

NEWSLETTER

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Volume 23 Number 1 March 2002

MALPRACTICE INSURANCE REQUIREMENT FOR LICENSURE

Under our public protective mandate we have provided malpractice insurance as a licence benefit since becoming involved in group insurance. Because SPhA will no longer be a member organization of the Canadian Pharmacists Benefits Association, as we are transferring responsibility for insurance to the Representative Board of Saskatchewan Pharmacists, ***we will no longer be providing malpractice insurance as a licence benefit.*** CPBA insurance programs will only be available to any member of the RBSP. To continue our philosophy that malpractice insurance is consistent with public protection, Council has approved bylaw amendments requiring practising members to obtain malpractice liability insurance of the kind and quality that we have held in the past through the CPBA. Thus, practising members will be asked to provide evidence of holding such insurance with the annual licence renewal.

Therefore, options available to members include acquiring this insurance through the RBSP membership, or purchasing the required insurance from an insurer of your choice provided the insurance coverage meets the requirements of the new bylaw. Council has passed and submitted the following bylaw to the Minister of Health for his approval and publication in the Saskatchewan Gazette.

4.4.4 Malpractice Insurance

4.4.4.1 In this bylaw:

“acceptable malpractice insurance” means personal insurance that:

- (a) insures a practising member against liability claims relating to the performance, or alleged performance, of professional services;
- (b) is of the occurrence type and provides a limit for each claim of a minimum of one million dollars; and
- (c) is either:
 - i. provided through the Canadian Pharmacists Benefits Association, or
 - ii. is reasonably comparable to the

insurance provided through the Canadian Pharmacists Benefits Association and is underwritten by an insurer registered to do business in Saskatchewan.

“occurrence” means that the malpractice insurance policy responds if it was in place at the time in which the incident that is the subject of the professional liability claim occurred.

“personal” means insurance held by the individual member;

4.4.4.2 Every practising member must hold and continuously maintain acceptable malpractice insurance as specified in this bylaw.

4.4.4.3 The Registrar-Treasurer shall not grant or renew a licence to practise as a pharmacist until he receives evidence satisfactory to him that the member has acceptable malpractice insurance for the period of time in which the licence is in effect.

4.4.4.4 If at any time a member fails to continuously maintain acceptable malpractice insurance, or otherwise ceases to be insured pursuant to a policy providing acceptable malpractice insurance, the member shall immediately report that fact to the Registrar-Treasurer.

4.4.4.5 Where a practising member fails to continuously maintain acceptable malpractice insurance, or otherwise ceases to be insured pursuant to a policy providing acceptable malpractice insurance as specified in this bylaw, the Registrar-Treasurer shall suspend the member's practising membership and licence until such time as the Registrar-Treasurer receives satisfactory evidence that the member has obtained and maintains such insurance.

4.4.4.6 It is professional misconduct to:

- (a) provide false or misleading information to the Registrar-Treasurer in connection with the matters contemplated in this bylaw;
- (b) practise, or continue to practise, pharmacy without first obtaining and continuously maintaining acceptable malpractice insurance; or

- (c) fail to immediately notify the Registrar-Treasurer if for any reason the member fails to continuously maintain acceptable malpractice insurance or otherwise ceases to be insured pursuant to a policy providing acceptable malpractice insurance.

Members wishing to inquire about CPBA insurance programs are invited to contact the RBSP at (306) 359-7277.

Reasons for Mandatory Malpractice Insurance

Q. How does mandatory personal malpractice insurance protect the public?

A. Under the old Act, we were able to handle complaints alleging negligence. We no longer have that authority, as we can only deal with complaints alleging incompetence or professional or proprietary misconduct. Thus, the only recourse available to the public to pursue negligent professional conduct is through civil litigation through the court system. If professionals are uninsured, then the public has no means to be compensated, other than through the personal assets of the professional. Therefore, the public is at least financially protected for the costs associated with the negligence of the pharmacist. For example, a family in another province received a considerable settlement upon the brain injury and death of their baby arising from aspiration of the tip from an oral syringe sold by the pharmacist to help administer an antibiotic.

