



## Malpractice Insurance by John Lothman

The proposed Saskatchewan College of Pharmacists (SCP) Bylaw 4.4.4, Requirements for Malpractice Coverage Amendment allows for either an (A) Occurrence or (B) Claims Made Insurance Plan providing the "Plan" meets the Bylaw's specifications. Everyone now has a choice as to the type of coverage they wish to purchase.

### The Occurrence Plan

The "Occurrence" plan is presently issued as an Association Group Plan. This means the Insurance Carrier does not issue individual policies (only individual certificates) and the premium charged is based on the long time loss experience of the Association.

### The Claims Made Plan

The "Claims Made" plan is available either as a group or on an individual basis. When issued as a Group Plan the premium cost will be determined by the size of the group, limit of coverage, deductible if any, loss experience and "tail extension period" provided.

As an "individual policy" the premium is determined by the limit of coverage, deductible requested, loss experience of the individual and again, the tail extension period provided.

Individual policies are substantially costlier than group plans and also include a mandatory deductible whereas the group plan can be written with lower deductibles, depending on the size of the group.

### Group Programs

Where group plans are issued, certificates can only be obtained by applicants who are actually mem-

bers of the group or association holding the sponsorship of the program. In the case of some groups, the applicant has to be a member of the member association. Without a membership connection, no individual can purchase the group plan coverage.

Group plans are normally issued to not-for-profit Associations who wish to provide the insurance coverage as a member benefit and encourage membership in their Association. The premium saved in many cases covers the cost of the Association membership.

### Occurrence vs. Claims Made

Both plans will provide protection for an individual while performing the duties of their occupation. As long as you are actively working, both provide coverage for events that take place. There are differences in how these coverages apply, which you should be aware of.

If you are insured under an **Occurrence plan** and your policy changes from one carrier to another, you will have to know which carrier provided your coverage, should a claim be made against you. The reason for this is that the policy only covers losses that occur during the policy term or terms. Accurate records must be kept so a claim can be reported to the proper insurance carrier. Your policy however, **will provide coverage no matter when the claim is made**, even years later, regardless if you are still practising or not.

Should you **move from an Occurrence plan to a Claims Made plan** you will not have to be

concerned about losses reported while you are still practising. The Claims Made plan will cover for all acts occurring "after the start date" of your claims made program, and your previous Occurrence policy will cover you for all losses reported that occurred prior to the beginning of your Claims Made plan.

If however, you **move from a Claims Made program to an Occurrence program**, you will have to be more concerned about future protection. With a **Claims Made plan all coverage ceases** on the termination of the plan unless the plan has an "Extension of Coverage Endorsement" which provides for coverage after the cancellation date. Many policies allow for a one, two or three-year "prior acts" extension. Some Group Plans provide either a three-year period or a complete extension when the individual retires from his/her practice. (Retirement means complete withdrawal from your occupation).

These extension endorsements under a Group Program are only good, providing the Group Plan carrier does not change the wording or the Group is not cancelled. Should you be required to change your

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## SCP Council 2004-05

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(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

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## Council Highlights – February 10, 2005

Council addressed a full agenda at their meeting February 10, 2005, at the SCP Boardroom.

To improve its **linkage** with its ownership, Council has developed a list of organizations and affiliations to meet with to ensure that the public's needs are considered when determining the College's governance policies. Three such groups attended the meeting to discuss issues and initiatives of mutual interest.

An invitation was extended to the Executive Director of the **Planned Parenthood Regina Sexual Health Centre** to meet with Council for an exchange of information and understanding of each organization's roles and responsibilities. Details on page 4.

Three members of the 4<sup>th</sup> year pharmacy class at the College of Pharmacy and Nutrition, Diana Callfas, Lianne Mackie and Heather Ganes joined Council for lunch after which they gave an encore presentation on **Crystal Methamphetamine: A Pharmacist's Perspective** that they had originally presented at a conference in Prince Albert in November. Just the previous day, the government released, "A Strategic Plan for Crystal Meth and Other Amphetamines in Saskatchewan". A copy of this document can be accessed on the Government of Saskatchewan news release website at [www.gov.sk.ca/newsrel/releases/2005/02/09-078.html](http://www.gov.sk.ca/newsrel/releases/2005/02/09-078.html)

The students' 45 minute presentation began with a historical view of "What is Meth?"; pharmacology and pharmacokinetics of the drug; routes of administration; short term effects; complications of chronic methamphetamine use; treatment of meth dependence; production techniques and information about meth labs and what to watch for.

Through the Internet one can access huge numbers of resources regarding the synthesis of crystal meth. The students were able to purchase on-line via Amazon.com a paperback text outlining the recipes for making crystal meth; where to

purchase supplies and even what to do should the authorities catch up with you. The ease with which this information is transferred and the accessibility of the precursors is startling.

Two of the students have just completed an SPEP rotation in Prince Albert that included developing a school-based educational program. We are anxiously awaiting the evaluation component of the project. Council would like to thank the students for their efforts to educate and inform the public of this growing crisis.

