

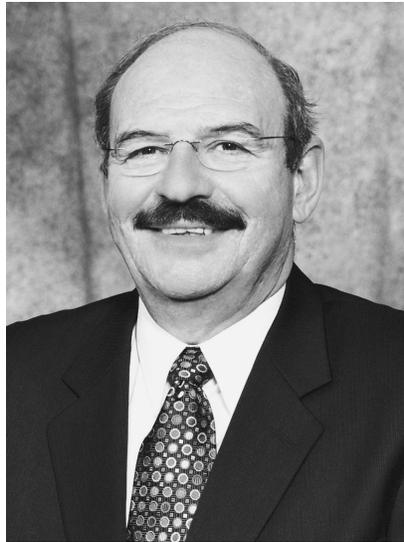


President's Inaugural Address

Thank you for giving me the opportunity to represent Saskatchewan pharmacists as your president. I am both honoured and humbled by the fact that I follow so many great presidents who have had this privilege. I accept the challenge and the opportunity to carry on in those great footprints of the past. I look forward to an exciting term because of all the things that are happening in our profession.

A few weeks ago, Shirley and I were searching through an antique store in Regina and came across this old prescription bottle. While the shape of the bottle was interesting, it was the label that caught my eye. It made me think about our evolving profession and the many changes that have occurred since I graduated. I can only imagine the changes our 50-year grads have seen. Here is a short history of medicine that I know many can relate to:

Patient to pharmacist person, "I have an earache." Now in



Bill Paterson

2000 B.C. – you would have heard, "Here, eat this root."

1000 B.C. – you would have heard, "That root is heathen, say this prayer."

1850 A.D. – "That prayer is superstition, drink this potion."

1940 A.D. – "That potion is snake oil, swallow this pill."

1985 A.D. – "That pill is ineffective, take this antibiotic."

2000 A.D. – "That antibiotic is artificial. Here, eat this root!"

This is an eight-sided bottle, with the label hand written in pencil. When I first started practice, we used a regular typewriter with lick and stick labels. No I can't imagine working in a dispensary today without my friend the computer. By the way, this bottle comes from Pinders Prescription Drug Stores (2nd Avenue and 21st Street) in Saskatoon – branch stores were King George Pharmacy and Nutana Drug Store. Pinder's played an important role in

my career. Just as time has faded some of the wording on this label, I am saddened that one of my mentors, Ross Pinder, has been in and out of the hospital with congestive heart failure. We are thinking of you Ross, and hope you are feeling better soon.

To me, the eight sides of this bottle are unique as they symbolize the areas that I will be addressing as your incoming president.

1. Keeping Pharmacists in the Province

I found this quote, "Pharmacy is rapidly developing as a field for the woman worker; but it is a profession which demands very special qualifications if it is to be taken up with any measure of success. It requires qualities of perseverance, to say nothing of a high standard of intelligence, a special taste for the subjects bearing upon the pharmacy and a love and enthusiasm for the work." Quite a statement when you

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consider this quote is taken from the "Woman's Book", published in England in 1911. The question is not so much enticing women into pharmacy as it is keeping health care professionals in Saskatchewan – primarily pharmacists.

2. Pride in our Profession and Maintaining our Professional Image and Trust with the Public

I have been fortunate in my many years in the practice of pharmacy – working in many different areas. I was in the hospital pharmacy at the Regina General Hospital as an apprentice under Len Gibson. I worked in a number of retail stores as a staff pharmacist and as a pharmacy manager with Pinders Drug Stores (thus my special attraction to this bottle). I worked in corporate pharmacy as a district manager and as a Director of Professional Affairs. I am very proud of my profession. We are not just pill counters, moving drugs from one bottle to the other — not to mention decipherers of difficult writing! We are professionals who are concerned about the overall health of our patients.

According to numerous surveys conducted over the years, the pharmacist remains and is considered the most trusted and accessible professional in the eyes of the public. Be proud of your chosen career, whether you are a student, a new grad, community, academic or hospital pharmacist. I challenge everyone in the room the next time you are asked, "what do you do for a living?" Do not answer with, "I'm just a pharmacist".

3. Prescriptive Authority

We need to address with Saskatchewan Health and the College of Physicians and Surgeons the ability to allow pharmacists the authority to renew a prescription for one of their patients who is stabilized on chronic therapy. I am certainly not advocating renewals be done on an indefinite basis. We do not want to diagnose, that's not what we are trained to do. This could be done once, allowing the patient time to

make an appointment with their physician. Protocols are required and I am confident these can be worked out. This will eliminate the need to give the patient enough to tide them over for a few days. It would promote a positive response for both patient and physician, allowing a precious commodity these days – time.

4. Primary Health Care and the Health Quality Council

These two areas will see work continue during the upcoming year. Pharmacy is very well represented in both areas. While it seems to take forever to move forward, it is amazing to look back and see how far we have come.

