

NEWSLETTER

700 – 4010 Pasqua St., Regina, SK S4S 7B9 • (306) 584-2292 • Fax (306) 584-9695 • E-mail: saskpharm@sk.sympatico.ca **Volume 22 Number 3 August 2001**

NEW PRESIDENT'S WELCOME

It is with both pride and humility that I am about to represent our profession for the next year as president of the SPhA.

First and foremost I have been extremely fortunate to have a partner in both life and our profession — my wife Lynne. As a pharmacist herself, Lynne is supportive and understanding with regard to the demands placed upon pharmacists today. As my wife, she is always there to share the successes and, on occasion, to be there for me through the disappointments.

Timing for my installation as president of SPhA was very special to me as I shared it with my peers with whom I celebrated 25 years in the profession. I will not reflect on 25 years, however will share with you one situation that laid the foundation on how I have viewed and practised pharmacy.

After completing my second year in pharmacy, I was off to start my practical experience in a community pharmacy. The first morning I appeared at the Drug Store, as it was called at the time. I had my shirt and tie on ready to jump into the dispensary to help fill prescriptions. However, the pharmacist owner was at the front door to greet me, promptly handed me a broom and told me that I could start by sweeping the sidewalk! Well, obviously I was not impressed. He told me that later I would understand why I was going to start my pharmacy career with this task. He told me that it was important that I understood the operation of a pharmacy business from the front door to the garbage can at the back. That I did, with regularity!

What I found from this humble beginning was that Pharmacy consists of people and tasks; that it doesn't matter what you



Doug Spitzig

do in a pharmacy, the success of the pharmacy depends on everyone working together — no one is more important than any other. The group working as a team is critical.

I believe that the people involved in Pharmacy throughout Saskatchewan are its greatest asset. We have an incredible history and tradition blended with a vision that ensures us an important role as part of the health care team. The traditions and the visions have been shaped by amazing people from all disciplines of the profession represented by Dennis Gorecki, Dean of the College of Pharmacy & Nutrition, Ray Joubert, Registrar of the Saskatchewan Pharmaceutical Association, and Dean Bradley, Executive Director of the now independent Representative Board of Saskatchewan Pharmacists. These leaders have surrounded themselves with great teams of pharmacists — our pharmacy peers with whom I am proud to be associated.

Every day, I am exposed to the professionalism and caring for the welfare of the public by my colleagues, both within and outside my place of employment. I thank the representatives of the pharmaceutical industry who spend so much time in educating us to maintain our competency and knowledge of new therapeutic products, as well as providing financial support to enable the planning of a quality annual conference.

The upcoming year will provide us with many challenges with the incorporation of the RBSP as an independent organization and the progression to continuing professional development from continuing education.

I would like to express my appreciation to SPhA Council members both past and present for their spirit of cooperation in the best interest of the public, and particularly to Janet Bradshaw for her leadership and mentoring. I look forward to working with your Council for 2001-2002 and am confident that we will “survive” just fine, preserving the tradition and accomplishing the goals of the next year.

WHAT'S INSIDE?

- Legislative Standing Committee on Health Care
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- Licensing Summary
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- Marijuana Medical Access Regulations

SPHA COUNCIL 2000-01

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Public Members

May Bridgewater, Regina
Vacant

SPHA PRESENTS TO LEGISLATIVE STANDING COMMITTEE ON HEALTH CARE

On May 16, 2001 the Saskatchewan Government established the Standing Committee on Health Care “to examine and inquire into all such matters and things as may be referred to it by this Assembly ...”.

It consists of four government, three opposition and one Liberal MLAs.

Their first order of business is to receive public presentations on the Commission on Medicare Report. On June 27, President Janet Bradshaw and Ray Joubert appeared as committee witnesses in the legislative chamber to present the submission on behalf of SPhA.

The following is an excerpt of the major portions of the presentation.

“... this submission is presented in the context of our regulatory and public protective role. We will focus our presentation on those recommendations in the Commission on Medicare Report we believe impact the profession and public the most.

We agree with the recommendations regarding primary care teams, networks and centres in general, and specifically support the recommendations to more effectively integrate the role of the pharmacist within the primary care team. Pharmacists provide important ‘everyday’ services. For example, these include:

- providing prescription drugs and advice to patients on how to use them properly;
- preventing, identifying or resolving drug related problems;
- minimizing drug abuse;
- providing over-the-counter drugs and a variety of health care aids along with advice on how to use these products properly in meeting self-care needs of patients; and
- referring patients to other health care providers.

