-time, 10-month, term faculty position for the period August 1, 2005 to May 31, 2006. Responsibilities will include teaching and tutorials in the areas of osteoporosis, endocrinology and women's health and pharmaceutical care; coordination of a patient care course; and participation in professional skills laboratories. Applicants require an undergraduate degree in Pharmacy and preferably a graduate degree (Pharm.D., M.Sc., Ph.D.) OR have significant clinical experience in practice. Good communication skills are essential; previous teaching experience is an asset.

**Sessional Lecturer Positions in Pharmacy**

Applications are invited for sessional lecturer positions or shared positions in the therapeutic areas of neurology, psychiatry, palliative care and gastroenterology, and in the clinical application of biotechnology drugs. Applicants require an undergraduate degree in Pharmacy and preferably a graduate degree (Pharm.D., M.Sc., Ph.D.) OR have significant clinical experience in practice. Good communication skills are essential; previous teaching experience is an asset.

Applicants should submit a letter describing areas of expertise and interest, a resume with detailed information on relevant experience, and the names of three references, by **May 31, 2005** for the Term Faculty Position and by **July 15, 2005** for the Sessional Lecturer positions, to:

Dr. Yvonne Shevchuk  
 Head, Division of Pharmacy  
 College of Pharmacy and Nutrition  
 University of Saskatchewan  
 110 Science Place  
 Saskatoon, SK S7N 5C9  
 Telephone (306) 966-6345  
[www.usask.ca/pharmacy-nutrition/](http://www.usask.ca/pharmacy-nutrition/)

The University is committed to Employment Equity. Members of Designated Groups (women, aboriginal people, people with disabilities and visible minorities) are encouraged to self-identify on their applications.



**PHARMACY VOLUNTEERS NEEDED**

The Personnel Unit of the 2005 Canada Summer Games is looking for licensed Pharmacists and Pharmacy techs to volunteer their expertise and first class service August 6-20, 2005, in Regina, Saskatchewan.

The Personnel Unit is recruiting interested Pharmacists and Pharmacy Techs who are willing to give any time during the event. Volunteers can register online or by completing a hard copy registration form.

ONLINE APPLICATION –  
[www.2005jeuxducanaadagames.ca](http://www.2005jeuxducanaadagames.ca)

REQUEST APPLICATION FORM  
 CALL- 1-866-430-GAME (4263)

All applicants will be required to have a criminal record check completed. This will be done at no cost to the volunteer. A criminal record check consent form must be signed and the original sent to the games' office in order to complete the application process (faxes will not be accepted). This form is available online or can be requested from the office.

APPLICATION DEADLINE –  
 As soon as possible

If you are thinking about participating in this exciting opportunity, please don't hesitate to submit your application now. If you have any questions, contact the games office at the number above or contact Tom Chen at [tom.chen@sasktel.net](mailto:tom.chen@sasktel.net)



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

Meadow Lake, Estevan, Swift Current, Weyburn, Nipawin, Yorkton, Regina, Prince Albert, Melville

Full-time area relief positions based in Saskatoon, Regina

**Please contact:**

Maureen Neary – Western Canada  
 The Real Canadian Superstore #1577  
 5858 Signal Centre SW  
 Calgary, AB T3H 3P8  
 Phone: 403-249-5290  
 Cell: 403-249-4758  
 Fax: 403-461-7121  
 e-mail: [mkupser@westfair.ca](mailto:mkupser@westfair.ca)  
[www.drugstorepharmacy.ca](http://www.drugstorepharmacy.ca)

**Well-established pharmacy for sale**  
in thriving town in western Saskatchewan.

Owner retiring.

A chance to smell the roses!

For more information please call

Mike Grace at Kingsmere Capital  
(306) 244-2997 or [mgrace@sasktel.net](mailto:mgrace@sasktel.net)

**A PRESCRIPTION FOR A GREAT FUTURE**  
**A great future at the forefront of healthcare**

Join the preferred place to work  
for pharmacy professionals in Canada.

Zellers offers a dynamic and rewarding career with a progressive company whose Pharmacists work at the forefront of Canada's changing health care system. As a Zellers pharmacist, you'll do more than just fill prescriptions. You'll also serve as a health care advisor who gives patients guidance on medications, maintain their prescription profiles and help them make choices about their health.

We offer competitive wages and benefits, (including a shopping discount) as well as opportunities for career development.

Zellers has an Employment Equity Program and encourages applications from qualified candidates.

**Part-time positions available in Regina,  
Bay & Yorkton, Saskatchewan.**

Please forward your resumé in confidence to:  
Zellers Head Office

Attn: National Recruitment Manager, Pharmacy  
8925 Torbram Road, Brampton, Ontario L6T 4G1  
Phone: (905) 792-5773 • Fax: (905) 792-6310  
Email: [catherine.williams@hbc.com](mailto:catherine.williams@hbc.com)



**STORE FOR SALE**

Modern Pharmacy located in a  
progressive south Saskatchewan town.