5. Represent Pharmacy/ Public Interests

A very important function of SCP is to represent the interests of pharmacy and of the public in Saskatchewan with various special interest groups (under the policy governance model this is referred to as linkage). While the College of Physicians and Surgeons, Saskatchewan Medical Association, Saskatchewan Registered Nurses Association and Representative Board of Saskatchewan Pharmacists are obvious groups to connect with, they are certainly not the only ones. There are numerous other areas such as nursing homes, seniors groups, First Nations, and addiction centers. SCP has set up a Council committee to explore this area. It is important that we liaise with groups that use pharmacy services and identify what we can do to enhance those services.

6. International Pharmacy

This has brought a whole new kettle of fish to the table. This issue has taken up hours of Council's time, not to mention the time and effort Ray and his staff have spent to date. This will continue to be a hot topic this upcoming year and consume a fair amount of my time as well. SCP has been at the forefront of this issue and will continue to do whatever is required to protect the public (both inside and outside our borders).

7. Standards of Practice

These have been sent out to all pharmacists. I urge you to review this document and look at these standards as a minimum in every day practice. These standards are meant to elevate our profession in Saskatchewan and indeed in all of Canada. At the fall district meetings, we were asked for additional education and information before these standards are fully implemented. This is currently under way and is another priority for the upcoming year.

8. Education

This brings me to the last side of my bottle and references the learning portfolios. I'm sure this old bottle knows about pharmacists' continued learning. In my bottle's time, it was called apprenticeship. It might have been different – it was still learning and it served our profession well. Well folks, as I mentioned earlier – times are changing and continuing education is extremely important. I think we are fortunate to have choices. We can now decide for ourselves what our required learning needs are. In conjunction with the university, we will continue to develop this program. Watch for further details. When used with the Standards of Practice, the profession of pharmacy will certainly be elevated in the eyes of the public.

Funny how something like this old prescription bottle from the past can show where we have been and also assist us in shaping the future. Again, I want to thank all Council members for electing me to be their president. Special thanks to Randy – not only for his untiring work as this year's president, but also for all the help he will give me (I hope) in the year to come. Also, special thanks to Ray and Jeanne and the entire staff at SCP for their continued support. The office of president could not work without them. Thanks to all of my colleagues. I promise to represent SCP to the best of my ability.

Council Highlights – March 26, 2004

Council met in Saskatoon on Friday, March 26, 2004.

Council had the opportunity to review the reports from the 2003 District Meetings with a focus on the Standards of Practice and the use of technicians in today's practice environment.

Based upon the attendance and approval rating, we will be conducting fall district meetings this year. Based upon member feedback from the 2003 meetings we will:

- implement the Standards of Practice in phases with extensive tools, especially for documentation, supplemented with education for members;
- provide members with extensive guidance on how to use technicians more effectively;
- consider a licensing model to establish two categories of practising members, where "dispensing pharmacists" consisting of retired members could be licensed in an independent technician role to alleviate the shortage of pharmacists;
- pursue maximizing the use of SHIN to provide members with as much patient specific information as possible;
- pursue the elimination of tobacco products from pharmacies;
- provide members with as much guidance as possible on privacy legislation;
- implement the NAPRA e-mail system; and,
- retain the current Council structure.

Members also asked that we examine the feasibility of scheduling the SCP and RBSP district meetings on the same day. We will initiate discussions with RBSP.

Physicians continue to lobby SCP regarding pharmacists providing prescriber data to IMS Health. We have been monitoring legal developments and the outcomes are uncertain at this time. Council has requested a meeting with representatives from both the SMA and IMS Health Canada before finalizing our position.

Elections were held on March 24, 2004, for Divisions 2, 4, 6 and 8.

Division 2 Vacant

Division 4 Coralie Sorochuk
(elected by acclamation)

Division 6 Corry MacWilliam
(elected by majority vote)

Division 8 Melanie McLeod
(elected by acclamation)

Council will appoint a member to fill the vacancy in Division 2 in accordance with the bylaws.

The **SCP Executive** for the 2004-05 membership year is:

President

Bill Paterson – Regina (Division 5)
Past President

Randy Wiser – Prince Albert
(Division 3)

President-Elect

Debbie McCulloch – Rosetown
(Division 7)

Vice-President

Vacant (to be named on June 9, 2004)

Administrative bylaw amendments are effective from the date they are approved by Council. Council approved the fee schedule amendments (see chart on page 5), Drug Schedules amendments with regard to vaccines (see page 4), and a change to the annual proprietary pharmacy permit year (see page 6).

Moving the proprietary pharmacy permit year to December 1 of each year is intended to balance the workload within the SCP office and save costs. With the recent changes to membership renewals (professional development logs and malpractice insurance requirements), this has created an increase in the volume of communications with members. Also, permit renewals have become more complex and the new renewal period will even the workload.

