



President's Christmas Message

As the magical Christmas season approaches, we find ourselves stretched emotionally, physically and financially – trying to meet the expectations the season brings.

The paradox of our time is interesting – we spend more, but have less, we buy more, but enjoy less. We have bigger houses and smaller families, more conveniences but less time. We have more degrees but less sense, more knowledge, but less judgment, more experts, yet more problems, more medicine, but less wellness.

We've learned to make a living, but not a life. We added years to life but not life to years. We've been all the way to the moon and back, but have trouble crossing the street to meet a new neighbor. We conquered outer space but not inner space. We've cleaned up the air, but polluted the soul.

We've learned to rush, but not to wait. We build more computers to hold more information, but we communicate less. These are the times



of fast foods and slow digestion, steep profits and shallow relationships. These are the days of two incomes but more divorce, fancier houses, but broken homes. These are the days of quick trips, disposable diapers, throwaway morality, overweight bodies, and pills that do everything from cheer, to quiet, to kill. It is a time when there is much in the showroom window and nothing in the stockroom.

As pharmacists, we are human and can get caught in this cycle leaving our lives somewhat unfulfilled.

We face illness and suffering every day as part of our profession however we must make sure we do not distance ourselves from it too much.

Remember, to give a warm hug to the one next to you, because that is the only treasure you can give with your heart and it doesn't cost a cent. Remember, to say, "I love you" to your partner and your loved ones, but most of all mean it. A kiss and an embrace will mend hurt when it comes from deep inside of you. Remember to cherish the moment for someday that person will not be there. Give time to love, give time to speak, and give time to listen for the true meaning of Christmas lies within you.

LIFE IS NOT MEASURED BY THE NUMBER OF BREATHS WE TAKE, BUT BY THE MOMENTS THAT TAKE OUR BREATH AWAY!

On behalf of the SCP Council and staff I wish you a wonderful holiday season and all the best in 2004.

Randy Wisner



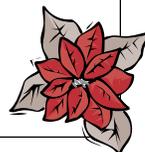
*Wishing you a wonderful
Holiday Season with happiness and
prosperity in the coming year!*

**Andrea Brockmeyer, Carla Cramer, Jeanne Eriksen, Pat Guillemain,
Ray Joubert, Cheryl Klein, Shelley Mayoh, Lori Postnikoff**

Holiday Schedule

Closed December 25 and 26; open December 29, 30, 31;
closed January 1; open January 2.

Regular Office Hours:
8:00 am – 12 noon and 1:00 – 4:30 pm



Inside This Issue

Council Highlights.....	2
Joint Meeting	3
Decision and Order	4
Emergency Contraception	6
From the Desk of the Dean	7
Medical Marihauna	7
Update on HIPA	8
Member Recognition.....	12

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 Wisner, 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,
Secretary/Accounting Clerk
Carla Cramer, Communications &
Events Coordinator (on leave)
Jeanne Eriksen, Assistant Registrar
Pat Guillemain,
Administrative Assistant
Ray Joubert, Registrar
Cheryl Klein,
Senior Administrative Assistant
Shelley Mayoh, Communications
& Events Coordinator
Lori Postnikoff, Field Officer

Council Highlights – November 25, 2003

On November 25, 2003, President Wisner welcomed the Council to Saskatoon. Based on the feedback Council received from Jan Moore, our Policy Governance consultant, the agenda was reformatted to ease the flow of the meeting.

In keeping with Policy Governance, Council reviewed the **Ends policies** of the College. Ends do not describe the organization, rather what will be different in the lives of people because of the organization. Ends are always stated in terms of results or benefits for someone – in our case the people of Saskatchewan. The revised Ends will be made available on the SK page of the NAPRA website at www.napra.ca

Dr. Gill White, Executive Director, Primary Health Services Branch, Saskatchewan Health met with Council via telephone to present a progress report on the development of **primary care in Saskatchewan**, challenges and opportunities and future plans. Dr. White has recently returned from a trip to the U.K. (three members of our College had accompanied Dr. White and his group) in which the group toured various primary care organizations promoting quality improvement and a team environment.

Planning for primary health services at the Regional Health Authority (RHA) level may involve planning committees. Their mandate may be to establish: team formation; health promotion; and chronic health management systems. Council encourages members to approach the Primary Care Director in your RHA if you are interested to serve on such a committee.

Primary Health Services Branch will be examining federal funding opportunities intended for improvement in three areas: primary health care, home care and catastrophic drug coverage. Now is the time to focus on the pharmacist as a member of the primary health care team. Members need to lobby the Director of Primary Health Care in each individual RHA to facilitate how to best

use the expertise available to them as they develop the primary health care teams. Pharmacists need to work together and singly to further our position as valuable members with the skills and abilities necessary to push this initiative forward. This can be achieved by contacting the Primary Health Care Director in your RHA, and/or lobbying for a position on the planning committee within the RHA. Please contact the SCP office for the contact information in your RHA.

A report was presented to Council regarding the current status of the two upcoming conferences that we have agreed to partner: **2004 SAHO Partners in Health: Building the Health Care Mosaic** and **2004 RBSP Annual Conference**. Council has found itself in a difficult position – the Partners in Health Conference is to be held March 21-24, 2004 and the RBSP Conference is March 26-28, 2004 – how do we support both worthwhile conferences?

Council's decision was to continue the long-standing tradition that the College's Annual General Meeting, Awards Ceremony and Presidential Inauguration be held with the provincial annual convention for Saskatchewan pharmacists. The College will be adequately represented at the Partners in Health Conference.