A new group, the Meth Watch Coalition, modeled after a successful program of the same name in Kansas, originated in Vancouver, British Columbia. Representatives recently conducted meetings in Saskatchewan with members of both the government and the opposition. The Coalition is a group representing retailers and manufacturers of self-care health products (i.e. NDMAC, CACDS and the Retail Council of Canada with observers; the RCMP and Health Canada) interested in preventing the diversion of common products for use in the production of crystal meth. The Coalition has accepted Council's request to be involved in an advisory capacity allowing us to access their information and resources.

Guy Nobert, Chair, and Rod Amaya, Past-Chair of RBSP, met with Council to present the Board's position regarding malpractice insurance as a requirement for relicensure. The Board strongly recommended that Council not amend the current bylaw as they believe that "occurrence" based malpractice insurance is a superior product. Council weighed the information received regarding the accessibility of malpractice insurance that would meet the needs of the public and the membership and decided to amend the current bylaw. Please see article, "Malpractice Insurance" on page one of this publication.

The SCP is collaborating with the Health Quality Council (HQC) to

address issues outlined in their document, "Improving the Quality of Drug Management for Seniors in Long Term Care". As a first step we have established a new Task Force to review the current "Standards of Practice for Pharmacists Providing Service to Long-Term Care Residents" that will reflect the new Model Standards of Practice for Canadian Pharmacists and the document released by the HQC. We will be updating the membership as this and other initiatives are developed.

Policy E-6 states, in part: "The End, "public policy supporting health" is further interpreted to include, but not limited to: 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)." Council considered whether we change our position of consultation and collaboration with others, to independently proceeding with a regulatory initiative to address the issue of tobacco being sold on premises where a pharmacy is located. This issue was assigned a higher priority than in the past and Council has asked the Registrar to develop options for this change in direction.

The Councillor for Division #4, Coralie Sorochuk, resigned her Council seat as she has relocated out of province. On your behalf, we thank Coralie for her service to the profession and public of Saskatchewan.

This created a vacancy for Division #4. Under the bylaws there is no opportunity for a by-election, but Council may appoint an eligible member from the electoral division, or from the membership at large if this fails, to fill the vacancy for the balance of the term. The term expires June 30, 2006.

Notice to eligible members in the division was issued inviting members to volunteer to complete the term. Council welcomes Mr. Bev Allen who will fill the vacancy for the balance of the term.

Council approved the budget for the 2005-2006 membership year, as proposed by the Finance Committee. Please see budget summary on page 5 of this publication.

## Malpractice Insurance

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insurance carrier for any reason, make sure your replacement coverage provides:

- Retroactive start date**, back to the start date of the first "claims made" policy.
- Replacement plan** provides for a minimum two-year "Tail Agreement Endorsement" to meet SCP requirements.
- Policy provides** the minimum deductible, or lower, as outlined in the SCP Bylaw.

The **Occurrence plan**, provided by RBSP meets all of the requirements of the new Bylaw. This Plan is also sold in two additional provinces, New Brunswick and British Columbia. Transfer between these provinces provides continuous coverage, should any member transfer either way.

The **Claims Made** program, for example, being offered currently through Canadian Pharmacists Benefits Association will meet the requirements of the new SCP Bylaw, providing the individual does not cancel their certificate other than for complete retirement.

Should anyone cancel the CPBA Group Plan, which is currently being issued in Manitoba or Alberta, they will have to purchase "**prior acts**

**coverage"** when applying for coverage in either Saskatchewan or British Columbia. The reason for this is that if they **continue to practise** in these provinces, their new Occurrence Plan will only cover losses commencing **on or after start** date of their Saskatchewan/British Columbia licence.

**Prior acts** coverage means those acts that would have occurred during the policy period and reported after cancellation of the Claims Made policy.

The alternative, of course, is for the individual to assume the risk for Prior Acts losses and accept coverage effective with the start of their new policy in either Saskatchewan or British Columbia.

This same rule applies to any pharmacist covered under any other Claims Made program from any jurisdiction that applies for a new Saskatchewan licence.

Here is a brief outline of some "pros" and "cons" of either program:

OCURRENCE	CLAIMS MADE
Protection for all claims filed against you for covered incidents regardless of when the claims are filed, as long as the <b>policy was in force at the time of the incident.</b>	Covers losses reported during the policy term commencing with Retroactive Start Date. <b>Policy must be in effect at the time the loss is reported.</b>
Covers losses reported after expiration or cancellation as long as loss occurred during a policy term. No time limitation.	Covers losses reported after termination for period defined under "Reporting Extension" back to Retroactive Start Date of policy. Time limitation depending on reporting extension purchased.
Policy covers limit of liability <b>plus</b> all expenses.	Policy limit <b>includes</b> all expenses.
Deductible (if any) applies to damages awarded, <b>not</b> expenses.	Deductible (if any) applies to <b>both</b> damages and expenses.
Deductible, if any, <b>does not apply</b> if damages not awarded or paid.	Deductible (if any) <b>applies in all situations</b> including expenses, even if damages are not awarded.
Responds to lawsuits brought <b>in either</b> Canada <b>or</b> USA.	Responds to claims <b>first brought</b> in Canada.