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Lavonne Heck, Regina

COUNCIL HIGHLIGHTS – FEBRUARY 27, 2002 – REGINA

Council met at the SPhA Boardroom on February 27, 2002. We are happy to announce the recent appointment of **Ms. Lavonne Heck** as the new public member who will sit on Council. Ms. Heck will be joining Council in Prince Albert for the Annual General Meeting and Conference.

Council had a full agenda, which included a meeting with **Dr. Gill White, Acting Executive Director, Primary Health Services Branch**. Dr. White presented the Department's implementation plans for Primary Care. The presentation identified opportunities and challenges for the profession on how to integrate the pharmacist as an effective and valued member of the primary health care team. The following information is extracted from that presentation.

What are Primary Health Services? Primary health services are generally the first point of contact and provide the basis to address the main health needs of individuals and communities. Primary Health Care is defined as "the care provided at the first level of contact with the health system – where people first enter the health system and **where all health services are mobilized and coordinated**. It includes education and activities to maintain health, as well as care for common illness, minor injury, and management of ongoing problems.

Primary Health Services:

- encompass preventive, promotive, curative, supportive, rehabilitative, and palliative services;
- are delivered by a range of providers;
- serve to enhance people's physical, mental, emotional and spiritual well-being;
- address the factors which influence health (determinants of health); and
- are designed and delivered in conjunction with the public and community service providers.

Dr. White has requested that pharmacy develop some options for how the pharmacist will interact on the patient care team, to best utilize the skills of all team members. How do we better communicate with other members of the team, for things as simple as accessing the diagnosis so that the pharmacist can

employ his/her skills as the drug expert on the team? He is also interested in alternate funding arrangements for pharmacists, beyond the current fee.

Council felt that information technology should be of the highest priority especially to ensure fluid transfer of information between team members.

A 24-hour health line will be established. The concept was for the 24-hour line to be staffed by registered nurses, who would have links to other services (i.e. EMT services). Dr. White has requested more information regarding the existing drug information services that are operating.

Based on discussions at past Council meetings, Council approved the following change to the Ends policies to read:

"While the Association has no jurisdiction over the **operation of hospital pharmacies**, the End, "public safety" is further interpreted to include, but not limited to:

1. Competent, ethical pharmacists
2. Drugs regulated to minimize public risk
3. Public has recourse for unsafe or unethical care
4. Practice environments that minimize public risk."

"While the Association has no jurisdiction over the operation of hospital pharmacies, the End, "standardized pharmacy services: is further interpreted to include but not limited to:

1. Safe drug distribution
2. Pharmacists provide patient care
3. Public has recourse for sub-standard pharmacy services
4. Optimal pharmaceutical usage
5. Optimization of the role of pharmacists
6. Drug distribution and cognitive or clinical services can be provided from different sites provided that a pharmacist is accountable for both."

The means to achieve these Ends will include preparing guidelines for members and collaborating with district health boards to ensure hospital pharmacies are properly regulated, which includes compliance with CSHP standards. Once finalized these guidelines will be available to members upon request.

Council has agreed that former insurance reserves be used generally for

training and competency purposes consistent with our mandate, but not for routine programs or operations. The fund balance will be retained as the principal to generate interest income, with the proceeds in excess of this being granted annually to the College of Pharmacy and Nutrition as follows:

- for the 2002 fiscal year, to cover the costs of the Learning Portfolio and Training Program materials;
- for the 2003 fiscal year and thereafter, to SPEP at the discretion of the College to support the Program, but not to subsidize the College's operating or capital budget.

We have responded to the proposed

amendments to the *Prescription Drugs Act* designed to authorize the Drug Plan to collect drug data on any drug for any beneficiary in Saskatchewan. While this would appear to serve a useful purpose, other issues have been identified relating to protection of privacy and access, especially with regard to the NIHB Consent Initiative. The NIHB Program will be seeking consent from eligible clients for the continued use of personal information to fully meet privacy act requirements, new federal privacy legislation (PIPEDA) affecting all Canadians and provincial and territorial privacy legislation. Council has taken the position that there are no patient care con-

cerns addressed in this initiative and will be contacting Health Canada regarding those concerns.

Mr. Bev Allen has been re-appointed for a second term as the Saskatchewan representative on the Board of the Pharmacy Examining Board of Canada. We would like to thank Bev for his efforts and his commitment to leadership on the Board.

