



New Name and Logo

One of the amendments to *The Pharmacy Act, 1996* that became law September 1, 2003 changed our name to the **Saskatchewan College of Pharmacists**. This has prompted a review of our visual identity, including our logo.

When we discussed this at last year's district meetings, members generally supported the name change. However a significant majority suggested that a new logo should combine past traditions with a modern design to be compatible with the new name. Our new logo attempts to achieve this goal.

The logo is a stylized adaptation of the traditional mortar and pestle resembling a person with outstretched arms. The person represents self-regulation, guidance, support, partnership and quality assurance. The square graphic gives the logo a base suggesting strength and stability while representing the province with the person reaching beyond our borders. The white oval within the graphic represents the circle of life and continuity of care. The traditional or formal colors compliment the modern feel for the logo.

Health Information Protection Act – Important for Pharmacists

The Health Information Protection Act (HIPA) and an amendment Act were proclaimed into law effective September 1, 2003. The main feature is that the Act applies to individuals and corporations who have custody and control of the personal health information of individuals receiving health care services in Saskatchewan. They are defined as 'trustees' because they hold personal health information 'in trust' and must manage it in the interests of the individual.

Trustees include, among others, members of regulated professions along with the professional regulatory bodies, pharmacy proprietors, and regional health authorities. This means that pharmacists, pharmacies and the Saskatchewan College of Pharmacists are trustees, but where the health professional is an employee of a trustee, the employer is considered the trustee.

The Act legislates the rights of

individuals and obligations of trustees to protect those rights.

Regulations under the Act are being developed, and we will advise members of how these regulations will affect you as soon as they are available. To review the Health Information Protection Act in its entirety please check the Saskatchewan Health Website www.health.gov.sk.ca

We will provide information regarding HIPA (provincial legislation) and PIPEDA (federal legislation) in the coming weeks.

How We Counsel is Important!

While we all know that counselling patients on their medications is imperative, we may not always be as careful with how we counsel.

The following scenario occurred recently and while the person who contacted the office did not want to lodge a formal complaint the individual did want the membership to be made aware of this situation.

A gentleman contacted the SCP office regarding his 88 year old mother. She had a urinary tract infection and visited her physician who prescribed an antibiotic. The pharmacist attached an auxiliary label to the prescription vial, which stated, "Take with plenty of water."

Unfortunately to this woman that meant eight glasses of water a day which she dutifully drank. This in turn caused low sodium levels with the end result that she fell, broke her hip, was hospitalized and regrettably passed away.

This every day occurrence of attaching an auxiliary label to a prescription thankfully does not always have such an outcome, but it does emphasize the need for thorough counselling whether it is in verbal or in written form. Directions that we take for granted can and do mean different things to different patients and it is the pharmacist's responsibility to ensure that the patient understands our intent.

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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 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, Receptionist

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 – September 23-24, 2003

September 23 and 24, 2003 marked the first time Council met under the organization name of **Saskatchewan College of Pharmacists**.

Council met in Regina for a one-day retreat on Policy Governance with Jan Moore of Jannice (Jan) Moore & Associates, Ltd. to provide orientation for new councillors, a refresher for experienced councillors and an opportunity to review the Council policies which Council utilizes to focus their work and monitor the affairs of the College.

The Council of the College acts on behalf of the membership to protect the public interest, therefore it is important to link with the public to determine what it is that the public needs and expects from our members. During the Council meeting held in conjunction with the RBSP 2003 Conference in Moose Jaw, Council had issued an invitation to the public to attend an open forum which was unsuccessful in attracting participants. Council discussed options for developing ownership linkages with the public and has struck a committee to develop an Ownership Linkage Plan for Council. They will submit a report at the next Council meeting.

Representatives from the Pharmacy Coalition on Primary Health Care met with the directors of the Regional Health Authorities on September 17, 2003. The directors were very supportive; they want the pharmacists working within the health care team, assisting in the Regional Health Authorities. They understand that the pharmacist will have to be paid and are seeking solutions as to how to get our members involved. The focus for the College is to proceed with the elimination of regulatory barriers that may prevent the integration of members onto these teams.