- Dispensary open 5 days per week
- Front store open 6 days per week
- Picturesque, abundantly treed town with all recreational, educational and other amenities available
- Two doctors, 50-bed nursing home
- New health center in planning stages – optometrist, public health nurse, modern ambulance and EMT staff
- Located 50 miles from USA border, has a unique and advantageous business positioning.

**This business is for sale as a package or will consider leasing building and equipment. Owner is willing to provide relief pharmacist service and transition help, if so desired. Owner wishes to retire.**

**Contact Ron Zimmer**

Radville Pharmacy  
Box 702, Radville, SK S0C 2G0  
Phone: 306-869-3183 Fax: 306-869-3258  
e-mail: [Philonfarm@hotmail.com](mailto:Philonfarm@hotmail.com)

**VISIT OUR WEBSITE: <http://Radville.ca>**

Complete Radville Pharmacy and town of Radville  
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Advertise your  
professional opportunity here!

Rate for ad space is \$125  
per business card size block.

Call Pat at 306-584-2292  
for further information or to place an ad.

**Life Long Learning in Pharmacy – 6th International Conference**  
**June 26-29, 2005, Saskatoon**

**Practice, Academia and Industry –**  
**Building Bridges through Continuous Professional Development**

The 6<sup>th</sup> International – and the first time hosted in Canada! The College of Pharmacy and Nutrition, University of Saskatchewan will host the Conference at the U of S Campus, with the Canadian Council on Continuing Education in Pharmacy (CCCEP) and the Association of Faculties of Pharmacy of Canada (AFPC) as co-hosts.

The LLLP Conference provides an unparalleled opportunity to explore advancing pharmacy practice through continuous professional development. The Conference will be of interest to all those involved in CE/CPD including: pharmacists, developers, sponsors, faculty, regulators, government, professional associations, pharmaceutical industry, communication companies, and allied organizations and health care providers from around the world.

Program and registration details are available at [www.lllp.usask.ca](http://www.lllp.usask.ca)

Plan to attend – participate in this unique international learning opportunity as we welcome the world to Saskatoon!

### Triazolam

From the product monograph: Triazolam is a benzodiazepine hypnotic with a very short half-life (about three hours). It is indicated for short-term treatment and symptomatic relief of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings and/or early morning awakenings. Treatment with triazolam should usually not exceed 7 to 10 consecutive days. Use for more than two to three consecutive weeks requires complete re-evaluation of the patient.

The following is excerpted from the SCP policy statement which is available in the Pharmacy Reference Manual (hard copy in each pharmacy), and also available on-line at the NAPRA website [www.napra.ca](http://www.napra.ca).

Triazolam is indicated only for the treatment of transient and short-term insomnia in patients who have difficulty falling asleep. It is not recommended for early morning awakenings. Duration of dosage should **NOT** exceed 14 consecutive days.

Consult with the prescriber when new prescriptions for quantities greater than a 14-day supply, or for daily dosages greater than 0.25 mg, are received, in order to ascertain the prescriber's rationale, and exercise appropriate judgment.

Drug dependence experts recognize that withdrawal from benzodiazepines is difficult and potentially dangerous. Expert help may be required, and the continued use of triazolam may be necessary until the patient can be evaluated. **For some patients, particularly geriatrics, withdrawal may not be practical.** Where indicated, it is recommended that discontinuation be undertaken gradually over a period of 6 to 12 weeks.

### NOTICE: Status of Ketamine Under CDSA

On February 7, 2004, Health Canada published a Notice to Interested Parties in Canada Gazette, Part I, with respect to a proposal to control ketamine under the Controlled Drugs and Substances Act (CDSA) and its Regulations.

Ketamine is a non-barbiturate anaesthetic approved for use in both humans and animals. It has been listed in Schedule F of the Food and Drug Regulations (FDR) since at least 1995. Ketamine has become popular as a "party or club" drug due to its dissociative effects; it creates the illusion of an "out of body experience". Ketamine is also used as a "date rape" drug.

Further research and analysis of the options for scheduling under the CDSA concluded that ketamine is an analogue of phencyclidine (PCP), and is, therefore, captured as item 14 in Schedule I of the CDSA and item 14 in the Narcotic Control Regulations (NCR) which states:

"Phencyclidine (1—(1—phenylcyclohexyl)piperidine), its salts, derivatives and analogues and salts of derivatives and analogues"

This notice is to inform you that because ketamine is captured under Schedule I of the CDSA, all offences and penalties associated with this schedule are now applicable to ketamine. These offences include possession, trafficking, possession for the purpose of trafficking, importation, exportation, possession for the purpose of exportation, and production.

All practitioners, pharmacists and hospitals must now comply with the NCR with respect to any products containing ketamine. The impact of this determination is expected to be minimal as most practitioners, pharmacists, and hospitals already use and distribute drugs listed in the schedule to the NCR and therefore have the required security measures in place, as well as experience with the various record keeping requirements. These same measures

will now have to be applied to ketamine effective immediately. It should be noted that verbal prescriptions on orders for ketamine are no longer permitted as a result of this determination.