During this transition year, the 2003-04 permit may be extended to November 30, 2004. The proprietor and pharmacy manager are required to sign the extension declaration extending the 2003-04 proprietary

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SCP Council 2003-04

Division 1

Jeannette Sandiford, Weyburn
(term expires June 30, 2005)

Division 2

Vacant
(term expires June 30, 2004)

Division 3

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

Division 4

Doug Spitzig, Saskatoon
(term expires June 30, 2004)

Division 5

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

Division 6

Corry MacWilliam, Swift Current
(term expires June 30, 2004)

Division 7

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

Division 8

Brenda Schuster, Regina
(term expires June 30, 2004)
Past President

Ex Officio

Dean Dennis Gorecki

Public

May Bridgewater
Lavonne Heck

Student Observer

Christine Woo

SCP Staff

Andrea Brockmeyer,
Reception/Accounting Clerk
(on leave)

Jeanne Eriksen, Assistant Registrar

Paulette Francis,
Reception/Accounting Clerk

Rebecca Gilroy,
Temporary Administrative Assistant

Pat Guillemain,
Administrative Assistant

Ray Joubert, Registrar

Cheryl Klein,
Senior Administrative Assistant

Heather Neirinck,
Administrative Assistant

Lori Postnikoff, Field Officer

Patty Yee,
Temporary Clerical Assistant

Council Highlights continued from page 3

pharmacy permit from July 1, 2004, to November 30, 2004, and to pay the prescribed extension fee. An invoice for 5/12 of the current pharmacy permit fee has been mailed to each pharmacy manager.

On or about September 15, 2004, the SCP will issue an invoice for the annual proprietary pharmacy permit (the full fee to be effective December 1, 2004 to November 30, 2005) and the annual permit renewal application.

After extensive stakeholder consultations, Health Canada is proceeding with a plan to allow distribution of marijuana through pharmacies. While the concept is broadly supported, the details for an upcoming pilot project in British Columbia are unknown at this time. We will keep members apprised as details are released.

Registrar Joubert represents the College on the Advisory Committee for the Pharmacy Information Program (PIP), a program of Health Information Solution Centre (HISC – formerly SHIN), to provide health care professionals and patients with information and tools to make optimal drug therapy decisions to improve the quality, safety and management of health care for Saskatchewan residents. The Program supports the Action Plan for Health and forms a core building block of

the Electronic Health Record (EHR). Four members of SCP, Dean Ast, Doug Sellinger, Margaret Baker and Susan Yee, are participants in the Clinical Working Group.

The Program is designed to be implemented in three phases:

- Phase One (proposed completion of October 31, 2004). At the completion of Phase One – view medication profile. The designated users in the health system will have access to the profile.
- Phase Two (anticipated completion date of October 31, 2005) will encompass pharmaceutical reference information, decision support and prescribing.
- Phase Three (proposed completion date of October 31, 2007) will consist of pharmacy message specification and practice management system integration for the ends users.

Members Monica Lawrence and Dr. Brenda Schuster presented a CSHP Paper, "Impact of Hospital Pharmacists on Patient Safety" to Council for their consideration and discussion. In the past Council had approved the concept of a "blame free" medication incident reporting system. This is something that our Field Officer monitors during pharmacy evaluations. However, this does not negate SCP's responsibility to the public should a member be

accused of professional incompetence or misconduct. For example, an investigation will be conducted, which may indicate that the incident was a result of systems failure and not necessarily the fault of the individual.

Mandy Dejong, pharmacy graduate student, and Dr. Shannan Neubauer presented results from Ms. Dejong's study of "Expectations of Pharmacist Services in Long Term Care". The study reported significant gaps between service perceptions and expectations. This means that the regional health authorities may not be aware of the standards of care for pharmacy services that must be provided to patients in these facilities. It would appear that some contract decisions may be made solely based on financial considerations and not on the required standards of care for the individual patients they are responsible for. It was recommended that pharmacists providing care to patients in long term care facilities receive educational programs regarding the Standards so that they can confer this information to those awarding the contracts.

The next meeting of Council will be on June 9, 2004, in Regina in conjunction with the Saskatchewan Registered Nurses Association.

Drug Schedule Amendments

At the duly convened meeting on March 26, 2004, Council approved the following drug schedule amendments as recommended by the National Drug Scheduling Advisory Committee (NDSAC).

Schedule I

Vaccines (except for - those which are part of a routine immunization program in most/all provinces and territories: *Diphtheria toxoid, Tetanus toxoid, Pertussis, Poliomyelitis, Haemophilus influenzae type B, Measles, Mumps, Pneumococcus, Rubella, Hepatitis B Pediatric, Influenza, cholera vaccine (oral, inactivated) when used for prophylaxis against traveller's diarrhea and due to enterotoxigenic escherichia coli (ETEC); and those requiring special enhanced public access due to disease outbreaks: Meningococcus*).

Schedule II

Vaccines *Diphtheria toxoid, Tetanus toxoid, Pertussis, Poliomyelitis, Haemophilus influenzae type B, Measles, Mumps, Pneumococcus, Rubella, Hepatitis B Pediatric, Influenza, cholera vaccine (oral, inactivated) when used for prophylaxis against traveller's diarrhea and due to enterotoxigenic escherichia coli (ETEC); and – those requiring special enhanced public access due to disease outbreaks: Meningococcus*).

This means that the vaccines listed in Schedule II may be sold without a prescription based on the pharmacist's professional judgment. They must be sold in a pharmacy (no public access) either by a pharmacist or intern under the direct supervision of a pharmacist.

All other vaccines remain in Schedule I – prescription only.