Council approved amendments to the membership bylaws regarding malpractice insurance requirements for a practising membership with the Association. Details can be found on the front page of this publication.

MALPRACTICE INSURANCE REQUIREMENT FOR LICENSURE continued from page 1

Secondly, government policy encourages professionals to carry malpractice insurance. This arises from an uninsured Saskatchewan physician who was sued, found negligent and left the country. In this case, the plaintiff had no recourse to receive compensation and the Saskatchewan government passed an amendment to the *Medical Professions Act* requiring physicians to carry malpractice insurance.

Q. Why must we carry personal insurance even when we are insured by our employer?

A. Our research indicates that most employer provided malpractice insurance covers members only while under the employ of that employer. It does not extend to other practice sites. Thus, for example, personal insurance provides coverage should you leave their employ or concurrently practise elsewhere.

Q. Is occurrence type insurance important?

A. Yes, because as defined it "responds if it was in place at the time in which the incident that is the subject of the professional liability claim occurred". Some other types of policies are called "claims made" and respond only if insurance is held at the time the claim is made. Thus, members are covered for incidents in the past if you held occurrence type insurance at that time. This especially applies to members who leave practice sites, em-

ployer, or the profession due to retirement or career change.

Q. Why will malpractice insurance no longer be a licence benefit and included in SPhA fees?

A. We will no longer be a member of the Canadian Pharmacists Benefits Association. CPBA makes various insurance programs available to members of member organizations. This includes not only malpractice, but also life and commercial products like pharmacy and homeowners coverage. Council believes that providing member services like insurance is more compatible with RBSP's mandate and we do not want to provide a product that competes with RBSP. Thirdly, the Pharmacy Act does not explicitly authorize SPhA to purchase insurance or make it available to our members. More and more legal precedents indicate that bodies like SPhA are confined by what we are explicitly permitted to do under our governing legislation.

Q. Is the malpractice insurance that will be available through RBSP acceptable to SPhA and comparable to other coverage in the market place?

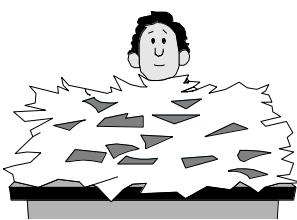
A. This insurance has evolved and been customized over many years of experience to meet the unique needs of pharmacists. Therefore, it provides the type of coverage contemplated in the bylaw. Our research indicates that we would not

likely find a policy with the same coverage and rates that are offered from CPBA through RBSP membership. Most importantly, the portion of the premium paid by members is less than 50% of the total premium as the difference is subsidized by CPBA reserves accumulated from successful group insurance programs.

Voluntary Membership in the RBSP

We remind members that beginning with the 2002-03 membership year, membership in the Representative Board of Saskatchewan Pharmacists will be voluntary. As discussed during the fall 2001 District Meetings, our agreement with the RBSP provided for mandatory membership for three years. However, our Solicitor advised that we do not have the authority to require members to belong to another organization. While the majority of members at the meetings seemed to support mandatory membership, Council felt compelled to follow the advice of our Solicitor, while ensuring that we transfer member service programs like insurance to the RBSP as incentives to belong.

While all administrative details have yet to be finalized, members can expect to receive separate membership renewal invoices in late April from SPhA and RBSP. While we are planning common administration to handle membership renewals in both organizations, members will be asked to pay SPhA fees to SPhA and RBSP fees to RBSP.

**FROM
THE DESK
OF THE
DEAN ...**


Dr. Dennis Gorecki
College of Pharmacy and Nutrition

On December 24, 2001, the College launched its revised and much expanded Web site. Ours is a beta site, or test site, for the University's new Web site design, which was implemented in the fall. A main objective of the redesign is to facilitate information access by the broadest possible range of users regardless of the equipment they are using or physical limitations that visitors may have. Another important goal is to target content to the University's key audiences and provide links to priority areas of information.