Council received a report on the **District Meetings** that were held throughout the province in October and November. It appears that the implementation of the Emergency Post-coital Contraception Program went smoothly. Please see the update information regarding EPC elsewhere in this issue. Members in attendance at the district meetings discussed the implementation of the new national model Standards of Practice (the "Standards") with copies of the new standards to be distributed in the New Year.

Regarding the Standards, two areas of concern were discussed: documentation and **technicians**. Member consensus suggests the

need for properly trained technicians so the pharmacist can fully accept the role described in the standards. In order to explore that position, Council invited Bonnie Meier, BSP, Program Head, Pharmacy Technician Program at the SIAST campus in Saskatoon, to share information with Council regarding the ability of graduates from the SIAST program, to fulfil the requirements as outlined in the Standards. Ms. Meier is confident that technicians trained at SIAST meet the Standards. The intensive 10-month course adheres to an outcome based curriculum which encompasses aspects of both community and institutional practice. Last year the number of students accepted into the program was increased to 24.

As pharmacists integrate into the primary health care team, more emphasis will be placed on the working relationships within the individual pharmacies. Pharmacy technicians may be the key to maintaining adequate pharmacy services for the community, while allowing the pharmacist to fully participate in the team environment.

Over the past year Council has undergone a review of the **structure of Council** to achieve an acceptable balance between costs of governance and effectiveness. While different models were discussed with members at District Meetings, Council's analysis is that there is a critical number of Councilors required in order to do the work of Council and that our costs of governance are comparable with other organizations. At the end of the process, Council determined that the present structure meets the requirements and will not change.

Council was briefed as to the current situation regarding **international pharmacies**. It has become apparent that some pharmacies are circumventing our standards and by-laws by directly or indirectly providing prescription service to American citizens without a relationship with an Internet site, i.e. receiving orders utilizing fax machines, store front operations, subcontracting from Internet pharmacies, brokering inventory for other pharmacies, and splitting orders by holding multiple accounts with wholesalers to circumvent manufacturer policies.

As these practices violate the intent of Council's policy, Council approved amendments to the current bylaws which will be submitted to the Minister for approval. The new bylaws will broaden the scope of our regulatory process to cover all operations in Saskatchewan involved in some way, either directly or indirectly, in providing prescription services to international patients when such patients have not, or do not, physically attend the pharmacy.

Council elections will be held in March for the following electoral divisions on Council: Divisions 2, 4, 6, and 8. Should you or a colleague be interested in the functions of Council (governing the affairs of the College), please watch for nomination information which will be provided in February, to all practising and non-practising members.

The scheduled date for the next Council meeting is Friday, March 26, 2004 just prior to the **RBSP Conference** in Saskatoon. Please circle March 26-28, 2004 on your calendars for that Conference.

Joint Meeting of Council and the Board

The SCP Council met with the RBSP Board on Wednesday, November 26, 2003, to share information and discuss issues of a mutual interest. While acknowledging that the mandate of each organization is quite different, there are many issues that can be jointly addressed. It was felt that to achieve greater impact, a united front for the profession is deemed to be beneficial when dealing with other stakeholders as we continue to move the profession forward. Topics discussed were:

1. Primary health care and the role of the pharmacist
 - Use the Pharmacy Coalition on Primary Care's document as the basis for both organizations to promote the role of the pharmacist.
 - We will collaborate with the RBSP to develop an inventory

- of interested members and relevant skills.
 - SCP will examine the reduction or elimination of regulatory barriers to the effective involvement of the pharmacist on primary care teams.
2. Internet Pharmacy
 - SCP will continue our role to regulate these operations.
 3. Prescriptive Authority
 - SCP will lead a consultation process with stakeholders.
 4. NIHB Consent Initiative
 - SCP will develop guidelines for members on the position of the pharmacist when beneficiary is unwilling or unable to pay.
 5. Privacy
 - SCP will continue to provide information to members on the impact of federal and provincial legislation.

6. Technicians Ratio
 - SCP will consider this as we implement the new Standards of Practice.
7. Council Structure
 - Advised the RBSP of the recent decision (see Council Highlights).
8. Annual General Meeting
 - Advised the RBSP of the recent decision (see Council Highlights).

The annual joint meeting allows the governing members of each organization to step back, listen to another perspective, re-evaluate current positions, and to reinforce that there is more that unites us than what divides us. It was clear that while focusing from our respective points of view on an issue, the underlying desire of both organizations is to continually improve the profession.

Discipline Committee Decision and Order

On October 28, 2003, the Discipline Committee of the Saskatchewan College of Pharmacists conducted a discipline hearing to consider charges that the Respondent "Pharmacist X", was guilty of professional misconduct within the meaning of section 25 of *The Pharmacy Act, 1996* (the "Act").

The particulars of the charges against "Pharmacist X", are that while engaged as a pharmacist, he/she removed from the pharmacy stock and dispensed to himself without lawful authority, large quantities of narcotics and controlled drugs.

The charges to which "Pharmacist X" pleaded guilty are of a very serious nature and require an Order pursuant to section 34 of the Act. The view of the Committee is that the nature of the charges (to which "Pharmacist X" pleaded guilty), and the need for general deterrence requires a period of licence suspension. Beyond this, "Pharmacist X's" rehabilitation, and the continuing protection of the public, require that his/her continued practice be allowed only subject to conditions that restrict the possible repetition of this activity.