## Planned Parenthood Regina Sexual Health Centre and the Pharmacist

Ms. Barbara McWatters, Executive Director of Planned Parenthood Regina Sexual Health Centre, met with Council to share information about the organization and to become more familiar with opportunities to work with the profession. Through the sharing of information Council understood better the mandate of this organization and how we can work together to enhance services for their clients. We discussed the following:

- the mission and goals, as well as a description of programs of Planned Parenthood Regina Sexual Health Centre;
- a discussion of the role of the pharmacist in family planning, including prescriptive authority for emergency contraception;
- exploration of goals in common and ways in which we can collaborate to achieve those goals;
- discussion of relevant issues, such as emergency contraception (i.e. Plan B) becoming available without a prescription;
- information about similar organizations and their relationship with Planned Parenthood Regina Sexual Health Centre;
- opportunities to connect or collaborate with these other organizations (i.e. women's health, high schools).

The discussion began with some background on the organization that was originally implemented as a pilot program for youth. It was apparent that the youth were unclear as to their rights to services and had little or no knowledge of the use of medicines. Many of the clients did not have a family physician and did not know how to access medical services. Each Planned Parenthood Centre across the country offers different services, therefore Ms. McWatters could only speak to the services provided at the Regina Centre.

The majority of the Centre's clients have already put themselves at risk (i.e. STD's, pregnancy) by the time they approach the Centre. Saskatchewan has the distinction of

having the highest rate of STD in young women in Canada. For their programming, the definition of youth is 12-25 years of age, but no one is turned away.

The Centre does not want to be the sole provider of sexual health services; their goal is that everyone establishes a traditional relationship with health care providers; however, they are here to catch people who do not use the traditional path.

The nurses who work at the Regina Centre work with transfer of medical function. When needed, the Centre provides short term supplies of contraception at cost. Clients are strongly encouraged to connect with a family physician and get back into the mainstream community. The Centre opposes sampling. They are also encouraged to seek support from both family and friends. Informed consent is required – the individual must request the service personally.

Currently, client information is not captured by the Drug Plan database, but is submitted to Saskatchewan Health. Cost remains a barrier to accessing service from community pharmacies. Should a client request a prescription receipt, they are directed to a community pharmacy as they are not connected to the provincial drug plan system.

The Centre believes that they are not competing with community pharmacies, as without this cost recovery basis the majority of their clients would not purchase contraceptives anywhere.

In addition to contraception and disease testing programs, the Centre also conducts a "Young Women's Wellness" program in three community schools for grade 6 – 8 students. The focus of the program is to build positive self-esteem and body image, and prevent bullying with the goal being to delay sexual activity. Their experiences indicate that by 10 years of age, some of these students are sexually active. YEAH (Youth Educating

About Health) is a program that discusses the affects of alcohol and/or drugs on decision making, and how poor decisions can have long lasting repercussions such as AIDS and Hepatitis C.

The Planned Parenthood Regina Sexual Health Centre is partnered with the University of Regina on research of women's experience with Depo-Provera.

The Centre sees 1,000 clients through their doors every month. The average age of initial intercourse is 15 years. The nursing staff conduct strict screening which involves a thorough medical history and history of drug usage. They utilize the Saskatchewan Drug Information Service when they have questions. The Centre's staff sees the emergence of EPC-dispensing pharmacists as a wonderful resource they support.



### What can pharmacists do?

- Realize that it is difficult for a young person to stand at the dispensary counter and ask for assistance especially in pharmacies that offer limited privacy.
- Many young people do not consider birth control pills a "drug", so when asked if they are taking any drugs or medication will often respond "no". Better to ask directly, "are you on oral contraceptives?"
- Counsel young women who are receiving an antibiotic.
- Unfortunately the Centre has clients who have not been treated well at pharmacies. Example: when a client asked for EPC, the response was, "We don't do

abortions here!" Such experiences may be so intimidating that the individual won't have the courage to attend another pharmacy. A request for assistance or information is not the time to voice personal viewpoints regarding sexual activity, but can be an opportunity for meaningful discussions about sexual health and protection.

If the pharmacist does not feel comfortable with providing the service requested, we remind members of their responsibilities as outlined in the document, "Statement Regarding Pharmacists' Refusal to Provide Products or Services for Moral or Religious Reasons" which can be found in the Pharmacy Reference Manual.

- Often physicians do not have time to thoroughly explain new medications to patients and gentle reminders from the pharmacist would be appreciated.
- There are instances where people have been asked to show ID, for example, when purchasing condoms. This is an intimidation tactic, which often causes the individual to leave and potentially not go elsewhere to make the purchase. If the Centre is informed that a client(s) has been treated badly at a pharmacy, they no longer recommend that pharmacy to clients. In this population group communication is key – not only will the youth not return to such a pharmacy, the news travels quickly throughout the group.

Based on the discussion, the SCP office will work with Ms. McWatters' office to design a small window sign, for example "It's Okay to Ask" that may be displayed in the window of those pharmacies offering emergency post-coital contraception. The Planned Parenthood Regina Sexual Health Centre would inform clients of the existence of such cards, which would be a simple way to identify pharmacies that welcome young people into their practice.