In 2003 we partnered with SAHO and other regulatory bodies to host the Partners in Health Conference in Saskatoon. Response to our participation has been excellent and so we have been invited once again to

participate. Upon review of Council's Ends policies it was decided that the College should participate in the Conference on March 21 to 24, 2004, in Regina. Watch for further details as they become available.

Immediately following the Partners in Health Conference is the 3rd annual RBSP Conference to be held in Saskatoon, March 26 to 28, 2004. Council policy is to maintain a close relationship with our advocacy organization and believes the tradition of holding a Council meeting, our Annual General Meeting, awards presentations and President's inauguration ceremony at the conference is important to that relationship.

Council reviewed the proposed agenda for the fall district meetings which were held in October and November across the province beginning with the Regina meeting on Tuesday, October 14, 2003.

Health Canada convened a stakeholder forum on September 16, 2003 to discuss a proposal to distribute marijuana through pharmacies. This proposal arose from various court decisions compelling the federal government to establish an effective distribution system pursuant to the new Marijuana Medical Access Regulations. These regulations permit physicians to distribute marijuana to authorized patients.

Our current position supports the distribution of marijuana through pharmacies. The main reasons are accessibility, and the existence of sufficient infrastructure to ensure security and safe distribution. We believe this position remains valid even though quality might be compromised because marijuana is not an approved drug and access will be limited to only qualified patients. At the date of writing there has been no formal change to the current distribution system to physicians. We will be notifying members of any changes once we have received pertinent information from Health Canada.

September 1, 2003 was also the date that pharmacists in Saskatch-

ewan were legally able to prescribe emergency post-coital contraception. Although the exact number of participants is difficult to pinpoint (some members received their certification via the CPhA on-line program and others received their certification with the B.C. program)

at last count we had 447 members certified and 235 pharmacies have included their name on the listing that is posted on our website and is shared with interested parties such as the Regional Health Authorities, Planned Parenthood and the provincial HealthLine. Unfortunately

at this time we do not have statistics on the number of interactions members have had with women seeking this service.

The next meeting of Council is scheduled for November 25, 2003.

National Association of Pharmacy Regulatory Authorities (NAPRA)

While one may read from time to time in the Newsletter about documents/projects emanating from NAPRA we often get the question, so what does NAPRA do for us? The following is a brief summary of the work that is undertaken on behalf of the pharmacy regulatory authority at a cost much lower than could be achieved if each member worked independently.

The original four goals and objectives which were established in 1995 remain today:

GOAL #1: Information clearing-house and service agency

GOAL #2: Representation, promotion and facilitation of regulators' interests

GOAL #3: Harmonization of drug schedules and conditions for sale of drugs

GOAL #4: Development and harmonization of model legislation and standards

Accomplishments that have been achieved nationally through the work of NAPRA:

1. NAPRA brought harmonized drug schedules into Canada which is accessible to all pharmacists via the Web. This has alleviated the need for provinces to maintain their own drug scheduling processes; maintains drug scheduling decisions under the auspices of pharmacy. This is done through the operation of the National Drug Scheduling Advisory Committee (NDSAC).
2. NAPRA advises on federal initiatives relevant to public protection and pharmacy and provides a cost-effective opportunity for pro-

vincial updating and input at the national level.

3. NAPRA serves as our representative in Ottawa, by attending meetings and preparing summarized reports for the registrars, advises federal government of pharmacy regulatory perspective on issues. They monitor government activities to make sure that the provincial regulatory authorities are included in consultations and help facilitate responses.
4. NAPRA led the negotiations which produced the first MRA and has served as a central repository: and discussion forum for identifying and resolving issues related to interpretation of terms of the MRA. This has saved time and money required to negotiate MRAs on a province-by-province basis.
5. NAPRA maintains their website with up-to-date versions of the Acts and Regulations. They monitor the Canada Gazette website daily for upcoming proposed amendments to federal legislation relevant to pharmacy regulators, alert and assess need for pharmacy regulators to comment on proposed amendments, track progress of amendments through federal consultation and approval processes, and when approved and enacted, amend posted legislation.
6. NAPRA has developed the first-ever national competencies which have been adopted by all PRAs in Canada, as well as the Association of Faculties of Pharmacy, the Canadian Council for Continuing Education in Phar-

macy and the Pharmacy Examining Board of Canada. The criteria for accreditation of pharmacy programs and the national licensing examination reflect these competencies. These national standards have helped the academic community to align pharmacy programs with licensing requirements, reducing the need for post-graduate practice experience prior to licensing (reducing costs for PRAs and getting pharmacists into the workforce earlier).