While pharmacists work closely with physicians, we believe Mr. Fyke’s observation that “Pharmacists could work more closely with patients and prescribers to make sure drug therapies work as intended.” can be achieved through closer collaboration with other primary care providers. By contributing products and utilizing drug knowledge and expertise, the pharmacist can play an increasingly responsible role in ensuring positive

outcomes of drug therapy in a teamwork environment. The Association will continue to collaborate with government and other regulatory bodies to eliminate regulatory barriers that may exist.

... Our ability to improve the outcomes from drug therapy is enhanced when working in collaboration with other health providers.

We have 854 pharmacists practising in 362 pharmacies spread over 128 urban and rural communities, with 159 pharmacists practising in hospitals across the province. This means we should have an adequate distribution of pharmacists to participate in primary care teams anywhere in the province.

We will take a leadership role in advancing the recommendation for an enhanced role for pharmacists, allowing them to apply their knowledge in prescribing decisions.

... Relocation of providers may be easier to accomplish in the 94 single pharmacy rural communities where competition with another pharmacy in the community is not a factor. The economic impact of potential losses of other goods and services available from a conventional pharmacy is also an important consideration. Therefore, in either case, pharmacy owners may need regulatory support and government incentives to facilitate these changes.

As an alternative, primary care providers could be gathered together under a “virtual” structure. Technology could be used to connect team members for the purposes of communication and



information sharing. Thus, physical relocation may not be needed as team members could be connected with one another through a health information network. We believe that the best chance of integrating all pharmacists from all community pharmacies as a member of the primary care team can occur with implementation of the Saskatchewan Health Information Network. Therefore, we strongly support the recommendations concerning investments in information systems, including the development of an electronic health record under SHIN.

We believe that the most important recommendations concern establishment of the Quality Council ...

In the section entitled "Improving Quality: The Example of Drugs" the Commission argues in favour of the cost effectiveness of optimal drug use and advances a "solution centered on a major quality improvement plan for the drug sector". Our discussion paper on a framework for a comprehensive and integrated drug use management strategy anticipates this "solution".

A number of drug use management initiatives exist in Saskatchewan ... while many organizations cooperate in the delivery of these initiatives, they are fragmented. Duplication exists, ... Therefore, our discussion paper proposes to integrate the various drug use management strategies and suggests that a governing structure be established to manage, coordinate and integrate these strategies.

To elaborate with examples, the government could establish and fund a drug use management centre governed by the Quality Council ... This way, the government can be assured of the value of funds spent on drug therapy. Our Association is interested in taking a leadership role in the development and implementation of the framework.

As another solution, Mr. Fyke recommends "an enhanced role for pharmacists as part of Primary Health Teams, allowing them to apply their knowledge as full participants in prescribing decisions". Pharmacists are sufficiently trained to accept this role.

... As the governing body, we will continue to develop and implement programs to ensure the pharmacist maintains competency in current and enhanced roles.

Like many other provider groups, we are experiencing a serious shortage of pharmacists. We are collaborating in efforts to examine the nature of the problem and possible solutions. However, we are also interested in measures to ensure that pharmacists are optimally deployed in the system. Therefore, we support earlier recommendations on this principle, and those recommendations to coordinate human resource planning and management on a provincial basis.

A key element of successful drug use management is a strong supportive information system. Health care providers can make better drug therapy decisions when information systems provide them with comprehensive drug use data on patients.