## Fee Schedule – 2005-2006

On February 10, 2005, Council approved the fee schedule for the upcoming membership year as follows:

<b>Membership and Licence Fee Schedule</b>	<b>2005-06</b>	<b>2004-05</b>	<b>% Change</b>
<b>Membership Fees</b>			
Practising	\$595.00*	\$575.00*	3.48%
Non Practising	\$485.00	\$470.00	3.19%
Associate	\$125.00	\$120.00	4.17%
Retired	\$65.00	\$65.00	0.00%
<b>Permit Fee Schedule</b>			
Pharmacy Permit (Traditional)	\$920.00	\$890.00	3.37%
Pharmacy Permit (International Prescription Service Operations)	\$13,000.00	\$12565.00	3.46%
Satellite Pharmacy	\$460.00	\$445.00	3.37%
<b>Fees – Registration and Other</b>			
Registration (U of S Intern)	\$240.00	\$230.00	4.35%
Out of Province Registration	\$650.00	\$625.00	4.00%
Dispensing Physicians	\$750.00	\$725.00	3.45%
Locum Tenens	\$240.00	\$230.00	4.35%
Intern	\$95.00	\$90.00	5.56%
<b>Appraisal Training</b>			
Application Fee	\$190.00	\$180.00	5.56%
Assessment Fee	\$620.00	\$600.00	3.33%
Reinstatement	\$240.00	\$230.00	4.35%
Jurisprudence Exam	\$240.00	\$230.00	4.35%
Lock and Leave	\$385.00	\$370.00	4.05%
Permit Amendment	\$220.00	\$210.00	4.76%
Late Payment	\$175.00	\$165.00	6.06%

Eligibility for relicensure in the 2005-2006 membership year includes completing the "Professional Development Log" with a minimum 15 CEUs, and submitting it with the renewal forms. As well, all malpractice insurance requirements must be met (please see detailed information regarding changes to the malpractice insurance requirement) and application forms, fees, and any arrears must be received in the office on or before June 1, 2005. A late payment penalty will be assessed for requirements received after June 1.

Please do not fax or return your completed application for renewal unless the form is complete. Date of approval is assigned only when a completed, signed application form accompanied by the required fees, malpractice insurance and professional development requirements are received.

*\*Practising Membership does not include Malpractice Liability Insurance*

## CSHP Recognition

At recent CSHP events, two SCP members were recognized for their achievements. During the CSHP Professional Practice Conference, Dr. Shannan Neubauer was made a Fellow of CSHP in recognition of her many strengths and accomplishments in practice. In October 2004 at the CSHP (Sask Branch) Annual Meeting, Dr. Yvonne Shevchuk was presented with the J.L. Summers Achievement Award for her contributions to practice.

Please join us in congratulating Shannan and Yvonne on these achievements, which recognize their qualities in providing excellent patient care and leadership in the profession of pharmacy.

## “From the Desk of the Dean”



Dr. Linda Suveges  
College of Pharmacy and Nutrition

In this issue, I am pleased to bring you an update on exciting developments occurring with respect to the College's **Research Plan**. Dr. Marianna Foldvari took on the new portfolio of Associate Dean of Research and Graduate Affairs in July 2004, and is spearheading our efforts. She is supported in this regard by a new staff member, Barbara Juurlink, who has joined the College as Research Officer, as well as by other staff and faculty.

College faculty continue to achieve success in securing research funding. Our junior faculty members have attracted support from the Canada Foundation for Innovation (CFI) to obtain major research equipment. It is most noteworthy that faculty (Drs. Jane Alcorn, Brian Bandy, Jian Yang, Roy Dobson, Carol Henry, Marianna Foldvari, Adil Nazarali, Phyllis Paterson, Jeff Taylor, Susan Whiting and Gord Zello) are supported by grants from all three of the national Tri-Council research agencies – CIHR and the CIHR-Regional Partnership Program, NSERC and SHRC. We are pleased to report on the most recent grants received

in the Canadian Institutes of Health Research competition. Dr. David Blackburn is Principal Investigator, with collaborators Dr. Roy Dobson from the College, and Drs. Muhammad Marndani, Mary Rose Stang and Tom Wilson, for a study on atenolol and mortality in congestive heart failure. Dr. Jonathan Dimmock, Professor Emeritus, has been awarded a five-year grant to continue his work on “Mannich bases and related compounds: A quest for candidate drugs possessing selective toxicity for malignant cells and immunosuppressant properties”.

Faculty are also in the process of selecting the 2005 summer research students. There is very good interest from our students to work with faculty supervisors on areas ranging from novel gene delivery systems to treat scleroderma, to standards of practice for patient counselling, to the effects of flaxseed lignans on serum and hepatic cholesterol levels.

Two new research groups have been established in the College, whose members include Pharmacy and Nutrition faculty researchers as well as colleagues from related disciplines. The **Pharmaceutical Research Group** will focus on various aspects of pharmaceutical development, including research on bioactives in defined therapeutic areas, rational drug design, medi-

cal chemistry, drug and vaccine delivery systems development, molecular pharmaceutics, pharmacokinetics and pharmacodynamics, drug metabolism, pharmaceutical analysis and the development of animal disease models. The **Primary Care/Public Health Research Group** will draw on the expertise of Pharmacy and Nutrition faculty, as well as collaborations with other colleges, health professionals and the community. This group will enable us to pursue research initiatives on this important health care delivery model. A number of College faculty are also involved in other biomedical groups on campus, as primary or affiliated members. These include Neural Systems and Plasticity, Aging, Obesity and Cardiovascular research groups.

