

JOINT SPHA/RBSP MEETING

Council and the Board met jointly on September 18, 2001 to discuss issues of mutual interest. While the mandates of the two organizations are quite different, there are many issues in common with both a regulatory and advocacy concern.

During the discussion around the

RBSP Incorporation update, Council acknowledged housekeeping policy issues to be addressed. Specifically, current Council policy will be revised to acknowledge the Representative Board of

Saskatchewan Pharmacists as a separate organization.

The dispensing of prescription drugs without a prescription initiative is before the Minister of Health for approval. There have been ongoing discussions between SPhA and Saskatchewan Health regarding outstanding issues, and Council sought the Board's input especially to clarify roles and expectations regarding fees for service and education of members. We will provide reports as progress evolves.

The Information Technology Task Force report indicated that some difficulties have arisen with some practice management systems. Not all proprietors have agreed to participate in the SHIN



project to provide free e-mail to pharmacies, making it difficult to proceed as originally intended. Various policy options such as whether SPhA can mandate this were discussed to help the Board's Task Force as they continue working with SHIN to resolve the outstanding issues.

Disease-state screening, monitoring or risk assessment is an issue that confronts every pharmacist. This phrase

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encompasses everything from blood glucose monitor education and cholesterol testing products, to the more controversial Sahara Clinical Bone Sonometer used in conjunction with a consultation for the screening of patients who may be at risk for osteoporosis. We

Representative Board of Saskatchewan **Pharmacists**

have been notified that the use of equipment such as the bone sonometer, falls under the purview of *The Radiation Health and Safety Act and Regulations* which

prohibits the operation of ultrasound equipment by other than approved qualified personnel. Council consulted with the Board on a policy being developed to ensure that such testing is in the best interest of the public and not to be used as a marketing tool.

Council and the Board discussed respective reactions and positions to the Commission on Medicare Report. Both organizations will continue to respond separately to the issues as they arise.

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SPHA COUNCIL 2001-02

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Public Members May Bridgewater, Regina Vacant

COUNCIL HIGHLIGHTS – SEPTEMBER 18-19, 2001

Council met on September 18 -19, 2001 following the joint meeting with the Board.

With the resignation of George Furneaux (Division 5), who has moved to Manitoba to accept a job opportunity, the position of President-Elect was vacant. Under the Act, Council may elect a new President-Elect from amongst any Councillors who are not officers. Council is pleased to **announce the new President-Elect, Brenda Schuster** (Division 8). At this time Council would like to thank George for his significant contribution to the Association.

In response to member inquiries and developments in other professions, we have asked our Solicitor to examine the new Professional Corporations Act. He has advised that Council must decide to apply to become a "designated association" to allow members to register as **professional corporations**, and then to assume the consequential administrative responsibilities. Whether professional corporations can operate pharmacies was also discussed.

The issue for Council was whether designation supports our vision of "quality pharmacy care in Saskatchewan" particularly public safety issues. Council believes that this "designation" appears to be consistent and compatible with our policies. If a member were to incorporate there would be no distinction made between the person and the corporation with respect to the jurisdiction of the regulatory body.

When *The Pharmacy Act*, 1996 became effective January 1, 1998 SPhA lost the ability to **regulate hospital pharmacies**. Government stated that, since district health boards also undergo an accreditation process, regulation by the provincial regulatory body was considered a duplication. Disparities arise when pharmacists and pharmacies are not regulated together. For example, how do we hold pharmacists accountable for quality pharmaceutical products without regulation over the environment in which they are compounded and dispensed? This reflects the principle behind both pharmacy and practice standards in community settings.

When districts contract with community pharmacies to provide pharmaceutical services to hospitals, are they aware of CSHP standards? Is the community pharmacist aware of the CSHP standards and provided the resources to ensure that the standards are met? CSHP information can be obtained by accessing the web site *www.cshp.ca.*

The issue in point is the Health Canada framework policy on compounding vs manufacturing. In effect, manufacturing activities will not be subject to Good Manufacturing Practices Regulations under the Food and Drugs Act when these are **professionally regulated activities at the provincial level.**

Council participated in a **policy governance workshop** with Jan Moore on September 19, 2001. Ms. Moore originally assisted Council with the introduction to the Carver Model of policy governance and has maintained a monitoring function during the first year of implementation. The workshop consisted of a brief review of the basics, and then time was spent reviewing Council's progress to date with special emphasis on reviewing some of the monitoring reports for strengths and weaknesses.



LOCK AND LEAVE INSTALLATIONS

On September 1, 2000, the amendment of Bylaw 14.3.3.6 allows a nonpermanent barrier that permits complete security of restricted products during periods of closure.