2004-05 Budget Summary

- 1.0 Cost increases are based on increases in the Consumer Price Index of 1.2% at November 2003.
- 2.0 Predicts a surplus of \$4,390 decreasing the operating deficit.
- 3.0 Regulatory Priorities:
 - 3.1 Statutory obligations and programs: registration and licensing with staggered licence and permit (November 30) renewal deadlines; complaints management and discipline, including special investigations with alternative dispute resolution; and implement and enforce new NAPRA competency based standards of practice.
 - 3.2 Early phase of continuing competency program.
 - 3.3 Continue developing the primary care role of the pharmacist and prescriptive authority.
 - 3.4 Continue to refine policy governance.
 - 3.5 Continue CPDP grant and begin audits of learning portfolio
 - 3.6 Continue the subsidy for the Structured Practice Experiences Program funded from insurance reserves.
 - 3.7 Continue Council priorities on primary care and quality, to include planning for revisions to our pharmacy and professional practice evaluation procedures.
- 4.0 Continue with Policy Governance coaching. Executive continues as the Finance Committee with continuance of a Council Audit Committee and implementation of a Council Governance Budget.
- 5.0 Limited growth in number of licensed pharmacists and pharmacies, with no growth in number of non-practising members due to the Mutual Recognition Agreement. As active members, non-practising members support CPDP and the costs of operating, but not costs directly associated to licences, such as the Sask. Drug Information Services Grant, NAPRA assessments, Complaints and Discipline Committee and legal costs.
- 6.0 Predicts no increase in interest rates, with increased principal.
- 7.0 Continues fee payments using credit cards.
- 8.0 Partner in the SAHO conference and participate in the RBSP conference (annual meeting, etc.).
- 9.0 All other programs are retained with increased Committee activity to ensure timely decisions. Four disciplinary hearings are anticipated costing \$45,000 in committee and legal costs allocated to practising membership fees.
- 10.0 Increased fees to NAPRA to \$56 per capita.
- 11.0 Increase in per diem and meal and mileage allowances as previously determined by Council.
- 12.0 Continues routine building repairs.
- 13.0 Includes the costs of our communication strategy, with website development and network improvements under SHIN, plus additional costs to contribute data to the WHIC Provider Registry.
- 14.0 Predicts inflationary increases in administrative costs, with continuing the current staff complement plus a market adjustment for the pharmacists on staff.
- 15.0 Includes a Capital Assets Budget to disclose that depreciation is not covered by the operating fund or operating surpluses.
- 16.0 Research into recognition for membership loyalty (Emeritus and Fellowship) is ongoing.
- 17.0 Continue the Sask. Drug Information Services grant of \$30,000.
- 18.0 President to attend CPhA and two other conferences as a delegate.
- 19.0 Continue the Internet pharmacy fee and regulatory system.
- 20.0 Due to the volatile insurance industry, predicts a dramatic increase in directors' and officers' liability insurance.

Fee Schedule – 2004-05

On March 26, 2004 Council approved the fee schedule for the upcoming membership year as follows:

Membership and Licence Fee Schedule 2004-05

Membership Fees	
Practising	\$575.00*
Non-Practising	\$470.00
Associate	\$120.00
Retired	\$ 65.00

Permit Fee Schedule 2004-05

Pharmacy Permit (traditional)	\$890.00
Pharmacy Permit (International Prescription Service operations)	\$12,565.00
Satellite Pharmacy	\$445.00

Fees – Registration and Other

Registration	
U of S Intern	\$230.00
Out of Province	\$625.00
Dispensing Physicians	\$725.00
Locum Tenens	\$230.00
Intern	\$ 90.00
Appraisal Training	
Application Fee	\$180.00
Assessment Fee	\$600.00
Reinstatement	\$230.00
Jurisprudence Exam	\$230.00
Lock and Leave	\$370.00
Permit Amendment	\$210.00
Late Payment	\$165.00

Eligibility for relicensure in the 2004-05 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, and application forms, fees, and any arrears must be received in the office on or before June 1, 2004. A penalty of \$160.00 + GST will be assessed for requirements received after June 1.

Please do not fax or return your application for licence renewal unless the form is complete. Date of approval is assigned only when a completed, signed application form accompanied by the required fees is received.

*Practising Membership does not include Malpractice Liability Insurance.

Administrative Bylaw Amendments

Proprietary Pharmacy Permit Renewal

Council approved the following administrative bylaw amendments to move the annual date of renewal for proprietary pharmacy permit. The Council of the College, at a meeting duly convened March 26, 2004, approved the following amendments to the College's administrative bylaws.

Bylaw 3.2

3.2 Proprietary Pharmacy Permit Fees

Fees shall be payable to the College. The permit year shall be from December 1 to November 30 and fees are payable in advance.

The following fees apply to permit renewals effective for one year beginning December 1. These renewal fees are payable in whole, or in part together with any applicable additional payments according to Council policy, and shall be delivered to the office of the Registrar-Treasurer on or before the first day of November in each year.

Fees for renewal or new permits are based on the following, and are payable in advance in whole or in part together with any applicable additional payments according to Council policy and remitted to the office of the Registrar-Treasurer. New permits become effective upon approval of the Registrar-Treasurer for a period of time according to Council policy.