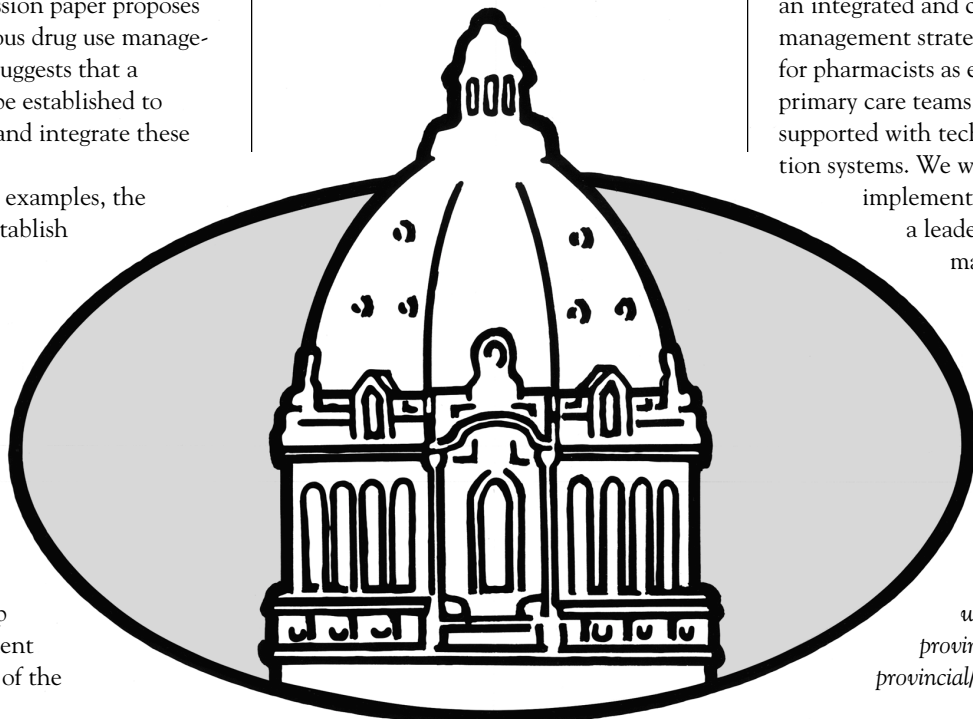
Pharmacists in particular can use the data to enhance drug use monitoring activities, prevent duplication or inappropriate therapies and prevent drug abuse. Once again, for this reason, we strongly support the recommendations concerning information systems.

Conclusion

To summarize Mr. Fyke, enhanced health outcomes can occur when optimization of the role of the pharmacist is combined with appropriate drug therapy. As we have publicly stated, "It is a good report and deserves to be supported. While some recommendations are challenging, we see opportunities to enhance health outcomes. What we need now is decisive government action that sends a message to all of us to plan for implementation. At the very least, government could implement the Quality Council immediately. Regardless of changes that are implemented, the concept is needed. It could also provide objective information to guide decisions in dealing with Mr. Fyke's recommendations."

Through the Standing Committee on Health, we continue to urge government to implement the Commission on Medicare's report. We especially support implementation of the Quality Council, an integrated and comprehensive drug use management strategy, an enhanced role for pharmacists as effective members of primary care teams, and all of which is supported with technology and information systems. We will participate in the implementation plans, and exert a leadership role in drug use management."

Members wishing complete copies of the submission can contact the SPhA office, or access it on the Saskatchewan home page at www.napra.org (complete address is www.napra.org/provinces/Saskatchewan/provincial/publications.html).



ANNUAL CONVOCATION CEREMONY — MAY 30, 2001

On Thursday, May 31, 2001, the SPhA hosted a luncheon in honour of the Class of 2001. The graduands and their guests, faculty and preceptors congregated at the Centennial Auditorium and Convention Centre, Saskatoon, immediately following the Annual Convocation Ceremony. This year, seventy-five students of the College of Pharmacy and Nutrition received the Bachelor of Science in Pharmacy degree.

A program followed the lunch, during which presentations were made to recipients of the following SPhA awards:

- The Saskatchewan Pharmaceutical Association **Gold Medal** — for the most distinguished graduate of the



Kara Lee Mackow



Jenelle Heroux

Class of 2001 was presented to **Kara Lee Mackow** of Chaplin, Sask. Kara maintained a four-year average of 91.90%. She is currently employed at Southland Co-op in Assiniboia, Sask.

- The Saskatchewan Pharmaceutical Association **Campbell Prize** — for the second most distinguished graduate of

the Class of 2001 was presented to **Jenelle Dawn Heroux** of Regina, Sask. Over four years in the College, Jenelle maintained an average of 86.39%. She is entering a hospital pharmacy residency program with the Regina Health District.

At the luncheon, Dr. Jeff Taylor also announced other award winners of the graduating class. We would like to take this opportunity to again congratulate all of the award winners. We also extend congratulations to all of this year's graduates as they venture into new careers and explore the many opportunities that the profession of Pharmacy holds for them. Good luck and best wishes graduates!

WHY DID WE ASK?

In response to member inquiries, the following explains why we asked pharmacy owners to file incorporation documents with their pharmacy permit renewal application.

Section 19 of *The Pharmacy Act, 1996* authorizes us to issue a permit to operate a pharmacy when certain conditions are met. One of these conditions is when the proprietor is a corporation (except cooperatives and community clinics), the majority of directors of the corporation must be members, and one of those directors must be the manager of the pharmacy. As a result of the investigation of complaints, routine inquiries, preparation of the public register of pharmacies and a file review, we discovered that many corporations did not comply with these conditions, and other related provisions under the Act. Examples include:

- majority of directors are not pharmacists
- the manager is not a director
- the director named as the manager is not managing, in any way, the pharmacy
- a different company is declared as the proprietor.