7. NAPRA developed for implementation the National Model Licensing Framework and set the standards for each of the components (academic achievement, language fluency, jurisprudence, structured practical training, licensing examinations).
8. NAPRA represents the pharmacy regulators on the Steering Committee of the HRDC Sectoral Study on Pharmacy Manpower.
9. NAPRA developed for implementation the National Model Standards of Practice in 1998.
10. NAPRA developed a national model framework for continuing competence.

As you are aware NAPRA hosts a website which contains our Pharmacy Reference Manual, publications, and is implementing a robust, secure e-mail network that is available for the College to use to communicate with the membership. Some provinces are already utilizing this service and we are considering the benefits of it for our organization.

REGULATORY BYLAW AMENDMENTS

The following Regulatory Bylaw Amendment became effective August 29, 2003 upon publication in the *Saskatchewan Gazette*. The following addresses the recent amendments to the provincial legislation:

The Drug Schedules Amendment Regulations 2003 and *The Pharmacy Amendment Act, 2003* allow pharmacists to prescribe emergency contraception. Both documents may be accessed in the Saskatchewan section of the NAPRA website www.napra.ca

1.0 Bylaw 14.13.1 is repealed and replaced by:

14.13.1 Except as provided otherwise in section 14.13.10 and in the Narcotic Control Regulations or the Food and Drug Regulations (Canada), no pharmacist shall sell a substance containing a Schedule I drug unless:

- the sale is made pursuant to a verbal or written prescription received by the pharmacist; and
- where the prescription has been transferred to the pharmacists under section 14.13.4, the requirements of section 14.13.5 have been complied with.

2.0 Bylaws 14.13.10 and 14.13.10.1 are repealed and replaced by:

14.13.10 Sale of Schedule I Drugs Without a Prescription

14.13.10.1 A pharmacist may sell a Schedule I drug, without having received a prescription therefore, to:

- a) a drug manufacturer;
- b) a practitioner as defined in the Act who is authorized to prescribe the drug or use the drug in the practice of his profession;
- c) a drug wholesaler;
- d) a licensed pharmacist; or
- e) a publicly operated pharmacy;
- f) upon receipt of a written order signed by a duly authorized representative and he shall retain the written order for the drug for a period of at least two years from the date of filling the order.

14.13.10.2 Upon having received training as approved by Council, a pharmacist may prescribe and sell a Schedule I drug to a member of the public, in the absence of a prescription from a medical practitioner, when under emergency or urgent circumstances the pharmacist deems

it to be in the best interests of the patient to provide a reasonable quantity of an oral contraceptive sufficient to meet the patient's needs and a diagnosis or assessment by a practitioner for emergency contraception is not required, as the pharmacist is able to assess the patient's needs for emergency contraception.

14.13.10.3 When a pharmacist:

a) sells a Schedule I drug pursuant to section 14.13.10.2, he shall make a written record containing the following information:

- i) the date and file reference number for the sale;
- ii) the name and address of the person for whose benefit the drug is given;
- iii) the proper name, common name or brand name of the specified drug and the quantity thereof;
- iv) his name;
- v) the directions for use;
- vi) the name of the medical practitioner if designated by the patient; and,
- vii) the reasons and circumstances under which the sale is made.

b) prescribes a Schedule I drug pursuant to section 14.13.10.2, he shall make a written record containing the following information:

- i) the date;
 - ii) the name and address of the person for whose benefit the drug is given;
 - iii) the proper name, common name or brand name of the specified drug and the quantity thereof;
 - iv) the drug's strength where appropriate;
 - v) the dosage;
 - vi) the amount prescribed;
 - vii) explicit instructions for patient usage of the drug; and,
 - viii) his name and signature,
- and he shall retain this written record for a period of at least two years from the date of selling the drug.