Health Canada will take action to remove ketamine from Schedule F of the FDR and explicitly list it in Schedule I to the CDSA and the Schedule to the NCR within the next months to avoid further confusion with respect to the regulatory status of this substance. Notification of this amendment will be published in Canada Gazette, Part II.

Similar notices are being sent to manufactures and distributors involved in the distribution of ketamine. All parties will be expected to come into full compliance with these new requirements by August 31, 2005.

### Improving Drug Management for Seniors in Long-Term Care

The College is supporting a major quality improvement initiative lead by the Health Quality Council.

The Council has announced plans to support selected demonstration sites across the province as they work to improve the quality of drug management in long-term care (LTC) facilities. In mid-May, all LTC facilities in the province were sent an application package and invited to participate in this exciting initiative. The demonstration sites will be up and running in September 2005.

Seniors have complex drug needs and their medication management can be challenging. There is good evidence reported in the scientific literature about the benefits of interdisciplinary teams in long-term care settings. The demonstration sites will use an interdisciplinary team approach, with an enhanced role for pharmacists on care teams.

The project is a result of the Quality Council's December 2004 report, *Improving the Quality of Drug Management for Saskatchewan Seniors in Long-Term Care*. Their study showed that 28 per cent

of seniors living in long-term care in Saskatchewan regularly received one or more high-risk, potentially avoidable medications, as defined by the Beers criteria. The Beers criteria is a list developed by international experts to identify drugs that could cause serious adverse side effects in the elderly and could potentially be avoided through substitution with other medications.

## **A Decade of Achievement – NAPRA Celebrates its 10-year Anniversary**

[From NAPRA website – News/Events/Announcements]

That National Association of Pharmacy Regulatory Authorities (NAPRA) is proud to announce that February 2005 marked its 10<sup>th</sup> anniversary.

In 1995, Canada's provincial and territorial pharmacy regulatory bodies founded NAPRA to enable members to take a national approach in addressing common pharmacy regulatory issues. Over the past decade, NAPRA has established itself as the formal recognized Canadian voice for pharmacy regulators, facilitating consistent input to Health Canada and other

organizations on public protection issues related to pharmacy. The organization boasts a number of significant achievements including:

- The development of a national drug scheduling process and harmonized schedules regarding the conditions of sale for non-prescription drugs.
- The establishment of national competencies for entry-level pharmacists, which have been integrated into the licensing standards, as well as pharmacy educational programs curricula and related accreditation standards.
- The implementation of a Mutual Recognition Agreement (MRA) that facilitates the movement of pharmacists across provincial borders.
- The development of 'Model Standards of Practice for Canadian Pharmacists' (April 2003), providing a framework and practical guidance for pharmacy practi-

tioners to demonstrate compliance with professional standards of practice. NAPRA continues its commitment to superior pharmacy practice and the health of Canadians through the ongoing development of competencies reflected in the model Standards of Practice.

- The initiation of a collaborative relationship with international colleagues, such as the National Association of Boards of Pharmacy in the United States.

NAPRA has built a strong foundation during its first decade of existence, under the leadership of founding Executive Director Barbara Wells. The organization remains committed to its values as the Board of Directors and new Executive Director, Ken Potvin, look forward to further strengthening the role of NAPRA as the national voice for Canadian pharmacy regulators both domestically and internationally.

## **Staff Update**

We welcome back Andrea Brockmeyer who has been on maternity leave. Unfortunately, Andrea will not be returning to our staff in the capacity of full-time Receptionist/Accounting Clerk. She has decided to continue her education and cannot return to a full-time position. She is, however, returning part-time as Licensing Assistant for the months of May, June and July to assist with the membership renewal workload.

We also welcome Paulette Francis as her replacement in the Receptionist/Accounting Clerk position. Paulette has been with us since Andrea began her leave.

## Diamond Jubilee Scholarship Fund

Each year at the convocation luncheon hosted by the Saskatchewan College of Pharmacists, awards are presented to the Most Distinguished Graduate – the Robert Martin Prize and Gold Medal, and to the Second Most Distinguished Graduate – the Campbell Prize.

The awards are funded by the Diamond Jubilee Scholarship Fund, which was originally established to pay scholarship and bursaries to qualified students at the College of Pharmacy at the U of S.

Over the past few years, unfortunately, the rates of return on this Fund have not kept pace with the cost of providing these prizes. As a result, we have found ourselves in the position of utilizing the principal to meet our commitments to the award winners. Should present circumstances continue, the Fund will soon be depleted.

The Fund is in need of donations

in order to continue to recognize the best and brightest this province has developed. As the Diamond Jubilee Scholarship Fund is registered as a Charitable Foundation with Canada Revenue Agency, receipts will be issued for all contributions.

Since inception, the fund has received donations from a variety of sources:

- a share of conference host committee profits
- special fundraising events at meetings, conferences, educational events
- contributions from individual pharmacists and pharmacies
- estate bequests
- past award winners
- in memoriam of deceased members
- allocation of honoraria from special projects
- corporations

Donations can be sent to the SCP office and are welcome any time.