The College Home Page features a **News and Events** section, search feature and quick-links to key University areas. There is information directed to **Current Students** and **Prospective Students**. A section **About the College** includes a welcome message from the Dean, and information on the College's vision, mission and goals. The **Faculty and Staff** section links to individual profiles that will be useful for current students to get to know faculty and staff and for prospective graduate students as well. The **Undergraduate Programs** section provides details on admission and the curriculum, and the application form for the programs can be downloaded. Students interested in **Graduate Programs** can obtain details on areas of faculty expertise, which are further expanded on in the **Research** section. There are also links to professional associations and student organizations.

The **Professional Services** page provides an overview of the excellent programs affiliated with the College, with links to: Continuing Professional Development for Pharmacists; Nutrition Resource and Volunteer Centre; Saskatchewan Community Nutrition Residency Program; and the Saskatchewan Drug Information Service. A **Frequently Asked Questions** section focuses mainly on information for prospective undergraduate students about how

to prepare for the Test of Critical Skills and Personal Profile, important criteria for admission. The site closes with contact information and automated e-mail addresses.

A key role of the site is to enhance communications with our alumni. We greatly value these relationships and acknowledge the ongoing contributions and involvement of our alumni and friends. The **For Alumni** section includes answers to such questions as, "How Can I Keep in Touch?" This page links to an

online address update form. There is a new e-mail address for Alumni wishing to plan reunions and other special events: Alum-Pharmacy-Nutrition@usask.ca.

Information about University services and resources is included and a section about how our alumni can support the College and the University has links to an online gift form, details about U of S Partners, and access to community information.

Please visit us at www.usask.ca/pharmacy-nutrition/. We welcome your feedback on our new Web site!

PST/GST ON PRESCRIPTION DRUGS AND PROFESSIONAL SERVICES

The following information was received from:

- GST/HST Rulings, Saskatoon Tax Service Office, Revenue Canada
- PST – Revenue Division, Saskatchewan Finance, Regina

SALES TO CONSUMERS	PST	GST
Animals		
Non-prescription drugs administered to livestock*	exempt	applies
Prescription drugs administered to livestock*	exempt	applies
Non-prescription drugs administered to pets	applies	applies
Prescription drugs administered to pets	applies	applies
Professional fees relating to prescriptions for livestock*	exempt	applies
Professional fees relating to prescriptions for pets	applies	applies
Needles and supplies used for animals	applies	applies
Human		
Prescription drugs prescribed by a medical practitioner	exempt	zero rated
Non-prescription drugs – on prescription AND a benefit of the provincial or federal formulary	exempt	zero rated
Non-prescription drugs – no prescription	applies	applies
Insulin syringes, blood glucose/ketone monitoring strips, lancets (personal use purchases)	exempt	zero rated
Insulin reaction products (personal use purchases)	exempt	applies
Vitamins and dietary supplements	applies	applies
Meal replacement (i.e. Boost, Ensure, Slim Fast, etc.)	exempt	zero rated
Professional fees	exempt	zero rated

*The Revenue Division of Saskatchewan Finance (PST) does not have a list of animals considered as livestock, however, it would include animals that are owned by a farmer for use in a primary farming activity. A primary farming activity includes the raising, breeding, feeding, watering, protecting, training, handling or segregating of farm animals. Some examples of livestock are cattle, pigs, chickens, sheep, llamas and fur-bearing animals, but not dogs and cats. Horses are considered to be livestock when owned by a farmer. Drugs and medicines purchased by a farmer for livestock are exempt from tax providing the farmer provides a land location and certifies that the medicine is purchased for use in a primary farming activity.

This is a general outline, for specific inquiries please contact:

PST – Revenue Division, Saskatchewan Finance – 1-800-667-6102

GST – GST/HST Rulings, Saskatoon Tax Service Office – 1-800-959-8287

2002-2003 BUDGET SUMMARY

- 1.0 Predicts a surplus of \$1,294.00 contributing to the operating surplus (deficit)
 - 2.0 Regulatory Priorities
 - 2.1 Statutory obligations and programs
 - Registration and licensing with the integration of the BSP clinical clerkship with internship
 - Complaints management and discipline, including special investigations
 - Implement and enforce new standards of practice
 - 2.2 Part-time NIHB contract
 - 2.3 Continue with implementing Continuing Professional Development for Pharmacists (portfolio)
 - 2.4 Pursue comprehensive drug use management strategies as described in the discussion paper
 - 2.5 Implement subsidy program for Structured Practice Experiences Program funded from insurance reserves
 - 3.0 Reflects the first full year of reorganization with the sharing of administrative facilities with RBSP
 - 4.0 Completes the transition to our new fiscal year with the deferral of membership, licence and permit fee revenue
 - 5.0 Small but steady growth in licensed pharmacists and pharmacies, with no growth in non-practising members due to the Mutual Recognition Agreement. As active members, non-practising members support CPDP and the costs of operating, but not costs directly associated to licences such as the Dial Access Grant, NAPRA assessments, Complaints and Discipline Committees and legal costs
 - 6.0 All other programs are retained with increased Committee activity to ensure timely decisions. Four disciplinary hearings are anticipated adding \$65,600 in committee and legal costs allocated to practising membership fees
 - 7.0 Due to the departure of Ontario, we are allowing for increased fees to NAPRA through the per capita assessment of \$26.57, plus investment in the business unit, NAPRA Solutions Inc., at a cost of \$9.43 per member
 - 8.0 Includes the costs of our communication strategy, with Web site development and network improvements under SHIN, plus additional costs to contribute data to the WHIC Provider Registry

LICENCE RENEWAL

On February 27, 2002 Council approved the fee schedule for the upcoming 2002-2003 licence year as follows:

Membership and Licence

Fee Schedule	2002-2003	2001-2002
Membership Fees		
Practising	\$500.00	\$600.00*
Non practising	\$420.00	\$320.00
Associate	\$110.00	\$105.00
Retired	\$ 55.00	\$ 50.00
Permit Fee Schedule		
Pharmacy Permit	\$775.00	\$750.00
Satellite Pharmacy	\$387.50	\$375.00
Fees – Registration and Other		
Registration	\$210.00	\$200.00
Out of Province Registration	\$575.00	\$550.00
Dispensing Physicians	\$650.00	\$600.00
Locum Tenens	\$210.00	\$200.00
Intern	\$ 80.00	\$ 75.00
Appraisal Training		
Application Fee	\$160.00	\$150.00
Assessment Fee	\$560.00	\$550.00
Reinstatement	\$210.00	\$200.00
Jurisprudence Exam	\$210.00	\$200.00
Lock and Leave	\$310.00	\$300.00
Permit Amendment	\$180.00	\$175.00
Late Payment	\$150.00	\$125.00

For the 2002-2003 licence year, to be eligible for relicensure, members are reminded that all CEU and malpractice insurance requirements must be met, that all fees, application forms, and any arrears must be received in the office on or before June 1, 2002, or be subject to a \$150.00 (+ GST) penalty.

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

*included RBSP membership

OUTLOOK – WINTER 2002

NAPRA's Newsletter, OUTLOOK is being distributed electronically this year rather than in print format. If you are unable to access this information electronically, please contact the office and we will provide you with the required information.

To access on-line, please be advised that the Winter 2002 issue is posted at: http://www.napra.org/about/outlook/outlookv5/outlook_v5.html

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 - NAPRA welcomes the Canadian Armed Forces as a Member

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BE A PEBC ASSESSOR – WE NEED YOU!



The Pharmacy Examining Board of Canada (PEBC) Qualifying Examination – Part II (OSCE) is being held Sunday, May 26th, 2002 in Saskatoon. The PEBC Qualifying Examination – Part II (OSCE) is a new practice-based examination that has been implemented across Canada to complement the written examination (Part I) for certification.

The format of the Part II exam is known as an OSCE (objective, structured clinical examination). It is designed to assess communication and interpersonal skills and clinical problem solving, as well as other aspects of professional competence that do not lend themselves well to written or multiple-choice examinations. Standardized patients are trained to consistently simulate situations that are commonly encountered by pharmacists.

The Saskatoon Examination Site is currently seeking additional pharmacists to add to our Assessors database for

the Part II Examination. Pharmacists who are involved in providing or directly supervising patient care services (including dispensing, clinical and drug information services) are invited to participate as assessors. Assessors must be members in good standing of a provincial regulatory authority, be fully licensed in a Canadian jurisdiction for at least three years, currently practise in a patient care environment and have no limitations that would impair the ability to accurately observe, record and assess candidates' performances over a 10 to 12 hour period.