3.2.1 Fees for a proprietary pharmacy permit issued to a proprietor – \$890.00, or, for a proprietary pharmacy permit issued to a proprietor to operate an international prescription service pharmacy or internet pharmacy as expressly

approved pursuant to bylaw 4.6.1(b) in accordance with the policy and standards of Council as may be amended from time to time – \$12,565.00.

3.2.2 Fee for a satellite proprietary pharmacy permit issued to a proprietor – \$445.00.

3.2.3 Fee for the amendment of a proprietary pharmacy permit – \$210.00.

3.2.4 The applicant for any permit who does not deliver the prescribed fee to the Office of the Registrar-Treasurer on or before November 1 in each year, or who is not otherwise eligible for permit renewal, shall be assessed, in addition to the fee otherwise payable a surcharge in the amount of \$165.00.

3.2.5 Pharmacy permit reinstatement fee – \$230.00.

Bylaw 4.6.1

(a) The Registrar-Treasurer shall issue a permit to the proprietor for each pharmacy that has met the requirements of the Act and bylaws. The seal of the College shall be placed upon each permit, and all the said permits shall expire on the 30th day of November in each year. No permit shall be issued until the prescribed application form(s), the annual or other applicable fee, together with any surcharge applicable thereto, and all arrears of the applicant, shall have been remitted to the office of the Registrar-Treasurer.

Bylaw 4.6.2

The name of any pharmacy whose annual fee or surcharge fee applicable thereto is unpaid after November 30, in any year, shall be removed from the register and the proprietor shall lose the privileges conferred upon him by the Act to operate the pharmacy but he may, subject to the Bylaws, be reinstated upon payment of the prescribed surcharge, permit and reinstatement fee.

The Council of the College, at a meeting duly convened March 26, 2004, approved the following amendments to the College's administrative bylaws. These amendments are effective March 26, 2004, to November 30, 2004, inclusive:

Bylaw 4.6.1

(c) during the transition period between July 1, 2004, and November 30, 2004, any proprietor having been granted a proprietary pharmacy permit expiring June 30, 2004, may be granted an extension of that proprietary pharmacy permit from July 1, 2004, to November 30, 2004, upon completing the prescribed form, and paying the approved fee of \$355.00.

The extension of the 2003-04 proprietary pharmacy permit shall be from July 1, 2004, to November 30, 2004, renewable in advance. These extension fees are payable in whole or in part together with any applicable additional payments according to Council policy, and shall be delivered to the office of the Registrar-Treasurer on or before the first day of June, 2004.

Officer Terms of Office

On February 27, 2002, Council approved a bylaw amendment to Bylaw 1.1.2 to change the term of an elected member of Council from the beginning of the fiscal year to beginning on the first of July of each year. At that time we unfortunately missed bylaw 1.2.7, which specifies the date on which the terms of office begin, and again it states, "to coincide with the fiscal year of this Association". We seek to remedy

this situation through regulation so that the term of office for the officers of the College is correctly stipulated in the bylaws.

The Council of the College, at a meeting duly convened March 26, 2004, approved the following amendments to the College's administrative bylaws. The amendments are effective March 26, 2004.

Bylaw 1.2.7 Council shall at its first meeting after the election, or as

soon thereafter as may be convenient, choose from amongst its members a President, President-Elect and Vice-President for a one year term which may not be renewed except in unusual circumstances to begin on the first day of July of each year. The officers shall continue to act until Council chooses their successors.

From the Desk of the Dean



Dr. Dennis Gorecki
College of Pharmacy and Nutrition

"Building Connections, Encouraging Investment, Celebrating Success!" are the touch words of the University's Advancement Division. Heather Magotiaux is the new Executive Director and Chief Advancement Officer of this unit, which combines the previous mandates of Alumni Relations, Communications and Development. As universities across the country face the challenges of shrinking government support and escalating costs of programs, they depend more and more on the generous support of their stakeholders to deliver programs and services.

The focus on development activities has been a strong one in the College of Pharmacy and Nutrition for many years, and we are very appreciative of the excellent support that we have received from the private sector/industry, from individual donors, our alumni and friends, and from our professional associations. A few years ago, we were fortunate to gain the services of a Develop-

ment Officer, Barb Cox-Lloyd, who has been instrumental in propelling our development and alumni relations initiatives further. Such activity has gained even greater urgency as we work on strategies to support our newly released **College Plan** for the years ahead. Indeed, I will be making this a priority during the administrative leave that I will be embarking on for the period July 1, 2004, to June 30, 2005.

Built on College planning processes in the 1990s and based on the University's strategic directions, we have developed a solid, positive **College Plan** that will enable us to continue to move ahead to achieve our goals in concert with the shared vision of the university. We will focus on the following four areas of growth and development, maintenance and change during this current planning cycle, and have identified specific projects and initiatives that require support in each of these:

- **Building Critical Mass in Research and Graduate Education** – expansion of the College's Research Trust and the Graduate Student Support Fund; support for specific research initiatives; a Chair in Synchrotron Research; Limited Term Research Chairs; and support for research students and staff.

