



NEWSLETTER

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PHARMACY COALITION ON PRIMARY CARE

Last June a group of interested members met to discuss how the profession might contribute to the development of primary care. One of the outcomes was agreement to form the Pharmacy Coalition on Primary Care consisting of representatives from the Canadian Society of Hospital Pharmacists (Saskatchewan Branch), the College of Pharmacy and Nutrition, the Representative Board of Saskatchewan Pharmacists and the Saskatchewan Pharmaceutical Association. We will expand membership to include members who have expressed an interest in being involved. The Coalition's mandate is to assist Saskatchewan pharmacists in meeting the challenges of primary care practice. We plan to:

1. Describe the role of the pharmacist in primary care;
2. Describe how the pharmacist can effectively participate as a member of the primary care team; and,
3. Encourage pharmacists to participate in primary care teams.

Our summer student, Erin Reid, conducted interviews of a sample of members to gather ideas on how to integrate the pharmacist as a member of the primary care team. The survey inquired about members' level of understanding of the concept, how members foresee or visualize their role and how they see a pharmacist working within a primary care team. The Coalition met on September 10 to review the results. Highlights are:

- All 16 pharmacists interviewed completely supported primary care teams and believed that pharmacists have a vital role in team-based practice;
- 88% were of the opinion that direct (patient counselling, education on disease state management) and non-direct (providing drug information to

other health care providers) patient care, are equally important and the focus was dependent on the circumstances;

- Many felt that this kind of service should be a benefit under the Drug Plan like prescriptions are, with a portion funded by the government and the rest covered by either the patient or a third party. Others felt that this type of service should be the sole responsibility of either the government or the patient;

patient and the other health care professionals;

- A large majority of the pharmacists interviewed identified the lack of both money and time as the two largest obstacles to efficient team work;
- Others identified lack of information (i.e. diagnosis, lab values, other disease states) and communication between health care professionals as challenges;
- Many were concerned with the designation of roles and responsibilities. All members of the team must trust one another's skills;
 - All identified educational strategies for this type of practice. Interdisciplinary education on communications skills were identified as the major need;
 - Many had innovative and interesting ideas on team-based primary care. Some have started the thinking process while others have already initiated some kind of team-



- Ten believed that a fee for service payment structure was the best option for this kind of team based care;
- The choice of the pharmacist on the team could be made by a number of different people in a variety of combinations ranging from the payor to the other members of the team. The patient should also be considered to be a part of the team and therefore must feel comfortable with who is providing them with their care;
- Before team-based primary care can be achieved a practice model needs to be developed;
- The amount of time available to a primary care practice varied a great deal from up to four hours per day while others envisioned the team meeting once every month or two;
- Accomplishments of the team seemed to focus around education, both for the

based primary care practice and are involved with it on an on-going basis.

The Coalition sincerely thanks members who participated in this survey, as the information will help us describe the role of the pharmacist in primary care.

The next step is a workshop planned for the upcoming district meetings to obtain member input on how to include the pharmacist as an effective member of the primary care team.

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SPHA COUNCIL 2002-03

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COUNCIL HIGHLIGHTS – SEPTEMBER 17-18, 2002

Council met on September 17, 2002 for the annual planning session. Council discussed factors affecting planning and what is on the horizon that affects planning. While Council strives to be proactive, due to national and international matters that impact on pharmacy in Saskatchewan, there will always be issues that have to be addressed in a reactive manner. Council has implemented policies through the Carver Governance model to provide guidance when these issues arise.

The first meeting of Council for the 2002-2003 membership year was held on September 18, 2002. The following summarizes some outcomes from that meeting.

One Council policy requires that Council link with the public. Council endeavors to collect input from the community then relays the feedback they have received from members of the public through public speaking engagements to small groups and participation in public debate (radio talk show) regarding issues that the profession of pharmacy may affect. It is apparent that not all members of the public are aware that they can approach their pharmacist to gain information, while others feel that administrative duties (i.e. third party claims submission and reconciliation) are the pharmacists' responsibilities. Members are encouraged to take every opportunity to address the public's concerns and promote better understanding of what services a pharmacist can provide.

Unfortunately, at the time of writing, there remain vacancies on Council, specifically Divisions 2 and 6. A request was sent to all members in Divisions 2 and 6 for nominations. Council will select members for the positions to fulfill the remainder of the term, ending June 30, 2004.