14.13.10.4 When a pharmacist prescribes and sells a Schedule I drug pursuant to section 14.13.10.2, he shall, with consent of the patient, communicate his decision to the medical practitioner at the earliest possible opportunity.

Decision and Order of the Discipline Committee

On May 26, 2003 the Discipline Committee convened to consider charges of professional misconduct and professional incompetence on the part of the Respondent, Betty Dolman regarding an incident that occurred at her place of employment, Indian Head Pharmacy, Indian Head, Saskatchewan.

The particulars of the charges are that on or about November 7, 2000:

1. That the member directed an employee of the pharmacy of which

she was manager, to open the said pharmacy to the public without a licensed pharmacist being on duty and in attendance on the premises.

2. The member directed a prescription for methadone to be compounded by an employee of the pharmacy who was not a licensed pharmacist or intern practising under her supervision.
3. The member directed that a prescription for methadone be dis-

pensed and/or administered to a patient by an employee of the pharmacy when no health care professional was present.

The member admitted to the allegations and that the conduct described in these charges constituted professional misconduct and professional incompetence as those terms are defined in sections 24 and 25 of the Act and amounted to a breach of the Bylaw and Standards of Practice for Saskatchewan Pharmacists.

Virtually all matters before the Committee proceeded by agreement between the Complaints Committee and the Respondent and both parties are to be commended for this.

In the circumstances, and having considered the submissions of both the Complaints Committee and the Respondent, the Committee hereby makes the following order pursuant to section 34 of the Act:

1. Ms. Dolman is reprimanded.
2. Ms. Dolman shall pay a fine to the Association in the amount of \$1,000.00 to be paid on or before December 31, 2003 and if such fine is not paid, the licence of Ms. Dolman shall be suspended until payment is made pursuant to section 34(2)(b) of the Act.
3. Ms. Dolman shall pay the costs of the investigation and hearing in the fixed amount of \$5,000.00, with such amount to be paid on or before December 31, 2003. If such costs are not paid, the licence of Ms. Dolman shall be suspended until payment is made pursuant to section 34(2)(b) of the Act.
4. In accordance with section 34(3) of the Act, the Discipline Committee Order shall be forwarded to the complainant.
5. Upon the expiry of the appeal period, the Discipline Committee Order shall be published in the Association newsletter by publishing Ms. Dolman's name, place of employment, the nature of the formal complaint and the Discipline Order, but not the name of the complainant.

COLLEGE OF PHARMACY AND NUTRITION

Our sincere thanks ...

to our many generous sponsors, donors, friends and participants who provided support for this year's 18th Annual Golden Suppository Golf Classic held on July 25, 2003 at the Holiday Park Golf Course in Saskatoon. The proceeds from this event will be used to support the College Research Trust Fund for projects involving graduate student research and those of new faculty members, to assist them in establishing their research programs. This year's tournament raised in excess of \$20,000 for this fund. The College wishes to acknowledge and express its most sincere appreciation to the various companies and individuals who have helped make this tournament the 'fun' and success it is.

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... and appreciation!



PHARMACIST OPPORTUNITIES

The David Thompson Health Region, Alberta, has regular full-time and part-time pharmacist opportunities available in diverse settings, from small rural hospitals to specialized clinical practices in larger hospital settings.

You have a BSc. Pharmacy and are registered or eligible to be registered with the Alberta College of Pharmacists. Extensive orientation and training provided.

For more information or to apply on-line, visit www.dthr.ab.ca or send a fax/email to:

Mr. Greg Kretzer, Regional Pharmacy Manager
 fax: 780-361-4170
 email: gkretzer@dthr.ab.ca

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 practice 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**

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

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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

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- 30 bed level 4 nursing home and 2 senior complexes
- Lock 'n Leave operation on Saturdays and closed on Sundays and holidays

Raymore is in a south central location 65 miles North of Regina. This progressive community has a population of 650 with a large surrounding farming base. We have a K-12 school, library, swimming pool, arena, curling rink and seasonal sporting activities. We have service clubs and community groups such as Elks and Royal Purple. Raymore is the largest town in a 35 miles radius and is the business and farm service centre for the area.