The Discipline Committee hereby makes the following orders pursuant to section 34 of the Act:

1. An order pursuant to section 34(1) (b) that "Pharmacist X's" licence be suspended for a period of 30 days.
2. An order pursuant to section 34 (a) (d) of the Act that "Pharmacist X" may continue to practise only under the following conditions and restrictions:
 - a) Subject to subparagraph 2(b), as long as "Pharmacist X" holds a practising licence, he/she shall be prohibited from ordering and receiving narcotics and controlled drugs.

- b) Notwithstanding subparagraph 2(a), in circumstances where due to the scheduled and temporary absence from the pharmacy in which "Pharmacist X" practices there are no other practising pharmacists who have the authority to order and receive narcotics and controlled drugs, "Pharmacist X" may apply to the Registrar of the Saskatchewan College of Pharmacists (the "College") for permission to apply for a temporary authority to order and receive narcotics and controlled drugs for a period of time not to exceed 28 consecutive days.
- c) Within 30 days of the date of this Order, "Pharmacist X" shall engage a primary care physician (the "Primary Care Physician") and advise the Registrar of the College as to the name of that physician. Further "Pharmacist X" shall maintain ongoing contact with that Primary Care Physician and this primary care physician will be the sole and exclusive prescriber of any narcotics or controlled drugs to "Pharmacist X".
- d) "Pharmacist X" shall abstain from the use of any medication not prescribed by the Primary Care Physician or other physician to whom "Pharmacist X" has been referred to by his Primary Care Physician, other than acetaminophen, ibuprofen or OTC topical preparations, and abstain from any non-prescription items which could be used for mood-altering purposes such as dimenhydrinate, antihistamines, muscle relaxants, or cough and cold preparations.
- e) "Pharmacist X" shall abstain from the use of alcohol.
- f) "Pharmacist X" shall attend PAR Consultants for a period of time and a frequency determined to be advisable by "Pharmacist X's" therapist at PAR Consultants.

Temporary Health Coverage

A member has contacted the office to report that some pharmacies do not assist patients who present with temporary health coverage documents, allegedly because of the additional time required to handle the manual claims. While we acknowledge that it does take extra time to process the manual claim for a patient presenting with a temporary health card, this practice at best inconveniences the patient and may lead to a negative outcome for the patient.

This type of refusal to fill is a difficult position to defend: either we believe that there is value in attending one pharmacy for all prescription

and professional needs, or there isn't. Just as members cannot ethically turn away patients with prescriptions that require extensive counselling, or prescriptions that contain an obvious mistake, because of the extra time required to resolve the situation, one cannot pick and choose patients based on the ease of billing for different programs.



Duty of Care

Occasionally members may find themselves in the unenviable position of choosing between their professional responsibilities and business practices. Under duty of care, pharmacists have a responsibility to ensure continuity of care until the patient is able to find another pharmacy or pharmacist. For example should members decide that they can no longer provide the service because of costs, adequate notice of at least seven days must be given to the patient, and if warranted under the circumstances, their physician.

- g) "Pharmacist X" shall attend meetings of Alcoholics Anonymous with the frequency of such attendance to be determined by "Pharmacist X's" therapist at PAR Consultants.
- h) As long as "Pharmacist X" holds a practising licence, "Pharmacist X" shall submit to random urine tests and monitoring and agree that the results of all tests shall be forwarded to the Registrar of the College with the costs of all testing and reporting being born by "Pharmacist X".
- i) In the event of a positive urine screen where "Pharmacist X" is unable to produce a valid and appropriate prescription from a physician or in the absence of a medical opinion justifying the positive urine screen:
- (i) "Pharmacist X" will immediately be required to attend an inpatient rehabilitation centre and remain at the rehabilitation centre for the duration of the treatment and further, "Pharmacist X" will sign a voluntary undertaking not to practise pharmacy in Saskatchewan until the Registrar of the College receives a report from the rehabilitation centre, the Primary Care Physician or the therapist at PAR Consultants that indicates he/she is able to safely return to the practice.
- j) "Pharmacist X" shall authorize his/her Primary Care Physician and therapist from PAR Consultants to submit brief quarterly assessments as may be requested by the Registrar of the College regarding "Pharmacist X's" condition, treatment, treatment compliance and ability to safely practise pharmacy. The costs of such reports shall be born by "Pharmacist X".
- k) "Pharmacist X" shall advise the Registrar of the College of any changes in his/her employment status and specifically advise should he/she leave the employment of the current pharmacy to practise pharmacy elsewhere in Saskatchewan.
- l) Within twelve months of the date of the Order, a field officer of the College will conduct at least two inspections of the pharmacy where "Pharmacist X" is employed which inspections may be either prearranged or unannounced. The costs of the inspections will be born by "Pharmacist X" and the cost of each inspection shall be fixed in the amount of \$300.00 payable to the College within 30 days of the date of each inspection. The purpose of the inspections will be, *inter alia*, to ensure that all regulations are being followed as to inventory, perpetual balances and record keeping of narcotics and controlled drugs.
3. Pursuant to section 34(2) (a) (ii), "Pharmacist X" shall pay a portion of the costs of the investigation and hearing in an amount fixed at \$5,000.00. The costs shall be paid on or before April 1, 2004. Failing payment, "Pharmacist X" shall be suspended pursuant to section 34(2) (b) of the Act.
4. A summary of the circumstances surrounding the charge and this Discipline Order shall be published in the College newsletter with the member being identified as "Pharmacist X" and also without identifying the name of the pharmacy or its location.
5. The Registrar shall advise Health Canada in writing as to the restrictions applicable to "Pharmacist X" in ordering and receiving narcotics and controlled drugs.