In keeping with the new vision of Health Care for Saskatchewan, SAHO has proposed a **"Partners in Health" Conference to be held March 23-26, 2003**. The members of SAHO (SPhA is a member as are the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Medical Association, the Saskatchewan Registered Nurses Asso-

ciation and other health profession organizations) have been invited to participate in the conference which will have as its theme, **Teamwork and Primary Health Care**.

The focus of the conference will be to address the interdisciplinary teamwork concept which has been put forth in the Fyke Report of 2002 and is anticipated to have a major impact on the soon to be released Romanow Report. Council has decided that pharmacy must not let this opportunity pass by and has endorsed our participation in the conference. If you are interested in attending this conference, mark your calendars for March 23-26, 2003. Further details to follow.

As a result of Council's discussion of the results of FaxBack #13, we participated in a **Pharmacy Coalition on Primary Care** consisting of representatives from the Canadian Society of Hospital Pharmacists (Saskatchewan Branch), College of Pharmacy and Nutrition, Representative Board of Saskatchewan Pharmacists, the Saskatchewan Pharmaceutical Association and four members-at-large selected because of their interest in this issue.

We have also been collaborating with the Primary Health Services Branch of Saskatchewan Health: commented on the 24-hour health advice line; attended two stakeholder advisory group meetings; submitted a letter of intent for a proposal under the federal Primary Health Care Transition Fund and have met with interested parties to consider a project proposal by Dr. S. Neubauer to locate pharmacists into physicians' offices.

We have also participated in the **Team 27-12 Workshop** (27 health professions and 12 Regional Health Authorities) hosted by the three professional nursing regulatory bodies in the province. Outcomes will be helpful in guiding consultations with our members regarding the educational programming currently under development by the Integrated Primary Health Care Working Group.

Saskatchewan Health is progressing favorably with amendments to the Drug Schedules Regulations to include the pharmacist as a prescriber of **emergency contraception**. Council deferred their



final approval of the requested changes to our bylaw amendment proposal as questions raised must be fully understood and answered. The Continuing Professional Development for Pharmacists (CPDP) office has informed us that Dr. Shannan Neubauer is ready to launch the “live” programming on Emergency Contraception. We will be informing members as to dates and locations for the upcoming educational sessions.

District Meetings may have begun as you read this but as a reminder, please see the dates, times and cities where these meetings will be held. Information will be provided about the following: primary care; learning portfolios; and the proposed change in name for the Association. Members have been invited to submit topics for discussion at the meetings.



COMPLAINTS COMMITTEE REPORT TO COUNCIL – JUNE 12, 2002

The Complaints Committee met on June 12, 2002 to address 18 files (eight new files and 10 files currently under investigation).

For the following complaints heard the Committee determined that:

- (3) files be closed (no further action to be taken)
- (13) files remain active (investigation to proceed)
- (2) files be referred to the Discipline Committee to hear and determine the formal complaint

The breakdown of the new complaints according to allegation is as follows:

- Advertising infractions (0)
- Suspected alcohol/drug abuse (0)
- **Communication/Unprofessional conduct (4)**
- **Professional incompetence – includes Medication errors (3)**
- Improper record keeping (0)
- Bylaws / Standard / Guideline infractions [Improper prescription pricing practises, unprofessional business practices] (0)
- Prescription transfers (0)
- **Failure of duty of care to the patient (1)**
- Miscellaneous (0)

DISCIPLINE COMMITTEE FINDING AND ORDERS

On June 5, 2002 the Discipline Committee convened to consider charges of professional incompetence and professional misconduct on the part of the respondent. The complaints against the respondent arose from the respondent’s community practice.

The Discipline Committee found that the respondent was guilty of professional incompetence pursuant to Section 24 of *The Pharmacy Act, 1996* (the “Act”), in that the respondent did:

- a) unilaterally alter a prescription;
- b) fill a prescription without knowing what the prescription said and without contacting the prescriber to clarify the prescription;
- c) fail to provide counselling with respect to a prescription;
- d) place Flexeril in a bottle labelled as Tylenol No. 3 and Tylenol No. 3 in a bottle labelled Flexeril

and guilty of professional misconduct pursuant to Section 25 of the Act in that the respondent did:

- a) in the course of professional dealings with two persons, treat them in a rude and belligerent manner; and
- b) refuse to transfer and refill a prescription originating from another pharmacy all contrary to Section 65 of the Act as well as the Bylaws of the Association and Standards of Practice for Saskatchewan Pharmacists.