- **Ensuring Excellence in Undergraduate Education** – creation of a state-of-the-art Pharmaceutical and Nutritional Sciences Skills Laboratory; expansion of the College's Computer Learning and Resources Centre; and increased student financial support.
- **Changing and Advancing our Professional Services** – support is needed for the Saskatchewan Drug Information Service and the Nutrition Resource and Volunteer Centre.
- **Providing a Supportive Environment** – funding for a Donor Wall to recognize and thank the many generous supporters of the College.

We are committed to reassigning internal resources to achieve the goals of the College Plan. However, as costs of providing professional and post-graduate education continue to increase, and the keen competition for research dollars continues, we must increasingly rely on our partners and supporters to assist us. We look forward to the **continued support** of our alumni, partners and friends and to **new support** from investors in the College to enable us to achieve our goals.

SCP at the RBSP 3rd Annual Conference – Saskatoon, Saskatchewan

The Saskatchewan College of Pharmacists joined the Representative Board of Saskatchewan Pharmacists at their 3rd Annual Conference held in Saskatoon, March 26-28, 2004.

In keeping with our long held tradition, SCP honored the 50-year class from the then College of Pharmacy with 13 classmates in attendance.

Ray Joubert introduced and read the citations of attending class members, as President Wisser congratulated each. They were also presented with the SPHA 50-year gold pin. Thordy Kolbinson responded on behalf of the class of '54.

Garth Walls from the class of '79 introduced his classmates in attendance as each came forward to receive their SPHA 25-year silver pin from President Wisser.

As this year is the transitional year from the Saskatchewan Pharmaceutical Association to the Saskatchewan College of Pharmacists, the members of these two classes will also receive the new SCP pins once they are available.

Congratulations and best wishes to all the honorees.

On Sunday, March 28, 2004, SCP held its 93rd Annual General Meeting. Dean Gorecki spoke to his report published in the SCP Annual Report regarding the accomplishments at the College of Pharmacy and Nutrition over the last year. Following that, reports highlighting the College's activities over the past year were presented by the President and Registrar, who also gave the Auditor's report followed by a period for questions from the floor.

President's Luncheon

The President's Luncheon was held on Sunday, March 28, 2004, at the Radisson Hotel in Saskatoon. President Wisser fulfilled the role of Master of Ceremonies for the luncheon.

President-Elect Bill Paterson introduced the retiring Council members, Brenda Schuster and Doug Spitzig, who each received a Certifi-



Classmates joined together to reminisce after the Awards Ceremony

Back Row L-R: Ken Stewart, Jack Miller, Thordy Kolbinson, Bob Robinson, Peter Pereverzoff, Les Ramsey, Trevor Quinn, Bud Haverstock, Stu Sutherland. Front Row L-R: Len Nesbit, Dick Henders, Ernie Ozem, Roy MacRae (DDS), Ray Yurkowski, Garry Fletcher.



Back Row L-R: Carolyn Raiche, Custer Tang, Greg Gower, Jeanne Eriksen, Linda Sulz, Debbie Steeves, Linda LaBar. Front Row L-R: Cheryl Wilken, Garth Walls, Dale Wright, Roman Tam, Susan Belyk.

cate of Recognition from President Wisser. Both Brenda and Doug have been active on Council since 1998; both having moved through the executive roles including a term as President. We wish to thank Brenda and Doug for their years of dedication to the profession and to the College.

A Certificate of Recognition was presented to Betty Riddell, who is an honorary life member of this College. Betty was recognized at the completion of two three-year terms

as our representative on the University of Saskatchewan Senate. Congratulations Betty and thank you for all your efforts on our behalf.

President Wisser was afforded the opportunity to reflect upon his term in office and offered incoming President Paterson some advice and support. Following the Presidential Installation ceremony, President Paterson shared his thoughts as he looks forward to the year ahead. Please see the cover article for the President's Address.

SCP at the RBSP 3rd Annual Conference – Saskatoon, Saskatchewan



Council – Back Row L-R: Doug Spitzig, Jeannette Sandiford, Corry MacWilliam, Jeanne Eriksen, Dennis Gorecki, Lori Postnikoff. Front Row L-R: Ray Joubert, Bill Paterson, Randy Wisler, Debbie McCulloch, May Bridgewater, Brenda Schuster. Missing: Lavonne Heck, Christine Woo.



Betty Riddell was awarded a Certificate of Recognition for outstanding service to the SCP.

Lorazepam for Office Use in a Dental Office

A member called to inquire if he could fill an order for lorazepam 25 mg written "For Office Use" by a dentist.

Response: According to the College of Dental Surgeons, some dentists in Saskatchewan have taken courses allowing them to administer lorazepam as a pre-operative sedative. Thus, any members wanting to confirm whether a dentist possesses these qualifications should contact the College of Dental Surgeons office in Saskatoon at 244-5072.

Disposal of Used Prescription Containers

With the new privacy acts in place, HIPA and PIPEDA, it is imperative that members dispose of used prescription containers in a manner that protects the individual's privacy. Pharmacists must remember that it is the pharmacy's responsibility to ensure that any discarded containers with prescription labels attached must be de-identified (all personal health information) prior to disposing of the containers.