Therefore, to ensure that all comply, and to correct our records, we asked proprietors to submit recent incorporation documents to support renewal of their pharmacy permit.

During the permit renewal process, we discovered that:

- 224 different incorporated companies operate pharmacies in Saskatchewan. Of these, our records for 28 or 12.5%, were corrected for the following reasons:
 - 24 cases where the majority of directors are not members
 - 5 cases of the manager is not a director

The status of holding companies is under review.

Corporate Returns

Based on data from the applications of 306 pharmacies (data does not include sole proprietorships, partnerships, co-ops and satellites)

- 53.3% (163) pharmacies sent in an acceptable corporate return with the applications
- 25.5% (78) sent the corporate return in within one week of sending in their application (all received a reminder message by telephone or fax)
- 5.9% (18) sent the return in within two weeks (one to two reminders)
- 2.6% (8) sent the return within three weeks (two reminders)
- 12.7 % (39) sent the corporate return within 4 weeks or more of sending their application (minimum two reminders from the office)
- 90.8% of directors were in compliance with *The Pharmacy Act, 1996*

- 9.2% of corporations were in violation of the Act.

We intend to continue this process with future permit applications and renewals to ensure compliance with the Act and the accuracy of SPhA records.



**COMPLAINTS COMMITTEE MEETING
JUNE 13, 2001**

The Complaints Committee met on June 13, 2001. As a peer review process the Complaints Committee consists of practising pharmacists and one public member. When reviewing a complaint, the members consider, "what would a reasonable member of the profession do in this instance? Would this be a reasonable response to the situation?"

The Committee considered the status of twenty on-going investigations and reviewed ten new complaints since the March 2001 meeting. Of the thirty files discussed, six files were closed due to insufficient evidence of any wrong doing by the member.

The Committee acknowledges that because the Committee meets four to five times annually, complaints may not be resolved as quickly as we would like. We ask for the members' patience and understanding as we gather all pertinent information to make an informed and fair decision regarding some very serious allegations.



TRIPPLICATE PRESCRIPTION PROGRAM

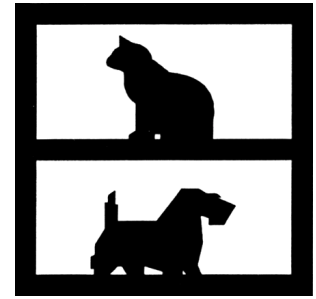
There continues to be duplication of data being submitted to the program. Pharmacists are reminded that once a claim has been adjudicated by the Drug Plan on-line system, the **College copy of that prescription should not be mailed to the College.** Data from all triplicate forms that are received by the College is entered, so that if the information has already been received electronically; the medication is flagged as a duplicate.

We have also been made aware that many claims are submitted with the locum prescriber number (9999) when in fact the prescriptions are issued by registered physicians with their own assigned prescriber number. Please ensure that the

correct number is submitted. Confirmation of the name of the prescriber is the responsibility of the dispensing pharmacist.

Methadone for Pain Management

When methadone is dispensed for pain management in palliative care, members are asked to use the DIN 00990019 to submit claims to the Drug Plan. As the drug is not identified, **these claims will not be captured by the Triplicate Prescription Program.** To ensure the integrity of the data, please mail in the College copy of the prescription for manual entry.



VETERINARY DISPENSING ISSUES

Pharmacists must provide the same attention to legislation and standards of practice for both human and non-human patients. Consider the following case:

An out-of-town veterinarian phoned a prescription to a pharmacy. The drug prescribed was no longer manufactured for human use, and the dose prescribed seemed unusually high. Since the pharmacy did not have the drug in stock, the pharmacist decided to transfer the prescription to a veterinarian at a local clinic. This veterinarian felt that the dose originally prescribed was excessive, so it was changed to what he felt was a more appropriate dose.

This scenario is problematic for several reasons.

- Firstly, the pharmacist did not contact the prescriber to discuss the high dose or the very limited availability of the drug. This veterinarian would assume the original order would be filled. Instead, another veterinarian was brought into the picture, one with whom the pharmacist had a closer working relationship. This veterinarian had never seen the patient before.
- Next, a transfer was given to the veterinarian (not to a licensed pharmacist), which is contrary to the Food and Drug Regulations.
- Finally, the veterinarian changed the prescription as if the animal was his own patient.