A Core Equipment Facility and a Common Tissue Culture Facility have been set up in the College to enhance and increase efficiencies with respect to research equipment and techniques. Individual researchers are encouraged to consider new equipment in their grant applications to be housed in the Core Equipment Facility and multi-user equipment grants will be planned for this new facility in the future.

We welcome any questions and comments that you have regarding this key aspect of the College's mission.

## Drug Therapy Decision Making Conference

The First Annual Peter and Anna Zbeetnoff Memorial Drug Therapy Decision Making Conference, presented by the Division of Continuing Professional Learning at the University of Saskatchewan, will take place Friday and Saturday, **March 26 and 27, 2005**, at the Quality Hotel in Saskatoon.

This conference is funded by the “Peter and Ana Zbeetnoff Memorial Fund” established by Dr. Peter Zbeetnoff with the Royal University Hospital Foundation in 1999 to support a Drug Therapy Decision Making Conference that would provide a

meaningful educational experience for physicians and pharmacists. An evidence-based perspective on therapeutic initiatives for the benefit of the patient will be presented. The conference does not receive any industry support.

The format consists of short, concise plenary sessions on common therapeutic problems encountered by family physicians and pharmacists. “Practical pearls” will be provided by the speakers for participants to take back to their practices.

This program has been approved by Continuing Professional Develop-



ment for Pharmacists (CPDP) for a total of **9.5 Continuing Education Units (CEUs)**.

More information is available by contacting: Division of Continuing Professional Learning, University of Saskatchewan. Tel: 306-966-7795.

## Methamphetamine Use in Saskatchewan

A message from Sgt. Jerome Engele and S/Sgt. D.B. Ritchie of the Saskatoon Integrated Drug Unit:

As you know, methamphetamine use has increased substantially in our province over the past few years.

The behaviour patterns common to methamphetamine users have been noted. This group often engages in a behaviour known as 'dumpster diving', which literally means that they often pick through garbage dumpsters collecting various items.

Recently in a search of a methamphetamine user's residence, we located a bag of used blood vials and test tubes, both urine samples and blood samples. Iodine crystals were also found with these laboratory items. Iodine crystals are used in one of the many methods of making methamphetamine. The suspect had stated that the glass test tubes were washed out and then turned into methamphetamine

pipes, which are used when smoking methamphetamine.

We believe that these individuals may be targeting dumpsters located at medical and veterinarian facilities, including offices and laboratories. The items that they would be interested in include glass test tubes, laboratory glassware, heating mantles as well as any precursor chemicals and any drugs that would contain ephedrine or pseudoephedrine. Ephedrine is the one precursor that is an absolute necessity in every method of manufacturing methamphetamine. The usual method of obtaining ephedrine/pseudoephedrine is by extracting it from cold medications. Veterinarian decongestant preparations also contain ephedrine in both injectable and powder forms. The powder form for veterinarian use contains 20 grams of ephedrine in 454 grams of powder. When using the Red Phosphorous or Nazi/Birch method of manufacturing methamphetamine,

20 grams of ephedrine would yield approximately 11 grams of methamphetamine which equals 1100 points (1/10 grams), which has a street value of 10 to 20 dollars a point. The street value of this amount of methamphetamine would then be \$11,000.00 to \$22,000.00.

We would welcome any information regarding large and or suspicious purchases of these drugs.

Prevention methods for disposed items may include locking the disposal bin and rendering all laboratory equipment unusable by breaking any glass flasks or beakers. An alternative method of disposal of these items may be an option.

We are asking that any observations, concerns or questions be directed to Cst. Joceline Schriemer of the Saskatoon Integrated Drug Section (SIDU) at 975-2424 or [joceline.schriemer@police.saskatoon.sk.ca](mailto:joceline.schriemer@police.saskatoon.sk.ca)



## Exempted Codeine Preparations

There seems to be some misunderstanding regarding the sale of exempted codeine products in Saskatchewan.

*Bylaw 14.2.6 No pharmacist shall sell a prohibited drug, nor permit or allow the storage of a prohibited drug in a pharmacy under his management.....*

*Bylaw 14.2.7 When a person wishes to purchase an Exempted Codeine Product, only a pharmacist, or an intern under the immediate supervision of a pharmacist, may sell the Exempted Codeine Products. The pharmacist or intern must document the sale on the patient profile. Except for quantities stated otherwise and pursuant to that authorized by a prescription, the pharmacist, or intern under the immediate supervision of a pharmacist, may sell only one (1) consumer package of the Exempted Codeine Product per occasion.*

Members of the public have raised concerns that pharmacists

are refusing sale of these products because the individual has purchased a package within the last 30 days, without determining or even inquiring as to the purpose of the request.

The bylaws:

- limit the package size per purchase, unless prescribed
- limit one package size per purchase, unless prescribed
- do NOT limit the number of purchases in any 30 day period

The Narcotic Control Regulations place the onus on the pharmacist to sell these products only for a bona fide medical or dental reason.

*36. (2) No pharmacist shall supply a preparation referred to in subsection (1) where there are reasonable grounds for believing that the preparation will be used by a person for other than recognized medical or dental purposes.*

Thus the onus is on the pharmacist to refuse the sale if there are reasonable grounds to believe the

product will be used for other purposes.