Professional Judgement

(Reprinted with authorization from the Newfoundland Pharmaceutical Association)

At times we are told as pharmacists to use "professional judgement". At what point does "professional judgement" become failure to abide by regulations or standards and possibly "professional misconduct"?

This is an excellent question, and unfortunately one for which there is no clear answer. As pharmacists, we make hundreds of professional judgement calls every week. These judgment calls are usually decided after consideration of a number of factors that include the actual wording of regulations or standards, our

past experiences, our knowledge of this specific patient and their health history, and ultimately "the best interests of the patient". It is important to note, however, that "the best interests of the patient" is not necessarily synonymous with what is most convenient, or easiest, or most inexpensive for the patient, or that the patient's wishes must be accommodated regardless of all other factors.

To quote advice given by the Ontario College of Pharmacists in response to a similar question, "When making a decision based on

professional judgement, you are sure to be on solid ground if your decision is one that any reasonable pharmacist would also make; if your decision is made in the best interest of the patient; and if you document what you did or didn't do and why."



Emergency Contraception by Dr. Shannan Neubauer

A total of 38.4% of Saskatchewan pharmacists have been certified to prescribe emergency contraception via the provincial Continuing Professional Development's live programs. An additional 3.2% of pharmacists have obtained their training and certification via CPhA's web-based program. If you have obtained your certification via the web-based program, please fax a copy of your notification to SCP. CPhA also has a facilitator's workbook on emergency contraception for those pharmacists who prefer a printed program.

What's New?

The Society of Obstetrics and Gynecology of Canada's updated emergency contraception guidelines were published in September. An important new change for prescribing pharmacists to know about is the approved dosing regimen for levonorgestrel (**Plan B**). A study has demonstrated that **levonorgestrel 1.5mg (two tablets taken together) administered as soon as possible**, but up to five days post-coitus, is as effective as levonorgestrel 0.75mg q12h. There was no higher incidence of adverse effects with this dosing regimen. Clearly, this new regimen will significantly improve compliance. There is no change to the Yuzpe (combined oral contraceptives) regimen – it remains a q12h regimen.

As you know, the sooner after coitus emergency contraception is taken, the more effective it is. The new guidelines extend the post-coital period of emergency contraception usage to **five days**. Pharmacists are reminded that insertion of an IUD is certainly more effective than emergency contraception. However, the potential delays associated with obtaining an IUD and having it inserted, may compromise the effective time frame for emergency contraception efficacy.

The updated emergency contraception clinical practice guidelines can be found on the SOGC website at www.sogc.org. Click on "Clinical

Practice Guidelines" then "gynecology" and scroll down to the bottom of the table for the emergency contraception guidelines.

Questions from Pharmacists

A workshop participant asked for the percentage of cases where emergency contraception acts to prevent / delay ovulation versus preventing fertilization versus preventing implantation (i.e. mechanistically, what is happening for most ECP takers?). I was unable to locate scientific literature which documented this information regarding emergency contraception. Studies designed to determine when ovulation occurs in women rely upon serial transvaginal ultrasounds. During these ultrasounds, the follicle in the ovary is identified and its development is tracked until it is released from the ovary. One can appreciate that to study emergency contraception's mechanism of action during actual usage that researchers would have to recruit women into a study at the time of an emergency contraception request. Serial transvaginal ultrasounds, while certainly safe, require highly motivated study participants. For now, our best way to determine its mechanism of action in a particular patient is to estimate the time of ovulation from the woman's last menstrual period and her typical cycle length.

Another question regarded the media reports in July 2003 about the ovulatory patterns of women. You might recall that a Saskatchewan gynecologist who specializes in infertility was interviewed following the publishing of his study's results. Dr. Pierson was investigating the follicular development in women. What the study demonstrated was that contrary to published texts on human reproduction, one follicle is not selected early for development. Instead, during the pre-ovulation period a series of follicles grow/develop, then atrophy. This pattern is consistent with what is seen in large animals. Although the media incorrectly reported that

women consistently ovulate more than once per month, the actual article clearly states that this is not the case. These multiple follicles are NOT released from the ovary (i.e. they are anovulatory follicles). Ovulation still occurs on or around day 14 when in most cases, one follicle is released.

A final word ... or two!

SCP has developed emergency contraception Standards of Practice which clearly outline the prescribing pharmacists' responsibilities around age of consent for sex and non-consensual sex with a minor. Please obtain a copy of these and store them with your ECP documentation.

Some Saskatchewan pharmacists are reporting a significant number of patients seeking emergency contraception services. It is important for our profession to collect data which demonstrates the incidence of our prescribing of emergency contraception versus dispensing of it via another professional's prescription. Please take a few minutes to complete the survey circulated with last month's newsletter and return it in the stamped envelope.

Medication Compatibility Chart

The Saskatoon Health Region/St. Paul's Hospital's IV Medication Compatibility chart was recently updated. It includes additive and Y-site compatibility information for over 90 medications. The chart measures 25" x 25" (63cm x 63cm), is full colour and has a gloss finish. The cost per chart is \$10.00. If you are interested in purchasing copies of the chart, please contact Anita at 655-2260 and she will fax you an order form.