Bylaw 14.3 goes on to state:

14.3.7 Where a permit holder proposes changes to the "Lock and Leave" installation with respect to the conditions specified herein, he shall firstly obtain the approval of the Registrar-Treasurer by applying in writing and which application shall specify the nature of the change.

An amendment application and the applicable fee (for administrative monitoring requirements) must be submitted and the approval received before any change may occur. Changes not approved by the Registrar could invalidate the Lock

> and Leave permit in violation of the Act and Bylaws. Should you have any questions regarding these requirements please contact the SPhA

PHARMACY PERMIT AMENDMENTS

To ensure that a pharmacy has a valid pharmacy permit, the SPhA office must be notified by the proprietor not later than *five* days prior to any change. Failure to do so would mean that the pharmacy does not have a permit to operate a pharmacy in Saskatchewan, which could lead to serious legal consequences (liability issues).

Pharmacy permit amendments are mandatory for the following changes:

- pharmacy manager
- ownership
- directors
- trading name
- address
- lock and leave hours, and
- lock and leave barriers

The pharmacy permit will be approved effective the date all requirements are met; a permit will not be backdated. In the case of a manager change, the pharmacy manager is the licensed pharmacist accountable to SPhA and upholds responsibility for that pharmacy until the amended permit is approved. Should a manager cease to hold that position it would be prudent for the member to contact the Association, as he/she remains the manager of record until we are so notified. Refer to The Pharmacy Act, 1996 section 20 and "Responsibilities of a Pharmacy Manager" in the Pharmacy Reference Manual.

SCREENING FOR OSTEOPOROSIS USING ULTRASOUND

The Radiation Health and Safety Act and Regulations prescribe requirements for medical ultrasound equipment. Specifically, section 42 of the Regulations requires the registration of all medical ultrasound equipment in Saskatchewan, section 43 specifies that only those qualified can operate medical ultrasound equipment, and section 44 requires each owner of medical ultrasound equipment to have a written quality assurance program. The Act and Regulations can be accessed at the web site: http://www. labour. gov.sk.ca/acts-regs/index.htm

Health Canada has confirmed that the Sahara Clinical Bone Sonometer is licensed by the Medical Device Bureau. Ultrasound devices emit acostic signals and are considered radiation-emitting devices. Therefore a qualified person (who has received approval from the Radiation Safety Unit of Occupational Health and safety Division of Saskatchewan Labour) must operate the device. The names of qualified ultrasonographer equipment operators can be obtained from Maureen Sheard, President of the Saskatchewan Association of Diagnostic Medical Sonographics. She can be reached at St. Paul's Hospital in Saskatoon at: (306) 655-5140.

COMPLAINTS COMMITTEE REPORT

The Complaints Committee met on September 26, 2001 to address 27 current files. For the following complaints heard the Committee determined that:

(17) files be closed (no further action to be taken)

- (1) file be deferred (awaiting information)
- (8) files remain active (investigation to proceed)

(1) file be referred to the Discipline Committee to hear and determine the formal complaint

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

- Advertising infractions (3)
- Suspected alcohol/drug abuse
- Communication/Unprofessional conduct (5)

- Professional incompetence includes medication errors (12)
- Improper record keeping
- Bylaws / Standard / Guideline infractions [Improper prescription pricing practices, unprofessional business practices] (4)
- Prescription transfers
- Failure of duty of care to the patient, which may have contributed to the patient's death (2)
- Miscellaneous [operating a pharmacy without a valid pharmacy permit]

Note: The total exceeds the number of complaints due to more than one allegation in some of the complaints.



Dr. Dennis Gorecki College of Pharmacy and Nutrition

This fall the College welcomed over 100 new students (82 in Pharmacy and 22 in Nutrition) and "welcomed back" 293 upper year students. As our students began classes, the College explained to them the reasons for the significant increases in tuition fees that took effect this year. The Board of Governors approved campus-wide tuition increases averaging 15% in May, to prevent erosion of quality at the University. Delivering programs of the highest quality possible is the goal of the institution. Our University, like all others, is operating in a very competitive environment. The increased funds will enable us to better compete in attracting and retaining top faculty, students and research grants. The funds

are also being used by the University to enhance the quality of the student experience through improvements to facilities, equipment and information technology, expansion of support services for students, and provision of increased financial support through scholarships and bursaries.

In specific response to the recent revisions to both the Pharmacy and Nutrition curricula, and the resulting increased costs of delivering these programs, the tuition category level for our undergraduate programs was carefully reviewed and a decision made to move up one level. This has resulted in an additional tuition increase of 2.7% for Nutrition and 3.8% for Pharmacy, and has positioned our tuition levels at or below those of the majority of health science programs at the University. During the past year the College has also made a number of presentations to University administration and provincial government representatives regarding the need for increased operating funds. Although not sufficient to address all of our programs' needs, we are pleased to

report that this has met with considerable success in increasing the College's annual budget.