Legal Authority for Original Prescriptions via Subpoena

Members are aware that a prescription is the legal authorization for a pharmacist to dispense a prescription medication. In the event

that original prescriptions are required pursuant to a court matter, it is essential that the pharmacist retain/request a copy of the prescriptions removed from the premises pursuant to a subpoena.

Once the original prescription is removed from the premises without a copy in the files, how does a pharmacist show that they had the proper authority to dispense the



drug in the first place? This is especially important as most commonly the request is for narcotic or controlled drug prescriptions.

Exempted Codeine Products

There appears to be some confusion regarding the quantity of Exempted Codeine Product that can be sold to an individual patient. Regarding quantities, Bylaw 14.2.6 outlines that as a prohibited substance, exempted codeine products cannot be offered for retail sale in a

solid dosage form in package sizes exceeding fifty (50) units, and in liquid preparations exceeding package sizes of one hundred (100) ml.

The pharmacist, or intern under the immediate supervision of a pharmacist, may sell only one (1) consumer package of an Exempted Codeine Product (i.e. a maximum of 50 solid dosage units or 100 ml of liquid) at a time to the patient. Multiple sales of the maximum consumer size package available are not permitted.

The pharmacist, upon a request for the Exempted Codeine Product, is responsible for obtaining a disclosure from the patient or their agent, either verbally or in writing, indicating that they have not purchased codeine products either from this or from a different pharmacy within the past 30-day period. The pharmacist is responsible for ensuring the patient has not purchased additional supplies from another pharmacist **within a reasonable time period, dependent upon the medical or dental purpose for use.**

This being said, there may be occasions where a patient may legitimately require more than one package of an exempted codeine product within the 30-day period; that is for the pharmacist to judge. The patient is, however, required to inform the pharmacist if they have made any such purchase within the last 30 days.

Cost of Providing CE Events

We have received calls regarding the cost to provide CE programs in smaller centers across the province. The grant from licence fees pays for the administration and overhead of the CPDP office. In order for programming to be cost effective in smaller centers, we would need to receive funding from outside sources to subsidize the program costs or increase the fee to the pharmacists in attendance. In recent years, the number of industry-sponsored programs has been decreasing across the country, therefore not offering much optimism for subsidies from that source.

The CPDP unit has provided example program costs for locations across the province.

The following costs are based on:

- The speaker is traveling from Saskatoon and giving a two-hour presentation.
- The presentation is in the morning and the speaker has traveled the night before, therefore, there is a meal charge for dinner, breakfast and lunch.
- As an estimate, the maximum amount allowed for meal costs is based on the university-approved rates.
- There would most likely be printing costs (flyer, learning portfolio recording sheets and handouts), mailing costs (mailing out of flyers), delivery cost (sending registration list & LPR sheets to the Regional Coordinator plus them sending back the registration fees) and AV equipment rental costs if such equipment was needed.

Estimated Program Costs

Location	Mileage	Honorarium	Travel Costs (#km X 0.3646)	Accommodation	Meals (3 meals)	Meeting Room	Coffee	*TOTAL COST
Yorkton	662	\$600.00	\$241.37	\$90.51	\$38.00	\$107.35	\$68.75	\$1,145.98
Melfort	350	\$600.00	\$127.61	\$91.25	\$38.00	\$ 96.05	\$33.90	\$ 986.81
Prince Albert	284	\$600.00	\$103.55	\$76.84	\$38.00	\$169.50	\$84.75	\$1,072.64
Swift Current	544	\$600.00	\$198.34	\$72.32	\$38.00	\$ 82.50	\$24.86	\$1,016.02
Estevan	920	\$600.00	\$335.43	\$71.95	\$38.00	\$168.50	\$40.68	\$1,254.56

Possible Revenues

Place	Location	Expected #s (pharmacists)	Possible Income (\$10.00/person)
Yorkton	Travelodge	30-40	\$300 – \$400
Melfort	Travelodge	20-25	\$200 – \$250
Prince Albert	Marlboro	40-50	\$400 – \$500
Swift Current	Imperial 400	15-20	\$150 – \$200
Estevan	Beefeater Motel Inn	25-30	\$250 – \$300

Peer Educator Sessions

CPDP created a Train the Trainer session for the EPC program developed by Dr. Shannan Neubauer. The first such training session was provided in Swift Current in February 2004. We were fortunate that we were allowed to use a room in the Cypress Health Region Building at no cost and that the presenter was a local pharmacist, therefore reducing expenses (reduced honorarium and travel costs).

Five pharmacists registered, but due to poor road conditions only four members attended.

Expenses:

Flyers	\$ 6.23
Envelopes/Labels	\$ 4.77
Postage (S.C. and area)	\$ 27.79
Printing	\$103.13
Administration Fee*	\$ 50.00
Conference & Catering	\$ 6.60
Delivery Charges**	\$ 9.70
Honorarium	\$250.00
Total Expenses	\$458.22

*This is what CPDP normally charges to set up a regional program.