In the end, the drug dispensed was no longer what the prescriber had originally ordered. This incident is comparable to a pharmacist calling a local physician with concerns regarding a prescription from an out-of-town specialist. For all patients, the prescriber must be consulted if there are any concerns regarding a prescription.

LICENSING SUMMARY

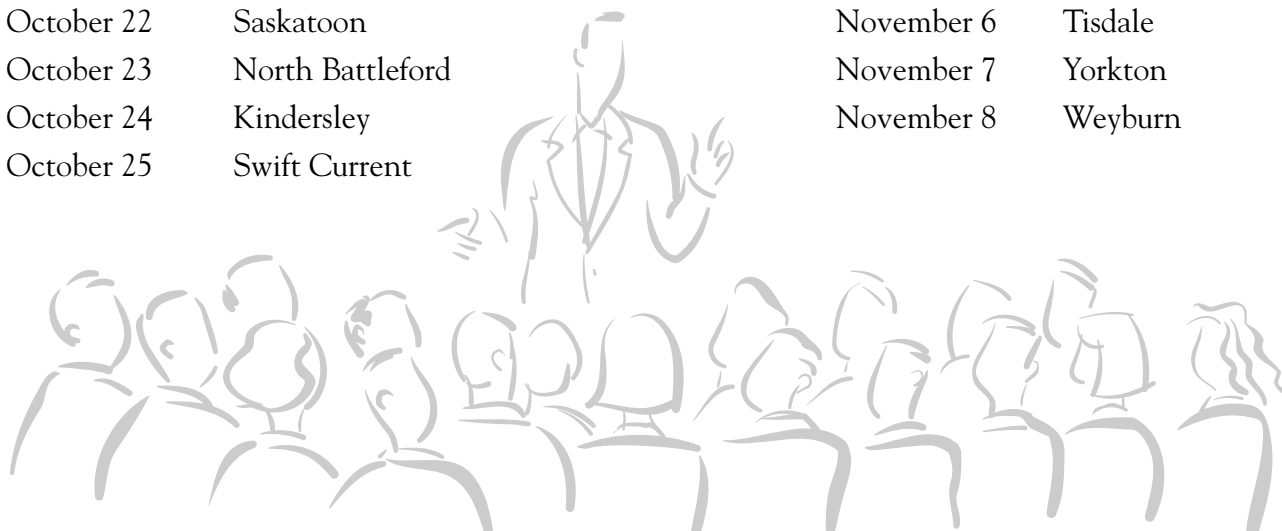
Our MEMBERSHIP as of July 1, 2001 is:

	2000	2001
Practising Members:	1071	1083
Community	791	782
Hospital	154	153
Out-of-Province	25	40
Other	101	108
Non-practising Members	312	85
Associate	0	125
Retired	71	87
TOTAL Membership:	1454	1380
Pharmacies:		
Community	347	336
Satellite	13	14
Dispensing Physician	7	7
TOTAL Pharmacies:	367	357
Statistics Summary:		
Terminations	74	136
Conversions:		
Practising to Non-practising	34	30
Practising to Associate	n/a	8
Practising to Retired	2	2
Non-practising to Practising	20	32
Non-practising to Associate	n/a	117
Non-practising to Retired	5	19
Reinstatement to Practising	0	0
New Practising	12	2
New Non-practising	0	0

NOTICE OF DISTRICT MEETINGS — FALL 2001

Please make note of the date in your area.

October 18	Regina	November 5	Prince Albert
October 22	Saskatoon	November 6	Tisdale
October 23	North Battleford	November 7	Yorkton
October 24	Kindersley	November 8	Weyburn
October 25	Swift Current		



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

PATIENT FOCUSED OPPORTUNITIES

Pharmx Rexall Drug Stores would like you to join our team.

We provide:

Excellent benefits: insurance, medical, dental, contributory pension plan. Alberta College of Pharmacy fees paid. OSCE registration negotiable. Salary negotiable. Signing bonus & moving expenses available. Incentive for developing patient care programs.

High Prairie

Full-time pharmacist. No Sundays or Holidays. Comfortable volume with lots of opportunity to develop a patient-focused pharmaceutical care practice.

Mayerthorpe

Full-time position. No Sundays or Holidays. (9-6 Mon-Sat/-8pm Thurs). Full-time technician. No cash register in pharmacy. Volume & technician affords opportunity to develop patient-focused pharmaceutical care programs. Modern 8500 sq. ft. store with excellent patient interaction areas.

Weslock

Part-time hours - full-time benefits. 24 hours/week. Full benefit package. Travel allowance for out-of-town employees.