Having found the respondent guilty of professional incompetence and professional misconduct, the Committee orders as follows:

1. That the respondent’s licence be suspended for three months commencing on the date of this Order;
2. That upon completion of the suspension period, the respondent may reapply for licensure pending the completion and meeting of certain conditions including, but not limited to, providing evidence that the individual is capable of carrying on the practice as a pharmacist, the cost of such evidence to be borne by the respondent;
3. That the respondent will be required to complete a minimum two-week appraisal training under the supervision of a practising pharmacist in order to determine if the respondent is fit to practise;
4. Presuming the respondent meets conditions #2 and #3, then the respondent must provide an undertaking to comply with such conditions and follow-up will continue with the Association’s Field Officer on an ongoing basis to ensure compliance with such conditions;
5. That the respondent is hereby required to pay a portion of the costs of the investigation and hearing into the member’s conduct and related costs, including the expenses of the Complaints Committee and the Discipline Committee and cost of legal services and witnesses in a fixed sum of \$10,000.00;
6. That the said costs be paid at the offices of the Saskatchewan Pharmaceutical Association within 90 days of the date of this Order, failing which any application for licensure presented will be held in abeyance and/or licence issued shall be suspended until such time as payment is made; and,
7. That the Discipline Committee publishes an anonymous summary of their decision and this Order in the SPhA Newsletter.

FROM THE DESK OF THE DEAN ...



**Dr. Dennis Gorecki
College of Pharmacy and Nutrition**

I am pleased to announce the recent appointment of Barb Cox-Lloyd to the position of Development Officer. Barb joined the College on August 1. This is a new position in the College, partially financed through the University Advancement Office.

Barb graduated from the University of Saskatchewan from the College of Home Economics. Since graduation, Barb has worked with the private sector, government and has run her own businesses in Saskatchewan and the Northwest Territories. Barb has lived and worked in the Saskatoon area for the last eight years and enjoys being back on campus.

As Development Officer, Barb will work with faculty, staff and alumni to develop and manage fundraising and alumni strategies for the College.

LEARNING PORTFOLIOS

“The Saskatchewan Pharmacists Learning Portfolio has been developed to help you track your professional development activities, and reflect on the practice-related outcomes of your learning. It recognizes a broader scope of learning activities than traditional continuing pharmacy education.” So begins the Saskatchewan Pharmacists Learning Portfolio. CE credit will be approved for both accredited continuing education activities (organized programs and home study programs as offered in the past) and non-accredited professional development activities that individual pharmacists may undertake on their own to improve their practices. There is no limit on the number of non-accredited learning activities that can be recorded per year.

There will be a segment of the Fall District Meetings devoted to the Learning Portfolio. Please raise your questions at the meetings. If the meeting has already occurred in your division, please contact the CPDP unit at the College.

Although there is increased recognition of the importance of education, there are fewer resources available from the public sector. Our College can no longer rely on fulfilling its resource needs from government assistance, so we look to other sources of revenue. We have always been able to depend on our alumni and friends to ensure that the programs offered through the College of Pharmacy and Nutrition maintain a tradition of excellence that provide the most up-to-date methodology and information.

The role of Development Officer is also to act as a liaison between the College of Pharmacy and Nutrition and the University Advancement Office. This provides a basis for communication across campus between those who work with alumni, sponsors and donors. In total, there are seven College Development Officers on campus to assist the University Advancement Office with the coordination of fundraising

and alumni activities for the University.

A major part of Barb's work will be in communicating and working with alumni and friends of the College. One of her first tasks will be to investigate the possibility of an alumni newsletter. In addition, we will look into an electronic newsletter produced and linked to the College website. You are encouraged to visit the website at www.usask.ca/pharmacy-nutrition/ for updates and current happenings.

The relationships between the College, its friends and former students are important to us. Recognizing the contribution of friends and alumni, and promoting other ways that they can be involved with the College is essential in maintaining that relationship. Barb hopes to meet with as many alumni and friends as possible over the next year and invites your input on development initiatives.

COLLEGE OF PHARMACY AND NUTRITION

Our sincere thanks ...

to our many generous sponsors, donors, friends and participants who lent support to this year's 17th Annual Golden Suppository Golf Classic held on July 19th, 2002 at the Holiday Park Golf Course in Saskatoon. The proceeds from this event will be used to support the 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 \$17,000 for this trust 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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REGISTRATION WITH SPHA

There appears to be some confusion regarding the changes to the Registration process as necessitated by the signing of the Mutual Recognition Agreement (MRA). The following is a summary of the requirements for registration and licensure with the Saskatchewan Pharmaceutical Association. All candidates for registration must personally contact the office to initiate this process; prospective employers may inform the Association of incoming candidates but it is the responsibility of the candidate to contact the Association.