These efforts, along with the overall tuition changes, have enabled us to provide essential new elements in support of our programs: a full-time coordinator of structured practical training for both undergraduate programs; a full-time coordinator of practice skills for the Pharmacy program; increased support for laboratory instruction and laboratory supplies; and funding for travel to clinical sites to support students and preceptors. Steps are underway to obtain resources to support on-site clinical coordination at the practice sites.

The extensive changes to our programs came about as a result of invaluable input from students, practitioners, professional organizations, and faculty and staff. We believe that the revisions have dramatically enhanced the student experience and the quality of our undergraduate programs. For more information, please visit the College's new website, which will be launched in November (www.usask.ca/pharmacy-nutrition).

SPHA IS PLEASE TO RECOGNIZE THE FOLLOWING TOBACCO FREE PHARMACIES:

Arcola Pharmacy Ltd., Arcola V Avon Drugs (1978) Ltd., Regina V B & E Price Watchers Drug Mart, Moose Jaw V Balfour Drugs Ltd., Kipling V Battleford Drug Mart, Battleford V Battlefords Prescription Centre Ltd., North Battleford V Beechy Pharmacy Ltd., Beechy V Bengough Drugs Ltd., Bengough V Broadway Pharmacy, Saskatoon V Cameron's Pharmacy, Lumsden V Carlton Trail Pharmacy, Duck Lake Carnduff Drug Mart, Carnduff Carrot River Pharmacy (1983) Ltd., Carrot River V Carrot River Pharmacy (Satellite), Red Earth V Cheetham's Pharmacy, Saskatoon V Circle Centre Pharmacy Ltd., Saskatoon V Community Clinic Pharmacy, Saskatoon V Coronach Pharmacy, Coronach V Cupar Drug Hall Ltd., Cupar V Davis Rexall Drugs, Arborfield V Davis Rexall Drugs Ltd., Shoal Lake V Davis Rexall Drugs Ltd., Smeaton 🖤 Dundonald Pharmacy, Saskatoon 🖤 Earl's Pharmacy Ltd., Saskatoon 🖤 Eastend Super Thrifty Drug Mart, Eastend 🖤 Elrose Pharmacy Ltd., Elrose V Estevan Drug Mart, Estevan V Fillmore Pharmacy Inc., Fillmore V Fisher's Drug Company Inc., North Battleford V Friesen Drug (1994) Ltd., Rosthern & Granger Drugs Ltd., Waldheim Granger's Prescription Plus, Bruno Gray Chemists Ltd., Prince Albert Grav's Pharmacy, Wawota Harper's Medical Centre Phcy. Ltd, Nipawin 🖤 Hearn's Westview Pharmacy, Yorkton 🖤 Henders Price Watchers Drugs, Estevan 🖤 Hill Avenue Drugs, Regina 🖤 Humboldt Medical Dispensary, Humboldt 🖤 Indian Head Pharmacy, Indian Head 🖤 Ken's Pharmacy, Craik 🖤 Lafleche Pharmacy, Lafleche 🖤 La Ronge Drug Store, La Ronge 🖲 Loucks Medi-Health Pharmacy Ltd., Yorkton 🖤 Luseland Pharmacy Ltd., Luseland 🖤 Maidstone Pharmacy (1991) Ltd., Maidstone 🖤 Marian's Pharmacy, Battleford 🖤 McCutcheon Pharmacy, Foam Lake 🖤 McQuoid's Pharmacy Ltd., Wolseley 🖤 Meadow Lake Co-op Pharmacy, Meadow Lake 🖤 MediCentre Pharmacy, Prince Albert V Midtown Medical Pharmacy, Saskatoon V Midway Pharmacy, Davidson V Moosomin Drug Mart, Moosomin V Mount Royal Drugs, Saskatoon V Neilburg Pharmacy Ltd., Neilburg V Newhope Pharmacy, Stoughton V Pacific Avenue Pharmacy, Saskatoon V Pharmasave #408, Moosomin V Pharmasave #412, Fort Qu'Appelle 🖤 Pharmasave #415, Biggar 🖤 Pharmasave #416, Weyburn 🖤 Pharmasave #424, Moose Jaw 🖤 Pharmasave #430, Broadview 🖤 Pharmasave #431, Esterhazy 🖤 Pharmasave #432, Watson 🖤 Price-Rite Drugs Pharmacy, Prince Albert 🖤 Prince Albert MediCenter Pharmacy, Prince Albert 🤍 Quayle's Pharmacy Ltd., Birch Hills V Queen Street Pharmacy, Saskatoon V Radville Pharmacy Ltd., Radville V Ramsey Drugs Ltd., Carlyle V River Heights Drugs, Regina V Riverbend Co-op Pharmacy, Outlook V Rocanville Super Thrifty Drug Mart, Rocanville V Rosthern Pharmacy (1994) Ltd., Rosthern V St. Joseph's Hosp. Community Phcy, Ile a la Crosse 🖤 St. Walburg Pharmacy, St. Walburg 🖤 Sametz Pharmacy Ltd., Ituna 🖤 Saskatoon Medical Arts Phcy, Saskatoon 🖤 Scholz Pharmacy, Shellbrook 🖤 Slobodian Pharmacy Ltd., Porcupine Plain V Southey Drugs (1982) Ltd., Southey V Spencer's Pharmacy Oxbow Ltd., Oxbow V Spiritwood Pharmacy, Spiritwood 🖲 Sprucewood Pharmacy 2, Lloydminster 🖤 Stapleford Pharmacy, Regina 🖤 Strasbourg Pharmacy Ltd., Strasbourg 🖤 The Medicine Shoppe #112, Regina 🤍 The Medicine Shoppe, Saskatoon (4) 🖤 University Park Pharmacy Ltd., Regina 🖤 Wadena Drugs (1994) Ltd., Wadena 🖤 Wakaw Pharmacy Inc., Wakaw 🖤 Walker's Pharmacy (Satellite) - Allan, Borden, Colonsay, Delisle 🤍 Wall Street Pharmacy, Saskatoon 🖤 Wal-Mart Pharmacy, Estevan 🖤 Wal-Mart Pharmacy, Moose Jaw 🖤 Wal-Mart Pharmacy, North Battleford 🖤 Wal-Mart Pharmacy, Prince Albert 🖤 Wal-Mart Pharmacy, Regina (3) 🖤 Wal-Mart Pharmacy, Saskatoon (2) 🖤 Wal-Mart Pharmacy, Swift Current Val-Mart Pharmacy, Yorkton Vatrous Pharmacy (1995) Ltd., Watrous Verezak's Pharmacy Ltd., Saskatoon Vatrous Pharmacy Ltd., Macklin 🖤 Woodland Pharmacy Ltd., Shellbrook 🖤 Wright's Pharmacy (1989) Ltd., Whitewood 🖤 Wynyard Pharmacy Ltd., Wynyard 🖤