From the Desk of the Dean



Dr. Dennis Gorecki
College of Pharmacy and Nutrition

Last year, the university introduced a comprehensive, integrated planning process to guide future initiatives and resource allocation. Colleges and administrative units were asked to submit four-year strategic plans to ensure that their activities are aligned with those of the institution, as articulated by President MacKinnon in the document ***Renewing the Dream, University of Saskatchewan Strategic Directions***.

The planning process undertaken was a valuable experience. It enabled the College to revise its ***Strategic Plan***, which is an important component in preparing for the next cycle of national accreditation reviews (Pharmacy accreditation scheduled for Fall 2004). We have confirmed that our College's goals are very closely aligned with those of the university. These include:

- Intensifying research through a new ***Research Plan*** that will enable us to build critical mass in specific areas of pre-eminence (Biomolecular Design, Child Development and Infant Exposure, and Primary and Ambu-

latory Care) and generate increased research funding, especially from Tri-Council agencies.

- Expanding and enhancing the Pharmacy and Nutrition graduate programs.
- Continuing to provide high quality undergraduate programs that are innovative and enrich the student experience. To do this, it is essential to increase and solidify resources to support our practitioner partners who deliver essential practice components of both programs. We will also continue to strive for diversity and excellence in the student body.
- Supporting the valuable professional service programs at the College.
- Providing a supportive environment that includes a healthy and productive work and study climate that encourages diversity and individual development, celebrates success, provides a solid infrastructure (e.g., through a ***Space Plan*** and an ***IT Plan***) and enhances revenue opportunities.
- Fostering collaborations and partnerships with colleagues at our university and at others, as well as in health care, government and industry.
- Building new relationships with Aboriginal communities and doing more to pursue international initiatives.

We have developed detailed strategies to achieve our goals, and have identified targets and outcome measures to assess progress during this planning cycle. We have established internal priorities and clarified decisions regarding allocation and effective use of resources, as well as the generation of revenue through fund-raising and requests to a new university ***Academic Priorities Fund***.

At this time the ***Provost's Committee on Integrated Planning*** (the main planning and budgetary body) and the ***College Plan Review Committee of University Council*** (responsible for academic affairs) are assessing our plan, and we expect to receive feedback in the spring. It is true that the university is encountering overall operating budget challenges, and will continue to press its case with the provincial government. A number of measures have recently been proposed with the goal of managing this structural deficit, while still pursuing the important and exciting renewal directions for the future.

All signs for the future, as outlined in the ***Environmental Scan*** that was conducted as part of the process, point to expanding roles and outstanding opportunities for graduates of the Pharmacy and Nutrition undergraduate programs and graduate programs.

Medical Marihuana

On September 16, 2003 Health Canada through the Drug Strategy and Controlled Substances Programme, hosted a stakeholder meeting with representatives of the Canadian pharmacists' community. The focus of the meeting was to discuss alternative mechanisms for distributing marihuana for medical purposes in Canada and the feasibility of pharmacists being part of the distribution chain.

Health Canada is looking for an alternative to the traditional prescription-based system for distribution. Given that the safety and

efficacy of marihuana has not been proven, it was suggested that practitioners would not be comfortable issuing a prescription. Therefore Health Canada officials are looking at alternative methods of distribution, but no final decision has been made.

Since there is insufficient scientific research regarding the medical benefits of marihuana, the point was made that Health Canada should position distribution through pharmacies as "facilitating compassionate use", rather than alluding to a distributive function, to reflect the

patient care aspect provided by pharmacists. Further meetings with the medical community have been scheduled.

At this point in time, the *Interim Policy for the Provision of Marihuana Seeds and Dried Marihuana Product for Medical Purpose in Canada* remains in place. Eligibility criteria for marihuana for medical purposes can be accessed on the Health Canada website, www.hc-sc.gc.ca/hecs-sesc/ocma/publication/interim_policy/5_eligibility_criteria.htm

UPDATE on The Health Information Protection Act (HIPA)

The *Health Information Protection Act* (HIPA) became law in Saskatchewan on September 1, 2003. All trustees as defined under the Act are required to comply with the legislation. The government of Saskatchewan believes that trustees will be reasonably compliant with HIPA but recognize that some additional time may be required to become fully compliant. Trustees, therefore, have been given a “grace period” to work towards compliance with HIPA.

Pharmacists and pharmacies should begin taking steps to ensure that the way they handle personal health information complies with HIPA as penalties for non-compliance are severe.

The Act applies to individuals and corporations called trustees who have custody and control of personal health information. Trustees include pharmacy proprietors as defined in *The Pharmacy Act, 1996*, members of regulated health professions including pharmacists, health professional regulatory bodies including the Saskatchewan College of Pharmacists, regional health authorities, affiliates, ambulance operators, and government institutions to name a few.

The only circumstance where a pharmacist is not a trustee is if he or she is an employee of a trustee. For example, if a regional health authority employs a pharmacist, the regional health authority is the trustee under HIPA not the pharmacist, but employers are required to ensure that employees comply with HIPA. However, this does not absolve the pharmacist from ethical responsibilities to protect the patient’s privacy and right of confidentiality.