Province-wide Relief

Do you love to travel? Do you prefer to eat in restaurants - at our expense? Do you like a flexible schedule? Do you have the extraordinary skill required to meet the challenge of effectively communicating with new patients and providing them with an exemplary level of pharmaceutical care? Do you want to meet pharmacists who will kiss your feet and praise you for being the best thing for sanity since Zyprexa? Do you want a company car, or use your own and receive a car allowance of \$0.36/km? Do you want to earn \$40. or more /hour? Would you like 4 weeks holiday a year? Do you have a unique idea for a signing bonus?

If you would like to join one of these dynamic Rexall patient care teams, please contact:

Dave Ritchie, Regional Pharmacy Manager
 Pharmx Rexall Drug Stores Ltd.
 PHONE: 780-484-2865
 FAX: 780-484-2910
 CELL: 780-984-8417
 E-MAIL: dritchier@rexall.ca



Pharmacy for Sale – South East Saskatchewan

- Well established; own building; rental suite; opportunity to expand
- Pleasant customer base
- Compliance packaging for seniors
- Pill pack & modified unit dose

Interested parties should have strong knowledge base of herbals.

Please reply in confidence to:

South East Saskatchewan Pharmacy
 c/o Saskatchewan Pharmaceutical Association
 700 – 4010 Pasqua Street, Regina SK S4S 7B9



Lloydminster Health District

“Health and Wellness for All”

The City of Lloydminster is situated equal distance, approximately 250 km from Saskatoon and Edmonton. It is the largest urban area between the two major cities. Canada’s only “Border City”, the main street of Lloydminster sits on the border between Saskatchewan and Alberta. The City’s population is approximately 23,000 and has been growing at over 2% per year.

The Lloydminster Health District has an opportunity for a:
Permanent Full-time Staff Pharmacist

The Pharmacist, as a part of a dedicated team, is responsible for providing a high standard of pharmacy services. Services provided included unit dose distribution, chemotherapy, palliative care, long term care, home IV, etc.

The successful candidate will have a Bachelor of Science in Pharmacy and be eligible for registration with the Saskatchewan Pharmaceutical Association. A certificate from an accredited Hospital Pharmacy Residency program is an asset. Commitment to continuing professional development is required. Current membership in a National Professional Association (CSHP, CPhA, or CCCP) is an asset.

For more information or to submit your resume please contact:
 Edith Wobeser, Pharmacy Services Coordinator

3820 – 43rd Avenue
 Lloydminster, SK/AB
 S9V 1Y5

Phone: (306) 820-6071
 Fax: (360) 825-9880

E-mail: edithw@lloydhealth.ca

We wish to thank all applicants, however only those selected for an interview will be contacted.

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We presently operate two pharmacies and are looking to expand.

If you are interested in building relationships and developing an important role in the community, we encourage you to apply!

Please direct all inquiries to:

Dave Bernhard, BSP, Medicine Shoppe #109
 7900 – 99th Avenue, Peace River AB T8S 1Y7
 (780) 624-3784 or fax resume to: (780) 624-1952



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SAPARA’S DRUG MART LTD.

requires a full-time pharmacist.

- Competitive salary & benefits
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- Monday – Saturday / 9:00 a.m. – 6:00 p.m.

Esterhazy (pop. 3,000) has a beautiful golf course in a valley setting, swimming pool, tennis courts, skating arena/curling rink, fitness centre, extensive cross country ski & walking trails, and offers a variety of seasonal sporting activities/clubs for youth and adults.

The town is situated close to lakes, parks, snowmobile trails and downhill ski areas.

Elementary (K-5) & High School (6-12) offer excellent academics and extracurricular programs.

IMC Potash, the main employer of the town operates 2 mines.

Please submit resume to:

Keith Sapara

Sapara’s Drug Mart Ltd.

P.O. Box 250, Esterhazy SK S0A 0X0

(306) 745-6662 / (306) 745-2450

Fax: (306) 745-6654



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Reimbursement for food, travel expenses and hotel costs are available.

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Visit: www.pharmacyreliefnetwork.com

to pursue excellent employment opportunities on the web.

Call toll free at 1-877-776-2345 to receive more information about Pharmacy Relief Network.

**Ashern Pharmacy – Manitoba
 PERMANENT POSITION**

Ashern Pharmacy has a position available for a full-time pharmacist

Ashern is located in the Western Interlake area of Manitoba, approximately 1 3/4 hours drive north of Winnipeg on Provincial Highway #6.