For a candidate who is currently registered and licensed in a jurisdiction which is a signatory to the MRA:

- provide the required documentation from their current pharmacy regulatory body
- provide evidence that they have successfully participated in the standards set out in the continuing professional development program of that pharmacy regulatory authority
- provide a recent photograph signed by the candidate and the Registrar of their current pharmacy regulatory authority
- successfully complete the jurisprudence

- examination of this Association.
- meet the fluency requirement as set by Council
- complete the prescribed forms and pay the prescribed fees.

Some confusion seems to exist if the candidate has been a member of SPhA at some time in the past.

If the candidate has terminated his/her membership with the Association, they are required to meet all of the requirements for licensure. This includes successfully completing the jurisprudence exam on the legislation governing the practice of pharmacy in Saskatchewan.

For candidates who are not currently registered and licensed in a Canadian jurisdiction that is a signatory to the MRA:

- hold a Certificate of Qualification from the Pharmacy Examining Board of Canada (PEBC)
- provide evidence of meeting the fluency requirements as set by Council
- provide a statement from their current pharmacy regulatory body
- provide a recent photograph, signed by the candidate and the Registrar (or official) from the current pharmacy regulatory authority
- provide an original birth certificate

- successfully complete the Appraisal Training / Assessment process
- successfully complete the jurisprudence examination of the Association
- complete the prescribed forms and pay the prescribed fees.

Unlike some provinces we do not have scheduled jurisprudence exams (i.e. one day per month or quarterly). As the exam is an oral examination, two people conduct the exam: one is the examiner and the second acts as observer/marker.

Routinely the exam is administered by the Assistant Registrar and the Field Officer, but occasionally to accommodate a candidate, we have utilized practising members as observers. Examination dates are scheduled for a mutually agreeable time for the three participants. We do however, ask that candidates contact us as early as possible as there may be scheduling conflicts that create delays that are unavoidable.

Please suggest to any pharmacist wishing to become registered in Saskatchewan to contact the SPhA office as soon as possible. We will make every attempt to assist them with registration as expeditiously as possible within the limitations of time and resources.

PHARMACY PERMIT AMENDMENTS

The *Pharmacy Act, 1996* gives the authority to the Council of the Saskatchewan Pharmaceutical Association to issue pharmacy permits to individuals, corporations and cooperatives once the stated requirements have been met. Before issuing the original pharmacy permit all requirements must be met. In the vast majority of cases, proprietors work with the SPhA staff to ensure that such requirements are met well in advance of the expected opening date.

The same cannot be said when there are changes (amendments) to any of the requirements for a pharmacy permit. Notification of such changes to these same requirements is no less important than at the time of the original application.

From *The Pharmacy Act, 1996 – Permits – Section 20*

- (1) Every proprietary pharmacy permit is to contain the name of the proprietor of the pharmacy, the name and address of the pharmacy, and the name of the licensed pharmacist who is the manager of the pharmacy for which the permit is issued.
- (2) If the licensed pharmacist named as the manager of a proprietary pharmacy in a permit ceases to be the manager, the proprietor shall, **not later than five days prior to the change, provide the registrar with the name of the licensed pharmacist who is to replace that person as the manager.**
- (7) Where any of the information mentioned in Subsection (1) changes, the council, in its discretion, may:

- (a) require that an application for a new permit be submitted; or
- (b) amend the permit originally issued.

When a licensed pharmacist agrees to be designated as the manager of a pharmacy, he assumes significant responsibilities. The pharmacy manager is the licensed pharmacist designated by the proprietor of the pharmacy to have the authority over, and be responsible for, the operation of the pharmacy. For the roles and responsibilities of the pharmacy manager please review the following documents, found in the Pharmacy Reference Manual: *Responsibilities of a Pharmacy Manager* and *Director's Duties and Responsibilities*.

When a pharmacy manager informs the proprietor of his decision to leave his place of employment, the pharmacy manager should ensure that his name is removed as a director of the corporation (if applicable) and that a new pharmacy manager is named.

However, it is the proprietor's responsibility to notify the Association of the change in manager. Until such time as the Association is notified of a change in manager, the manager of record will be held accountable for the operations of the pharmacy.

Unless these requirements are met, the pharmacy does not hold a valid pharmacy permit and is in violation of *The Pharmacy Act, 1996* which could lead to disciplinary action. Should you have any questions regarding pharmacy permit amendments please contact Cheryl Klein or Jeanne Eriksen at the SPhA office.