Series of Rights

Generally, HIPA defines “personal health information” as any information about an individual, living or deceased, related to the individual’s health or related to a health service received by the individual or the individual’s health registration information. The Act

identifies a series of rights that individuals have in regard to their personal health information, including:

- The right to consent to the use and disclosure of their personal health information.
- The right to revoke consent.
- The right to prevent access to a comprehensive health record.
- The right to be informed about the anticipated uses and disclosures of their personal health information.
- The right to be informed about disclosures without consent. This right does not apply to the disclosure of personal health information for the purposes of where consent is deemed to exist. Where trustees are part of the circle of providers of care for the individual, consent is deemed to exist allowing that circle of providers to disclose to one another relevant information about that individual. **The trustee can only disclose to another trustee what they need to know for the stated purpose in accordance with the ethical practices of the profession. The trustee must have policies and procedures in place to restrict the disclosure of personal health information to those persons who require the information to carry out the stated purpose.** For example, a pharmacist may share a patient’s prescription drug history with the patient’s attending physician without obtaining consent from the patient if the information is relevant to the care being given.
- The right to refuse to provide their Health Services Number as identification for a non-health service.
- The right to access personal health information about oneself in the trustee’s records. It should be noted that there are limited circumstances identified in the Act where a trustee may refuse to grant an applicant access to his or her personal health information, for example, if in the

opinion of the trustee, knowledge of the information could reasonably be expected to endanger the mental or physical health or the safety of the individual or another person.

- The right to request amendments to records containing their personal health information.
- The right to apply to the Information and Privacy Commissioner to request a review of an action taken or a decision made by a trustee with respect to the individual’s personal health information and to appeal to the court a decision made by a trustee with respect to the trustee’s compliance or non-compliance with a recommendation by the Commissioner.
- The right to designate another person to make decisions about one’s personal health information.

Duties and Responsibilities

The Act also identifies a number of duties that trustees have with respect to the protection and safeguarding of the personal health information that they hold and establishes a common set of rules with respect to the collection, use and disclosure of this personal health information. Some of these responsibilities include:

- To collect, use and disclose only the personal health information that is reasonably necessary for the purposes of a program, activity or service of the trustee and that the personal health information collected can reasonably be expected to benefit the individual.



- To have policies and procedures to restrict employee access to only that personal health information which the employee needs to know to carry out their duties.
- Where practicable, to use or disclose only de-identified personal health information if it will serve the purpose.
- There may be times when an individual will not be able to exercise their rights or powers under HIPA with respect to their personal health information. HIPA identifies who can exercise the individual's rights or powers in these circumstances (for example, estate administrators, personal guardian, legal custodian for persons under 18 years where in the opinion of the trustee the exercise of the right or power would not constitute an unreasonable invasion of the privacy of the individual). Trustees should make themselves familiar with these circumstances and have processes in place to allow others to exercise the rights or powers of an individual under HIPA.
- To identify where consent is required for the use and disclosure of personal health information or where consent is deemed to exist.
- To take reasonable steps to inform an individual of the anticipated uses and disclosures of their personal health information.
- To establish policies and procedures to promote knowledge and awareness of the rights extended to individuals.
- To take reasonable steps to inform an individual about any disclosures of that individual's personal health information made without the individual's consent.
- To establish policies and procedures to maintain the administrative, technical and physical safeguards of personal health information that will:
 - protect the integrity, accuracy and confidentiality of the information;
 - protect against any reasonably anticipated threat or hazard to the security or integrity of the information, loss of the information, or unauthorized access to or use, disclosure or modification of the information; and
 - ensure compliance of your employees with the Act.
- To have a written policy concerning the retention and destruction of personal health information that meets any requirements set out in the regulations and to comply with that policy.
- To enter into a written legal agreement where the trustee has provided personal health information to an information management service provider for the purpose of having the information management service provider process, store, archive or destroy the personal health information for the trustee. The agreement must address all aspects of the service provided to the trustee including ensuring protection for the information and clearly stating that the trustee retains all responsibility for decisions about the personal health information.
- Where a trustee discloses personal health information to a person who is not a trustee, the trustee must:
 - take responsible steps to verify the identify of the person to whom the information is disclosed; and
 - where the disclosure is made without consent of the individual, take reasonable steps to ensure that the person is aware that the information must not be used or disclosed for any purpose other than the purpose for which it was disclosed.
- Where a trustee ceases to be a trustee (e.g. sells the business or practice) the duties imposed by HIPA continue to apply to the former trustee until the former trustee transfers custody and control of the personal health information to another trustee or to an information management service provider that is a designated archive. HIPA expects trustees to provide reasonable notice of the transfer of personal information to another trustee.
- Where a trustee dies the duties imposed by HIPA continue to apply to the personal representative until the personal representative transfers custody and control of the personal health information to another trustee or to an information management service provider that is a designated archive.
- HIPA provides rules for the collection, use and disclosure of personal health information. Specifically, it provides for disclosure with express consent for any reason, with deemed consent for limited reasons (mostly related to the provision of services), and without consent for limited reasons listed in the Act (e.g., where lawful authority exists or where the trustee believes, on reasonable grounds, that the disclosure will avoid or minimize a danger to the health or safety of any person). Where consent is deemed to exist for the use and disclosure of personal health information, HIPA places additional responsibilities on trustees to ensure information is used appropriately and only as necessary to provide the care. Trustees are required to establish policies and procedures where consent is deemed to exist to restrict the disclosure of personal health information to only those people who need to know the information to carry out the purpose for which the information was collected. And in those cases where the trustee is a health professional the use and disclosure of personal health information by the trustee must be only within the ethical practices of the health profession.

continued ...

UPDATE on The Health Information Protection Act (HIPA) continued

Other Details

There are a number of other details that trustees should be aware of and the College will advise members in subsequent newsletters on a topic by topic basis.