Our guidelines **recommend** that the pharmacist obtain disclosure of purchases within the past 30 day period. This is **not** intended to limit the sale to one package every 30 days, but is intended to assist the pharmacist with exercising judgment.

Individual pharmacy or pharmacist policy may limit sales to one package every 30 days to prevent uses for other than medical or dental purpose. Such policy should allow for purchases of more than one package per 30 days when legitimately needed by the patient. Under these circumstances the patient may purchase the needed supplies without prescription, and the patient does not need to be referred to their physician for a prescription.

## Research Notes from the Pharmacy *EduLab* Program

Did you know that the College of Pharmacy and Nutrition has a research initiative called the Pharmacy *EduLab* Program dedicated to studying the interactive process between pharmacists, patients, and other health care professionals?

Our motto at the *EduLab* is “turning new ideas into practice” and to help us carry out that goal, we have begun a new column in the SCP Newsletter to highlight interesting research reports appearing in the pharmacy and medical literature.

### Featured article:

Lezzoni LI, O’Day BL, Killeen M, Harker H. Communicating about health care: Observations from persons who are deaf and hard of hearing. *Ann Int Med* 2004; 140:356-62.

### Topic:

How do adults who are deaf or hard-of-hearing feel about communication in medical settings?

### Approach:

The researchers conducted group interviews with a moderator

using American Sign Language or Communication Access Realtime Translation.

### Key findings:

- Patients reported feeling marginalized by their physicians.
- Writing notes, lip-reading or using family members as interpreters are inadequate ways to communicate. American Sign Language and English are different and note writing may be problematic due to poor vision, arthritis, or fatigue. Only one-third of English sounds are unambiguously visible on the lips. Using family members to translate may not be accurate and diminishes privacy.
- Patients were very concerned about the consequences of miscommunication such as not understanding therapeutic regimens or side effects. Many believed they received incomplete information.
- Automated telephone systems with long message menus are especially difficult to work with.

### Number one way to improve practice:

Ask your patients who have problems hearing how they would prefer you to communicate with them.

### More good advice:

- Ask patients to summarize their understanding of instructions to check for miscommunication.
- Provide simple-to-read written materials.
- Ensure all staff communicates discreetly.
- Work with patients in a well-lit area with as little background noise as possible.

### Where can you go for help?

Teletypewriter relay through Sasktel Relay Services: 1-800-855-0511

Information about the use of interpreters and other technological aids: Saskatchewan Deaf and Hard of Hearing Services ([www.sdhs.com](http://www.sdhs.com))

## Administrative Bylaw Amendment: Drug Schedules – Levonorgestrel

On December 1, 2004, Council approved the following amendment to the Drug Schedules of the College’s administrative bylaws, to become effective when levonorgestrel 0.75 mg per oral dosage unit is exempted from Schedule F to the *Food and Drug Regulations*.

**Until that time all products containing levonorgestrel 0.75 mg per oral dosage unit will remain a prescription only product** as it is currently.

Health Canada has published notice to de-regulate this drug for emergency contraception from prescription to non-prescription status. The National Drug Scheduling Advisory Committee has recommended Schedule II Status. As a result, Schedule I is amended, and Levonorgestrel, when sold in concentration of 0.75 mg per oral dosage unit is Schedule II **once it has been de-regulated by Health Canada. We will inform all members once this has occurred.**

Schedule II status means Non-Prescription, No Public Access. The pharmacist must be involved in each sale. However, **this is not the only standard that must be met.**

Once levonorgestrel has been de-regulated to Schedule II status, pharmacists in Saskatchewan must continue to follow the same standards and guidelines

as are currently in place for the sale of Emergency Post-Coital Contraception products. Because only properly trained licensed pharmacists may prescribe emergency contraception, only those pharmacists may sell levonorgestrel when it is deregulated to non-prescription status. Proper training means successful completion of programs accredited for at least 3.0 CEUs that aim to ensure the competency of pharmacists to prescribe emergency contraception.

Please refer to the following documents in the Pharmacy Reference Manual:

- Emergency Post-Coital Contraception Standards and Guidelines for Pharmacists Prescribing
- Emergency Contraception – Informed Consent
- Emergency Contraception – How to Use Emergency Contraceptive Pills – Information for the Patient
- Release of Confidential Records of Minors to Parents/Guardians
- Moral Objection – Statement Regarding Pharmacists’ Refusal to Provide Products or Services for Moral or Religious Reasons

Again, we will inform members when the de-regulation of levonorgestrel 0.75 mg per oral dosage unit is exempted from Schedule F to the *Food and Drug Regulations*.

## Promoting High Quality Health Care Workplaces

Funded by Health Canada's Health Policy Research Program. From *Communiqué #2* – Knowledge Utilization Network:

"The purpose of this project is to determine whether there have been changes in Saskatchewan health care workplaces to ensure they become high quality workplaces. There are eight research documents that have explored this subject in recent years, providing details on how to improve workplaces. High quality workplaces are known to improve retention and attraction of health care practitioners and to improve health outcomes for patients. Their mission is to discover whether these documents have made a difference. The 11-member Research Team is led by Dr. Marlene Smadu, Associate Dean,

College of Nursing, University of Saskatchewan.