** Purolator charges were unknown at time information provided

Revenue:

Registration Fees (4 X \$20.00)	\$80.00
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Pharmacy Signage

The Professional Services Area is defined as the "Pharmacy" in section 14.2 of our bylaws. The College is encountering an increasing trend towards signage consistent with this term, pharmacy design and corporate image. As a result, many members are reluctant to use the signage prescribed in the bylaws. Upon examination of these trends, we have decided to modify our bylaws to allow greater flexibility while still complying with the intent, which is to clearly distinguish the

area from the remainder of the premises where the public may expect to receive professional services.

Therefore, the following amendments were approved by Council, submitted to the Minister of Health and subsequently published in the Saskatchewan Gazette effective March 12, 2004:

Bylaw 14.2.3.1

By the display, on the boundary of the pharmacy, of one or more signs:

(a) entitled "Pharmacy" or "Professional Services Area", or such other term acceptable to the Registrar-Treasurer; and,

(b) which sign(s) shall be in a format acceptable to the Registrar-Treasurer including sufficient size, shape and colour to clearly distinguish the area of the pharmacy from the remainder of the premises.

Please contact the office should you have any questions regarding signage for the professional services area.

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



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Your reply will be dealt with in strict confidence.

Please contact:

B. Holden, B.S.P.

Phone: 306-539-0720

Fax: 306-585-1088



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Insulin and its Use in Small Animals

Diabetes mellitus is a common endocrine disorder in dogs and cats and most affected animals (all dogs and most cats) must be treated using exogenous insulin injections. Insulin is labeled appropriately by the manufacturer for *human use*. However, since the veterinary use of insulin is considered "off-label", the safety of insulin in animals is seriously questioned.

Practitioners have the professional privilege of prescribing medication for an off-label use. Pharmacists do not normally recommend/prescribe drugs for off-label use but it is appropriate in certain circumstances where the pharmacist can demonstrate a body of knowledge to support their recommendations. It is strongly suggested, for practitioner/pharmacist and client protection, that the specifics of the recommendations (i.e.: drug, dose, route) be documented on the prescription with appropriate prescription labeling of the product. Practitioners/pharmacists are liable and responsible for all aspects of their recommendations. If a pharmacist is apprehensive (i.e. due to lack

of experience) to advise similarly on the usage of drugs (OTC or prescription) in animals, it is strongly recommended that clients requesting insulin for use in animals obtain a prescription from their veterinarian.

When an insulin prescription is received for an animal, it is important to recognize that the insulin doses tend to be small. The majority of cats begin at an insulin dosage of one unit and dogs at 0.25 to 0.5 units of insulin per kg; subsequent dosage adjustments are then in increments of 0.5 to one unit of insulin. Since tiny fluctuations in the amount measured can result in magnified differences in dosage, insulin for veterinary use is commonly diluted to a concentration of 10 units per ml. At this concentration, doses of *one-half unit* (0.05cc) or even *one-quarter unit* (0.025cc) are easier to measure in a 30-unit insulin syringe.

Pharmacists are an important part of providing a high level of both human and veterinary medical care. However, over the years we have seen errors made by community pharmacists in dealing with veteri-

nary prescriptions for insulin. The degree of seriousness that can result from such *preventable* medication errors is significant. It has been suggested that many lawsuits in human medicine could be avoided if the communication between the patient and practitioner were better and the patient felt that the practitioner sincerely cared about their welfare. Excellent communication between the pharmacist and veterinarian is essential to avoid potentially devastating consequences for the patient (animal) and patient's agent (owner). The human-animal bond is a strong one. Pets are often regarded as family members, with many pets being considered as child substitutes. A pharmacist is expected to use the same care and diligence in filling every prescription regardless of whether the patient is a child, an elderly parent or a beloved family pet.

Additional information or case examples pertaining to "Insulin and its Use in Small Animals" can be obtained from SCP.

*Information provided by
C. Carruthers, BSP*

SPEED READING

Caladryl® Product Discontinuation and Reformulation

We have received notification from Pfizer Consumer Healthcare that as of April 12, 2004:

1. Caladryl® Cream has been discontinued and it should be removed from the NAPRA Products Schedule.
2. Caladryl® Lotion (diphenhydramine formula) has been discontinued and has been replaced by a pramoxine formula. The new formulation carries a new DIN; however, the old DIN remains active until May 31, 2005 (expiry date of the last batch) to allow for the depletion of existing stocks. This means that the "old" diphenhydramine formula is

Schedule II (pharmacy only – no public access) while the "new" formulation will be unscheduled and therefore eligible for sale at any retail outlet.

SCP Staff Update

Several staff changes are occurring at SCP. First, we wish the best for Andrea Brockmeyer who will begin a one-year maternity leave effective May 3rd. Her temporary replacement, Paulette Francis, has already joined our team. Heather Neirinck has accepted the administrative assistant position previously held by Carla Cramer, beginning May 10th. Finally, Patty Yee is offering temporary assistance during the annual renewal period. Please welcome these new members of the SCP team!

Notes from the Field Officer Guidelines for Customized Patient Packages

Guidelines for Customized Patient Medication Packages indicate that the labels should include a description of each medication provided, either on the label or compartment or as separate written information. The College has received calls from homecare offices indicating that the description is not always provided with the compliance-packaged medication. This description is required by homecare so that the providers can ensure that they are administering the correct medication to their clients.

Please check with your software vendor for labeling options.