The Act also:

- Establishes an independent third party arbitrator (Information and Privacy Commissioner) to handle complaints and monitor enforcement of the legislation;
- Prevails over other Acts with respect to personal health information where there is a conflict or inconsistency between HIPA and any other Act or regulation;
- Exempts a particular list of Acts, for example *The Public Health Act* or *The Mental Health Services Act*, from certain provisions of HIPA; and
- Describes the relationship between trustees and information service providers (those who process, store, archive or destroy

personal health information through information management or technology services on behalf of a trustee) who must act in accordance with directions from the trustee.

HIPA does not:

- Require a trustee to disclose information;
- Tell trustees what to collect, use or disclose other than require that **whatever personal health information is collected, used or disclosed must be for the purpose of the program, activity, or service of the trustee.**
- Provide detail on daily management of information;
- Apply to statistical or de-identified personal health information, to personal health information about persons who are dead for more than 30 years or, records over 120 years old; and
- Permit actions against a trustee with respect to "the use or dis-

closure in good faith of personal health information pursuant to this Act".

For More Information

Regulations under the Act are being developed, and we will advise members of how these regulations will affect you.

For more information regarding HIPA and its application, you can contact:

- The Saskatchewan College of Pharmacists
- The Saskatchewan Health Internet website provides information about *The Health Information Protection Act* including access to the Act and other tools to assist in interpreting and applying the Act. This information can be found at www.health.gov.sk.ca/ph_br_health_leg_hipamain.html
- The Policy and Planning Branch, Saskatchewan Health, email address at ppbweb@health.gov.sk.ca

Mark your calendars...

Second Annual Partners in Health Conference and Exhibition

March 21 - 24, 2004

Saskatchewan Centre of the Arts
Regina, Saskatchewan

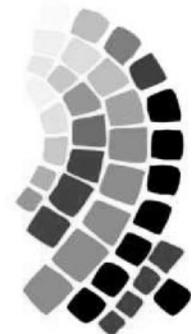
Conference: March 21-24, 2004
Exhibition: March 22 & 23, 2004

Watch for more information coming soon
or check out our web site

www.saho.org

Partners in Health 2004

Building *the* Health Care Mosaic



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Saskatchewan Association of
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HEALTH
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Supporting partners:

Saskatchewan Association of Licensed Practical Nurses
Saskatchewan College of Pharmacists
Saskatchewan Emergency Medical Services Association
Saskatchewan Medical Association
Saskatchewan Registered Nurses Association



OPPORTUNITY FOR INNOVATIVE PHARMACIST.

Come join the team at newly opened
Shoppers Drug Mart #2211 in Nanaimo, BC.

If you have good communication skills and a drive for professional excellence, you will be interested in joining our team. We offer a dynamic, innovative environment, in a brand new store with the latest dispensary design including a private consultation room supplied with the **Healthwatch®** line of patient education and disease management tools. There is excellent technician support, and an unsurpassed commitment to supporting your professional development. As your Associate at **Shoppers Drug Mart #2211**, I actively support your continuing education. In addition to designated professional development days, we are part of the only retail pharmacy organization offering an annual three-day conference to full time and permanent part-time pharmacists. Each pharmacist is also supported with a **\$200.00** annual continuing education discretionary budget.

For further information regarding our competitive wages, benefit package, RRSP Equity Plan, and evening shift premium call me, Blair Tymchuk at:

Shoppers Drug Mart #2211,
 38-3200 Island Highway, Nanaimo, BC V9R 1T1
 (250) 756-4991
 Email: asdm2211@shoppersdrugmart.ca

Radville Family Pharmacy For Sale

Owner Retiring

Excellent Regional Location

Sales in excess of \$1,200,000 (no tobacco)

Fully modern 3000 square ft pharmacy

RX volume in excess of 28,000 last year (increasing)

Newly installed two workstation
 pharmacy computer system to permit tech work.

REGIONAL HEALTH CARE CENTRE, 2 Doctors,
 49 Bed Nursing Home, 30 Unit Senior Apartments

Radville is a very stable South Central SK community located in a mixed farming, ranching and grain farming area. Regional (Office Centre) for services. I.e: Health Nurse, School Unit, Lawyer, Chartered Accounting Firm, Regional Ambulance EMT, Sask Power, TWC Financial Corporation (Large 85 Staff Employer)

Ron, Radville Pharmacy
 121 Main Street
 Box 702
 Radville, SK S0C 2G0

Phone: (306) 869-3183 (Bus.) or (306) 869-2690 (Res)
 Fax: (306) 869-3258
 Email: philronfarm@hotmail.com

**RELIEF OR FULL TIME PHARMACIST
 REQUIRED FOR A GUARDIAN DRUG STORE
 IN FORT SMITH, NWT**

The population is 2,500 and is approximately a 4 hour drive from the Alberta border. Fort Smith features a number of outdoor activities including hunting, kayaking, canoeing, a 9 hole golf course, hiking and biking paths, and a multi-dimensional recreation centre.

**IF YOU ARE INTERESTED IN EITHER
 OF THE ABOVE POSITIONS ...
 PLEASE CONTACT MYSELF AS SOON AS POSSIBLE.
 I AM LOOKING FOR A FULL TIME PHARMACIST
 BUT WILL TAKE RELIEF POSITIONS
 UNTIL A FULL TIME POSITION IS TAKEN.**

There are no exams required to practise pharmacy in the NWT. What is needed is a license in good standing from any province in Canada.