The research questions include: What decisions have been made and actions taken in Saskatchewan health care workplaces to improve the workplace environment? To what extent, and how, have these changes been informed by policy and research report recommendations? According to various stakeholders, what is currently working and why, in providing high quality health care workplaces and what is needed to enable present and future improvements in health care workplace quality? We hope to identify the barriers to the successful implementation of changes to health care workplaces and what facilitates successful implementation."

A survey has been issued to

invited participants within the Regional Health Authorities system to address the issue of high quality workplaces. 15% of the SCP membership would theoretically then be included in the sample pool, which would leave 85% of our membership without a voice in the process. All members interested in the issue of quality workplaces (issues such as reports of pharmacists being abused/harassed by patients and other quality workplace concerns), are invited to contact Dr. Smadu to become involved through a focus group.

Dr. Marlene Smadu, RN, EdD  
Associate Dean of Nursing,  
Regina Site  
University of Saskatchewan  
Telephone (306) 798-1084  
marlene.smadu@usask.ca

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## Certified Anticoagulation Pharmacists in Canada

Dr. Wendy A. Leong (PharmD, BCPS, MBA) Research Director/Investigator, Cardiovascular and Thromboembolic Disease, Burnaby Research has advanced a copy of her document, *Certified Anticoagulation Pharmacists in Canada* to the SCP office for distribution to interested members.

In her letter to all regulatory and voluntary pharmacy organizations in Canada she states:

"Anticoagulation management may be done safely and reliably by qualified personnel, including pharmacists. By request, I am sending this letter to increase awareness and to clarify issues pertaining to warfarin training, education, certification, co-prescribing, management; and point of care INR testing in Canada."

"The key issues and areas of concern are listed below and very briefly addressed in this document:

1. Pharmacy Issues (e.g. patient safety, liability, physicians' concerns)
2. Opportunities for Community Pharmacists (e.g. three levels of practice)
3. Anticoagulation Forum's 12 Con-

sensus Guidelines and Competency Requirements (for hospital and community practice)

4. Anticoagulation Training and Certification Programs in North America
5. Point of Care INR Testing

6. List of Certified Anticoagulation Pharmacists in Canada, as of November 30, 2004 (by province)"

If you are interested in Dr. Leong's document, please contact the SCP office.

### Return of Products to Pharmacies

Recently, a major manufacturer of nonprescription drug products informed the National Association of Pharmacy Regulatory Authorities (NAPRA) of a recent investigation in which it has become apparent that product returned to pharmacies by customers has been placed back on pharmacy shelves, and subsequently re-purchased. The re-purchased packages had evidently been resealed, but did not contain the labeled product. Store records did not permit completion of the investigation to the point of identifying the individual responsible for substituting the contents of the package. Details of these events have been reviewed with law enforcement officials and with Health Canada, both of whom have concluded their investigations into this matter. Pharmacists are encouraged to implement drug distribution procedures that preclude such events.

The integrity of products, and the product supply chain, is essential to ensure consumer safety is not compromised. Pharmacists are reminded that returned product **should not be placed back on pharmacy shelves**, since it has been outside the control of the pharmacy. It has also been recommended that records be kept documenting the name and address of customers returning product, to permit subsequent follow-up should that be required.

## Tips for the Pharmacy Evaluation Process from the Field Officer

No one likes to have someone looking over their shoulder when they are working!

The pharmacy evaluation is not meant to make you nervous or to catch you doing things "wrong". It is a chance for you to ask questions and for the College's Field Officer to assist you with information regarding practice requirements.

In order to make it a meaningful and educational process for both of us, I would like to offer the following suggestions:

- If you have questions or concerns about the Saskatchewan College of Pharmacists' bylaws, policies, guidelines or procedures, the evaluation is a good time to ask for clarification. It is also a chance to ask pharmacy practice related questions.
- Spend some time reviewing your Pharmacy Reference Manual in advance of the evaluation. It contains all of the College's practice related information including *The Pharmacy Act, 1996*, bylaws, drug schedules, policies and guidelines.
- If you have not already done so, review your new "Model Stand-

ards of Practice for Canadian Pharmacists" April 2003, National Association of Pharmacy Regulatory Authorities (NAPRA). The standards were adopted by Council in 2004 and are your new Standards of Practice. The Standards were mailed to each pharmacist's home along with a letter from Ray Joubert, Registrar dated January 14, 2004. The Standards are also available on the NAPRA website at [www.napra.org](http://www.napra.org).

- As the pharmacy manager you will need to be present for the evaluation, but I will not need your undivided attention for the entire time I am in the pharmacy. I will want to ask both you and your pharmacy staff questions about the workflow used to fill prescrip-



tions; the computer software system and how you utilize it to provide patient care; and other practice related questions. I will want to review prescriptions that have been filled, and also those that may be filled while I am in the pharmacy, as well as review patient profiles and other records and documentation.

Please don't hesitate to ask questions. The evaluation process is more meaningful when there is a good exchange of information.

The evaluation is an opportunity to share ideas and information and to obtain suggestions to enhance patient care and medication safety. It is meant to assist you to enrich your practice of pharmacy and the care you provide to your clients.

I look forward to visiting with you in your pharmacy soon.