Ashern has a 16-bed hospital, 20-bed nursing home and a dialysis unit.

Ashern Pharmacy offers good working conditions, and is not open any evenings, Sundays or statutory holidays. Also, our pharmacy can offer 3 days off every second weekend.

All MPhA, MSP and CPhA fees will be paid. Eligible benefits include extended health, dental, group life insurance, and accident and sickness coverage. Good communication and human relations skills are essential for the position.

Ashern Pharmacy is offering an annual benefit and salary package of \$90,000-\$100,000.

Please direct inquiries and/or resume to:

Russell Keeler

P.O. Box 490, Ashern MB R0C 0E0

(204) 768-2824 (Phone)

(204) 768-2084 (Fax)

(204) 768-2524 (Res: after 7:00 p.m.)



ATTENTION PHARMACISTS: A RARE OPPORTUNITY

PHARMACY MANAGER REQUIRED

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Scotch Creek, BC

Located on the sunny North Shuswap

JOIN US AND LIVE THE LIFE!!

- Monday to Friday – 9 to 5:30
- One in 3 weekends* (*our Chase location)
- 9 to 6 Saturday
- 11 to 4 Sunday
- Competitive salary with full benefits
- Excellent working environment
- Team approach to community health care

PICK YOUR RECREATION (You WILL have the time!)

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For information contact:

Bill Long (250) 955-0602

Fax: (250) 955-0607 • E-mail: pdm135@pdmstores.com

For area information – see: www.myshuswap.com



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- Do you prefer patient contact to administrative tasks?
- Do you enjoy good working relationships with other health professionals?

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✓ Check out the area on the Internet at:

www.town.hinton.ab.ca

✓ Check out Value Drug Mart at: www.valuedrugmart.com

John McVey, BScPharm

King Value Drug Mart

145 Athabasca Avenue

Hinton AB T7V 2A4

(780) 865-2645 (phone)

(780) 865-3073 (fax)

kingvaluedrugmart@home.com



The Regina Health District, a client-centered organization, committed to developing a healthy community has an opportunity for:

Staff Pharmacists

Permanent Full-Time and Temporary Full-Time

In Regina enjoy all the amenities of urban life in a warm, friendly environment which abounds in sport, recreation, culture and the arts.

More than a Career
a Way of Life



Regina Health District

As a Staff Pharmacist, you will provide quality client-focused pharmacy services within the Regina Health District. You will be responsible for all medication-related needs of clients, the provision of drug information to physicians and other health care professionals.

Working in the Regina Health District Pharmaceutical Department will afford you many opportunities not available in other settings:

- Play a key role as part of the direct patient care team
- Specialize in clinical area of interest i.e. general medicine, internal medicine, surgery, pediatrics, neonatology, critical care, etc.
- Enhance your professional development and knowledge; greater access to informational resources; liase with colleagues in a variety of medical disciplines
- Spend less time on technical tasks, allowing for more involvement in a consultative role with physicians and clinical monitoring

The successful candidate will have a Bachelor of Science Degree in Pharmacy, and hold or be eligible for, registration with the Saskatchewan Pharmaceutical Association.

A commitment to continuing professional development is a must, with current membership in a National Professional Association such as CSHP, CPhA or CCCP is an asset. The ideal candidate must articulate theory and knowledge related to pharmaceutical care, and demonstrate the ability to identify, prevent and solve drug-related problems. You will have effective verbal and written communication skills and experience in various computer software programs. Finally, you possess critical thinking and problem solving abilities, the ability to implement change, and integrate clinical knowledge and experience into activities to enhance clinical practice.

The Regina Health District offers relocation assistance and a full range of benefits. If you are interested in exploring this exciting opportunity, please contact:

Mr. Bill Semchuk, Pharm.D.

Manager, Clinical Pharmacy Services

Regina Health District

1440 - 14th Ave.

Regina, SK S4P 0W5

PHONE: (306) 766-4010

FAX: (306) 766-3547

Email: bsemchuk@reginahealth.sk.ca

Human Resources Toll Free Line:
1-877-RHD-CALL (1-877-743-9255)



SPEED READING

SPHA STAFF UPDATE

As has previously been reported, the RBSP (Representative Board of Saskatchewan Pharmacists) has become incorporated as an organization legally and financially separate from SPhA. Since the formation of the Board in 1998, there has been an ongoing division of advocacy and regulatory issues.

SPhA will continue as the regulatory body for pharmacists and pharmacies in the province of Saskatchewan. SPhA Council's mandate is the protection of the public. This includes the administration of *The Pharmacy Act, 1996*, and the *Bylaws of the Saskatchewan Pharmaceutical Association*.