Please call Larry Ring @ 1-867-874-6744

Email: rings@ssimicro.com



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Pharmacists

Becoming a HEALTHWATCH Pharmacist means taking your career to the leading edge. Our passion for pharmacy and commitment to the community is unmatched in Canada - and our unique pharmacy ownership concept offers you the opportunity to own a pharmacy without an initial financial investment.

We've added a lot to our pharmacies to make them the best, now we're looking to add you.

Please apply in writing to: sbeaudry@shoppersdrugmart.ca or Fax: (306) 586-8572

We are an equal opportunity employer. We thank all applicants; however, only those selected for an interview will be contacted.



PHARMACIST WANTED

Rocky Mountain House Co-op Pharmacy in beautiful Rocky Mountain House, Alberta is looking for a full and/or part time pharmacist to come and join their team. The pharmacy has been open for 2 years. Hours of operation are Monday to Friday 9:00 to 7:00 and Saturday 9:00 to 6:00. We are closed on Sundays and holidays. The Co-op offers an excellent benefit plan and pension plan, as well as various other staff perks such as BBQ's, staff discounts, and other staff functions. The community has a population of 6000 plus, and up to 14000 in the trading area. We are close to the mountains and there are a wide variety of activities offered in the community. Wages are negotiable. To inquire, please call

**Leanna Overwater @ 403-845-7754 at work,
 or 403-845-2350 at home in the evenings.**



STAFF PHARMACIST

Sunrise Health Region has an opening for a permanent full-time Staff Pharmacist at the Yorkton Regional Health Centre in Yorkton, Sask.

Salaries are competitive to retail market and bursary assistance may be available to students.

If interested, please contact us at:

Human Resources, Sunrise Health Region
 270 Bradbrooke Drive, Yorkton, Saskatchewan S3N 2K6
 Phone: (306) 786-0740 • Fax: (306) 786-0741
 Email: resume@shr.sk.ca • Website: www.shr.sk.ca

MEMBER RECOGNITION

SCP Awards

Each year during the Annual Conference, we take the opportunity to recognize those members who have contributed to the profession and their communities. The joint SCP and RBSP Awards and Honours Committee invite you to nominate a colleague(s) who you know has made significant contributions to his/her profession and community, and is justly deserving of a College award.

1. SCP Members

Honorary Life Member – to recognize a pharmacist for outstanding contributions to the profession or the College.

- Outstanding contributions to the Saskatchewan College of Pharmacists;
- And/or a distinguished record of service to the Saskatchewan College of Pharmacists;
- And/or specific achievements that enhanced the profession;
- And/or through long term service to the profession with a distinguished record;
- And/or has a distinguished record of professional service to the community.

Presidential Citation – recognition of a pharmacist who has provided exemplary service through the practice of pharmacy, to the profession or to society, which is beyond the normal call of professional or voluntary duty.

Certificate of Recognition – outstanding service to the Saskatchewan College of Pharmacists.

2. Non-Members

Honorary Member – to recognize any person for outstanding contributions to the profession and/or the College beyond the normal call of professional or voluntary obligations.

- An outstanding single contribution to the Saskatchewan College of Pharmacists;
- And/or a distinguished record of service to the Saskatchewan College of Pharmacists;
- And/or a single specific achievement that enhanced the profession;
- And/or through long term service to the profession with a distinguished record;
- And/or has distinguished record of professional service to the community.
- An Honorary Member is not a pharmacist.

Award of Merit – to recognize any person, who through their active participation has promoted the College, and/or the profession of pharmacy in Saskatchewan.

Nomination forms and/or terms of reference for these awards are available upon request from the SCP office.

Deadline for receipt of nominations is January 31, 2004.

Member Honored

Arlene Kuntz, SPhA Past President (1990-1991) and Regina pharmacist, has recently been recognized twice for her exceptional professional practice.

In October, Mrs. Kuntz received the Canadian Diabetes Association Diabetes Educator Section "Being There" Conference Scholarship Award, at the CDA/CSEM Professional Conference in Ottawa. While only in its second year, this award sponsored by Novo Nordisk Canada Inc., is to support the professional development of health professionals in their specialty practice.

From the CDA, "The many great successes the CDA has had over the years have depended on individuals making an extraordinary effort by devoting tremendous time, energy and thought to the cause of helping, directly or indirectly, people with diabetes. One such individual is Arlene Kuntz."

November 16, 2003, found Arlene in Calgary to be recognized as the Shoppers Drug Mart "Pharmacist of the Year" for the Prairie Region. The pharmacist is nominated by her associate, colleagues, or patients.

The decision is based on input from the nominators and the nominee's commitment to their practices.

Please join us in congratulating Arlene for her dedication to her patients and to the profession.

SPEED READING

Triplicate Prescriptions and Out of Province Prescribers

If you receive a prescription for Tylenol No.2 or 3 from a physician licensed to practise in another province, it does not need to be on a triplicate. Saskatchewan is the only province that monitors Tylenol No 2 and 3 on triplicate. The onus is on the pharmacist to ensure the prescriber is registered and entitled under the laws of a province to prac-

tice in that province. (CDSA – Section 2) and that all federal regulations regarding a verbal prescription narcotic are adhered to.

Participants in the Triplicate Prescription Program

The participants of this program are the College of Dental Surgeons of Saskatchewan, the College of Physicians and Surgeons of Saskatchewan and the Saskatchewan

College of Pharmacists. You will note that the College of Veterinary Surgeons of Saskatchewan are not participants, and its members do not have triplicate prescription pads. The information is tracked via the Saskatchewan Health Services personal health number of the individual patient and therefore, no prescriptions for animals can be tracked.