Lori Postnikoff BSP  
Field Officer  
Sask. College of Pharmacists  
700 – 4010 Pasqua Street  
Regina SK S4S 7B9  
Phone: 306-584-2292  
Fax: 306-584-9695  
E-mail: [info@saskpharm.ca](mailto:info@saskpharm.ca)

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#### 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)

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



**Sunrise Health Region has an opening for a Permanent Full-Time Director of Pharmacy at the Yorkton Regional Health Centre – Yorkton, Saskatchewan.**

**Job Summary:** The Director of Pharmacy is responsible for the overall leadership and direction of Pharmacy services at the Yorkton Regional Health Centre. The incumbent will be responsible for the efficient use of fiscal and human resources as well as the coordination, clinical guidance, education and evaluation of pharmacy staff. The incumbent will play a leadership role on the Regional Pharmacy Committee and throughout the Region as the clinical resource and information specialist.

The Director will work with the Director of Client Services in upholding standards, policies and procedures in accordance with the philosophy of the Sunrise Health Region.

**Qualifications/Experience:**

- Licensed or eligible for licensure with the Saskatchewan College of Pharmacists
- Hospital residency is desirable and/or advanced degree in pharmacy
- Prior hospital pharmacy experience – minimum of 5 years
- Computer literacy is essential
- Must demonstrate leadership, organizational and excellent communication skills

Salary and benefits in accordance with Out-of-Scope compensation plan.

Our thanks is extended to all applicants; however, only those selected for an interview will be contacted.

Please submit your resume to:  
 Human Resources – Yorkton Office  
 Sunrise Health Region  
 270 Bradbrooke Drive, Yorkton, SK S3N 2K6  
 Fax: (306) 786-0741 • Email: [resume@shr.sk.ca](mailto:resume@shr.sk.ca)  
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Mark Kupser  
 Regional Pharmacy Recruitment Manager – Western Canada

The Real Canadian Superstore #1577  
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 Calgary, AB T3H 3P8

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## Making it Work! DVD Now Available

Saskatchewan Association of Health Organizations (SAHO) has now produced a two-disc DVD set from the October conference, *Privacy Laws and Health Information: Making it Work*. The DVD features a number of the presentations including:

- Health Information and PIPEDA (Jennifer Stoddart, Federal Privacy Commissioner)
- HIPA 101 (Duane Mombourquette, Saskatchewan Health)
- Health Research Perspective (David Loukidelis, British Columbia Privacy Commissioner)
- Lessons from the Winnipeg Regional Health Authority (Katherine Choptaine)
- When the Commissioner Comes Knocking (Alberta, Manitoba and Saskatchewan Commissioners)

- When You Need Consent (Gary Dickson, Saskatchewan Privacy Commissioner)

To order the DVD contact SAHO at [info@saho.org](mailto:info@saho.org). The price is \$20 per DVD set.

## Confusion Between Reminyl\* and Amaryl®

The Health Products and Food Branch of Health Canada have reported that medication errors have resulted from confusion between REMINYL\* and AMARYL®.

Janssen-Ortho Inc. and Aventis Pharmacy Inc. (collectively, "the Companies") would like to inform you of reports in the United States of name confusion/medication errors involving Janssen-Ortho's product, REMINYL\* (galantamine hydrobromide), a drug approved for the treatment of mild to moderate dementia of the Alzheimer's type,

and AMARYL® (glimepiride), a product of Aventis Pharma Inc., indicated for the treatment of type 2 diabetes. These reports include instances in which REMINYL\* was prescribed but AMARYL® was incorrectly dispensed, leading to various adverse events including severe hypoglycemia. There were two reports of death. To the companies' knowledge all reports have originated in the U.S.; we are not aware of any reports of medication errors in Canada to date.

## Interesting Link

Check out: [www.usp.org/pdf/patientSafety/qr792004-04-01.pdf](http://www.usp.org/pdf/patientSafety/qr792004-04-01.pdf). Confusion often arises due to look-alike and/or sound-alike brand and generic names. Similar drug names that have been reported are listed in this site to help the pharmacist use caution and avoid confusion.



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## EXECUTIVE OPPORTUNITY Registrar

With the impending retirement of Linda Lytle, the College of Pharmacists of British Columbia is seeking a Registrar who will provide leadership to the College; work closely with the Council in developing strategic plans to advance the College's mission and objectives; advise on policy, and promote positive relations with external contacts including the public, registrants, government, media and other stakeholders.

Leading a staff of 26, the Registrar ensures that the College functions effectively, its regulatory responsibilities are fulfilled, and the staff works in a dynamic and satisfying environment.

The successful candidate is a registered pharmacist in BC (or is eligible for registration as a pharmacist), who brings a record of leadership and management success and a reputation for sound judgement.

The College of Pharmacists of British Columbia is the provincial authority for the profession of pharmacy. Its mission is to ensure BC pharmacists provide safe and effective pharmacy care to help people to achieve better health.

To explore this opportunity further, please contact Craig Hemer, Kathryn Young or Nancy Beaty at executive search firm Ray & Berndtson/Tanton Mitchell at 604.685.0261 or send your resume to [nancy.beaty@rayberndtson.ca](mailto:nancy.beaty@rayberndtson.ca) **no later than March 15, 2005.**

All inquiries and applications will be held in the strictest confidence.

COLLEGE of PHARMACISTS  
OF BRITISH COLUMBIA