If you meet these qualifications and are interested in participating as an Assessor in this spring's PEBC Qualifying Examination – Part II, please contact either Dawna Hawrysh, Chief Administrator, at (306) 966-6349 (email: dawna.hawrysh@usask.ca) or Linda Suveges, Chief Examiner, at (306) 966-6347 (email: Linda.Suveges@usask.ca).

If you have already volunteered – thank-you!

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

O P P O R T U N I T I E S



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Phone: (604) 444-9344
Fax: (604) 420-7005
E-mail: etoth@costco.com



ADVISORIES

Health Professional or Consumer Advisories for therapeutic products are posted on Health Canada's Web site on an ad hoc basis to alert health professionals or consumers of important drug safety information. These include advisories issued by the Therapeutic Products Directorate (TPD), the Biologics and Genetic Therapies Directorate (BGTD) of Health Canada and those prepared in collaboration with the Directorates and issued by industry.

The most current postings are:

1. HUA FO Tablets

Health Canada is warning consumers not to use Hua Fo tablets, an unapproved herbal product that claims to enhance sexual function. Health Canada analyzed samples of Hua Fo tablets and found that they contained sildenafil. Sildenafil is a drug approved as prescription only for male erectile dysfunction, sold under the brand name Viagra. Use of sildenafil without medical supervision could cause severe adverse reactions.

2. Cardiovascular Toxicity with INJECTABLE DROPERIDOL

More than 60 reports of cases of QT prolongation, serious arrhythmia (e.g., torsades de pointes) and sudden death have been reported worldwide in patients receiving injectable droperidol. In Canada there have been 8 reports of cases with a fatal outcome in association with injectable droperidol and concomitant administration of anesthetics, anxiolytics, muscle relaxants and narcotic analgesics.

3. PC SPES and SPES

Health Canada is warning Canadians not to use PC SPES and SPES, two herbal products manufactured in the United States by BotanicLab. PC SPES and SPES are respectively marketed "for prostate health" and strengthening the immune system.

These products were tested in the United States by the California Department of Health Services and were found to contain active ingredients for the prescription drugs warfarin and alprazolam. BotanicLab, the manufacturer is recalling these products in Canada.

Advisories are posted at:

http://www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/adviss_tpd_bgtd_e.html

SAHO RECOGNIZES TOBACCO FREE PHARMACIES

We have accepted an offer from the Saskatchewan Association of Health Organizations to recognize tobacco free pharmacies.

Our program remains voluntary. To qualify, the owner must declare that the pharmacy does not sell tobacco, and that the said pharmacy is not affiliated or associated with an enterprise or establishment that sells tobacco. Upon meeting these criteria, we will issue a certificate confirming the declaration to be posted in a conspicuous place for the public to view. We publish an acknowledgement in our Newsletter, and SAHO will list the pharmacies we acknowledge in this way on their web site www.saho.org



OLYMPIC GAMES IN P.A.!!

1300 athletes, coaches and mission staff will live, play and enjoy the Prince Albert community during the 2002 Canadian Special Olympics Summer Games from July 8-14, 2002.

The call for volunteers is now underway. If you can help make the medical team a tremendous success, please contact: Lyle Karasiuk at 306-763-6537. Your support is greatly appreciated.



FAREWELL TO PADDY

We regret to advise that Paddy Dodge has resigned effective March 15, 2002. Paddy joined the Association in 1994 as the Administrative Assistant to the Registrar, and recently became the Events and Communications Coordinator for the Association. Paddy's efforts always ensured that Council and the members of our various committees always felt comfortable and at home when on Association business.

Paddy will be leaving to begin a new career path; utilizing her many talents in the field of promotions and event planning for Greg Horvath Productions. We wish her all the best and hope that she maintains contact with all of her friends she has made in the profession over the past seven years.

CONFERENCE 2002

Watch
for your
registration
in the mail.

Any questions???

Please call
the RBSP office at
(306) 359-7277.


RBSP
 Representative Board of Saskatchewan Pharmacists

1st ANNUAL CONFERENCE
May 24-26 2002

Travelodge Hotel
Prince Albert Saskatchewan