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Raymore Pharmacy
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Canada

EPC Training Certification

For those members who have obtained certification to prescribe emergency post-coital contraception via the CPhA on-line program or from another CE program that has been accredited for a minimum of three CEUs, please fax a copy of your certificate to the SCP office for your file.

Learning Portfolio

This is to inform you that the Learning Portfolio is now accessible on the CPDP website, www.usask.ca/pharmacy-nutrition/services/cdpd.shtml.

The entire portfolio is there as well as the ability to download extra Learning Project Record sheets and copies of the Professional Development Log.

Information Request from the Chief Medical Health Officer

Dr. Ross Findlater, Chief Medical Health Officer, Population Health Branch, Saskatchewan Health has requested the assistance of the membership in tracking public health risks. The Professional Practice Committee recommended that the membership be reminded of this initiative.

One of the recommendations of the Laing Commission (enquiry into the North Battleford water borne outbreak) was that public health within the province evaluate the use of pharmacy sales of anti-diarrheal medication as a means of detecting local outbreaks of disease. Understandably the tracking ability of pharmacies for the sale of these products is now somewhat hampered by the removal of Imodium from Schedule III to Unscheduled status.

A copy of Dr. Findlater's letter was faxed to each pharmacy in June 2003. Included was a listing of the Medical Health Officers in each Regional Health Authority whom you are to contact should you become concerned regarding an increase in the sale of antidiarrheal products.

Saskatchewan Institute of Health Leadership

The aim of the Institute is to bring together professionals from all disciplines and all levels within the healthcare system to foster leadership potential, skills and the creation of a leadership community that works together to promote, support and sustain good health.

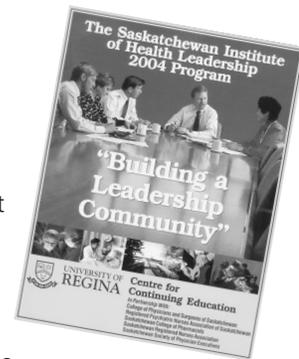
The Institute will focus on leaders of tomorrow as well as leaders of today. The Institute will create a leadership community that works together to promote good health.

It is the first of its kind in Canada. The nine month program begins in January 2004 and will conclude in October 2004. A four-day "institute retreat" will take place in Regina, January 27-30, 2004 with SIHL Course Leaders and Facilitators. A two-day follow-up retreat will take place in October 2004. Participants will work in "learning teams". These teams provide support and assistance to each other as they develop their projects. Facilitators will provide additional support to these teams.

Unique Features

The Saskatchewan Institute of Health Leadership offers the following unique features:

- contemporary leadership theory within a health context
- interdisciplinary focus
- two-way mentorship
- a cohort model
- teamwork
- case-study approach
- practical application of leaning
- leadership and community development
- networking
- varied deliver methods
- intersectoral resources
- policy-practice interface
- ongoing facilitation for duration of course.



Registration deadline is December 12, 2003. Please contact the SCP office for more information and/or a registration brochure, or contact SIHL at (306) 585-5823 or SIHL@uregina.ca

Authority to Transmit Verbal Orders

The Professional Practice Committee reviewed information provided from the Saskatchewan Association of Licensed Practical Nurses regarding their scope of practice respecting medications which does not limit itself to only long-term care, but applies throughout the system. LPNs are now administering medications in acute care facilities, home care services, clinics etc. Based on this the PPC recommended that we add the Licensed Practical Nurse (LPN) to the list of acceptable persons who are authorized to transmit a physician's verbal order to a pharmacist

in our Standards of Practice for Pharmacists Providing Services to Long-term Care Residents.

Standard 3 – Prescriptive Authority

B. Verbal Orders

A verbal order may be accepted by the pharmacist if received from a Registered Nurse (RN), Registered Psychiatric Nurse (RPN) or Licensed Practical Nurse (LPN) who first received the verbal order from a duly licensed practitioner.

An update has been distributed with the latest packet of Pharmacy Reference Manual updates. Please replace this page in your PRM.