The Board represents the interests of pharmacists.

With the incorporation of the RBSP, restructuring is in progress and will be reported later.

SPHA STAFF

Paddy Dodge, Administrative Assistant
 Jeanne Eriksen, Assistant Registrar
 Pat Guillemin, Administrative Assistant
 Ray Joubert, Registrar-Treasurer
 Cheryl Klein, Administrative Assistant
 Lori Postnikoff, Field Officer
 Tamarha Robbins, Administrative Assistant/Receptionist

Q & A

Q: "Can a pharmacist compound a non-prescription product for a patient without authority from a prescriber?"

A: A pharmacist, in an established pharmacist-patient relationship, could compound for a patient, a drug or a preparation that does not require a prescription. According to the Policy Framework on Manufacturing and Compounding Drug Products in Canada, bulk compounding for general sale is manufacturing and subject to Good Manufacturing Practices and the Food and Drugs Act.

Q: *What is the scheduling of products containing chlorhexidine (such as Colgate's Perio Guard)?*

A: According to the NAPRA drug schedules, topical oral preparations containing chlorhexidine or its salts are Schedule I products. A pharmacist may only sell these products pursuant to a prescription.



MARIHUANA MEDICAL ACCESS REGULATIONS

Health Minister Allan Rock announced on July 4, 2001, that the Government of Canada's regulations governing possession and production of marihuana for medical purposes has been approved and will come into effect on July 30, 2001.

The approved regulations contain two main components: authorization to possess marihuana and licences to produce marihuana.

These issues stemmed from the decision of the Court of Appeal for Ontario in the case of *Regina v. Parker*, rendered on July 31, 2000.

The criteria for application and authorization to possess marihuana are clear: symptoms associated with terminal illnesses with a prognosis of death within 12 months; symptoms associated with medical conditions listed in a schedule to the regulations; and symptoms associated with other medical conditions.

Prairie Plant Systems Inc. (PPS) of Saskatoon has been granted final licensing approval and the provision of seeds which allows them to begin growing a legal supply and a wide variety of marihuana to supply the Government of Canada's medical marihuana initiative.

Pharmacists are not authorized to possess or distribute marihuana.

To review the document, *Marihuana Medical Access Regulations* please refer to the following: <http://canada.gc.ca/gazette/part2/pdf/g2-13514.pdf> (pages 98-141 of the PDF file)

 **HEALTH CANADA**

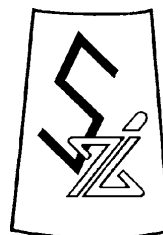
IMPORTANT SAFETY INFORMATION REGARDING BUPROPION AND FAMOTIDINE

Health Canada has requested that we distribute important safety information respecting Bupropion and Famotidine to all pharmacists.

The letters are posted under the section Advisories for Health Professionals at Health Canada's web site, www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/index.html. and on the NAPRA web site at www.napra.org.

"THANK YOU, PRECEPTORS!"

The SPhA would like to acknowledge all pharmacists who acted as preceptors to our Interns over the summer. Your knowledge and guidance have been greatly appreciated. We extend our thanks for playing such an integral role in the development of these future professionals.



CSHP – SASK BRANCH ANNUAL GENERAL MEETING

October 20, 2001
Travelodge Hotel
Saskatoon

For information or brochure, contact:

Barb Evans, Coordinator
Saskatoon District Health
Phone: (306) 655-2268
Fax: (306) 655-2350
E-mail: evansb@sdh.sk.ca

ZYPACT PHARMACISTS MAKE A DIFFERENCE

Can Saskatchewan pharmacists really make a difference?

Just read on ...

"I am glad there is a program to help people who want to stop smoking. There was nothing like it before and now there is at least some help available for people who have difficulty stopping to smoke."

"Excellent support system!"

"I feel as though the pharmacist calling was an incentive to remain quit. It was almost like a challenge, and I hate failing or not being able to rise to the challenge. The program was excellent. Thanks."

"When you first quit is when everyone is so happy for you. That fades off so quickly! It was like a pat on the back every time my pharmacist called me. If it wasn't for that, I don't know if I would have succeeded. Thank you for all your help and time studying on programs like this. You have saved my life."

These comments are just a few received during the patient evaluation phase of ZyPACT. Don't think you don't make a difference. The pharmacist, as the 'most trusted health professional' can make a BIG difference in smoking cessation. DON'T "BUTT OUT"!!