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- **B.C.: 18** including Campbell River, Chilliwack, Courtenay, Fort Francis, Fort St. John, Kamloops, Nanaimo, Nelson, Osoyoos, Port Alberni, Powell River, Prince Rupert, Smithers, Squamish, Terrace, Vancouver, Victoria, Williams Lake.
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SPEED READING

VOLUNTEER OF THE YEAR

Mr. Paul Ortynsky, a former University of Saskatchewan, 1949 College of Pharmacy Graduate, and member of The Saskatchewan Pharmaceutical Association was awarded the Saskatchewan Volunteer Medal on April 25, 2002 at the Legislative Building in Regina.

During his career Paul owned and operated pharmacies in Canora and Yorkton prior to becoming the Director of Pharmacy at the Canora Union Hospital. Paul has been an Executive Member of the Drug Therapy Committee and was the Division 2 Councillor of the Saskatchewan Pharmaceutical Association. In 1999 Paul was awarded a 50 Year Certificate and pin by the Saskatchewan Pharmaceutical Association for recognition of service and contributions to the pharmacy profession. In 1984, Paul was the recipient of the "Whitehall Robins Bowl of Hygeia" Award, and in 1985 was appointed to Council of the Saskatchewan College of Physicians and Surgeons.

Beyond his many accomplishments in the profession of pharmacy he has also held the following positions in his community: President and Life Member of the Canora Agricultural Society, Vice President of the Canora Centennial



Celebrations, President of the Canora Ukrainian Heritage Museum, Board Member of the Saskatchewan Heart Foundation, Area Chairman of the Canadian Red Cross Society, Board Member and Vice-President of the Canora Housing Authority, University of Regina Senate, Past Vice-President of the Parkland Regional College, past Alderman and past Mayor of the Town of Canora, and recipient of the Nation Builders Award plus many more.

Please join the Saskatchewan Pharmaceutical Association in congratulating Paul for his outstanding lifetime achievements.

FAXBACK #14 – COMMUNICATION WITH THE MEMBERSHIP

We would like to thank the many members who took the time to respond to the latest FAXBACK regarding Communication with the Membership. Of the 66 respondents, 63 members found the SPhA Newsletter useful for providing information to our members and it keeps our members up to date and informed on a variety of topics.

We asked the members in which format would they prefer to receive Newsletter information from the Association:

- 59% of the respondents prefer the Paper/Canada Post method
- 24% preferred Electronic/ Email only
- 4% wanted it posted on the website only. The Newsletter is currently available on the NAPRA website: www.napra.org. Simply click on the 'SK' button at the top and click on 'News and Events' and then Newsletters
- 9% of the members want information in a combination of formats as listed above.
- 80% of the respondents agreed that the SPhA Pharmacy Reference Manual is a useful resource.
- 65% prefer the Reference Manual be provided via Paper/Canada Post format. The Pharmacy Reference Manual will be available on the NAPRA website in early 2003.

Council has received these results and will incorporate them into communications planning.



Alertec®

Health Canada has notified the National Association of Pharmacy Regulatory Authorities (NAPRA) that ALERTEC (modafinil) should be treated as a controlled substance. They are aware that the labels for ALERTEC no longer carry the approved controlled substance symbol "C" and only carry the symbol "Pr" indicating prescription status. This is being addressed with the manufacturer.

Aspirin®

Health Canada has informed us of a factual error issued by Bayer in a press release dated July 31, 2002 regarding new indications for ASPIRIN® (ASA) and to inform you of the Health Canada approved indication for ASPIRIN®.

Bayer incorrectly stated in a press release (31 July, 2002) regarding a new indication, that "Health Canada has approved the use of ASPIRIN® (ASA) for primary prevention, to reduce the risk of first heart attacks and strokes in individuals deemed to be at sufficient risk."

The New indication for ASPIRIN® applies to the reduction of risk of a first non-fatal heart attack and does not apply to primary prevention of stroke.

For more information please contact Bayer Inc. Consumer Care Division.

SENIORS' EDUCATION CENTRE

**2nd Annual Gerontology Institute
PROMOTING HEALTHY AGING**

Monday, November 4, 2002, 8:30 am – 4:30 pm
at Travelodge Hotel, 4177 Albert St. South, Regina

Registration Fees:

\$75.00 Regular • \$35.00 Students/Seniors
includes lunch, nutrition breaks, handouts

For Registration Form and more information
check our web site

www.uregina.ca/cce/seniors
or call [306] 585-5816

Places are limited, so please register early.