Please contact the SPhA office if you wish to register your pharmacy as tobacco free.

We will provide you with a "Declaration" suitable for framing and acknowledge your pharmacy in a future issue of the Newsletter. If you see your pharmacy named above and have not received your "Declaration" please contact this office.

HEALTH CANADA

Health Canada is requesting a removal from sale to the retail level, of all products containing aristolochia or aristolochic acid.

Health Canada first issued a Warning on Aristolochia in November 1999. As a result of a recent market survey, Health Canada is reminding consumers not to use products containing *Aristolochia spp*.

Health Canada is currently investigating products labelled to contain other herbs such as *Stephania*, *clematis*, *Akebia and Asarum* for the presence of Aristolochic acid. This group of herbs may be used interchangeably with Aristolochia under the traditional name Mu Tong. This request is now being extended to include *Bragantia*, *Diploclisia*, *Menispermum*, *Sinomenium*, *Vladimiria souliei* and *Soussurea lappa*. Health Canada is asking, therefore, that products containing these herbs also be removed from sale.

A customs alert has also been issued to ensure that products containing any of these herbs do not enter Canada.

Health Canada advises consumers not to consume products containing any of the following herbs, as they may contain aristolochic acid:

Akebia Aristolochia Asarum Bragantia Clematis Cocculus Diploclisia Menispermum Mu Tong Sinomenium Soussurea lappa Stephania Vladimiria souliei

SPECIAL ACCESS PROGRAMME

Health Canada's Special Access Programme authorizes a manufacturer to sell a specific quantity of drug that cannot be otherwise sold or distributed in Canada to a physician. The drug will be sent to the physician or a hospital pharmacy, but not to a community pharmacy. The physician cannot sell the product to a community pharmacy to dispense to his/ her patient.

Because of the nature of these drugs, the physician who has made the decision to prescribe this medication is thought to be in the best position to continually monitor the use of these drugs. In seeking and receiving access to a drug through the SAP, the practitioner agrees to provide a report on the results of the use of the drug including information on adverse drug reactions and, on request, to account for all quantities of drug released.

The SAP does not authorize the use or administration of a drug – this authority falls within the practice of medicine. Authorization does not constitute an opinion or statement that a drug is safe, efficacious or of high quality.

For more information please refer to the Special Access Programme section on the Health Canada web site: www. hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/ edrp.html

HEALTH PRODUCTS AND FOOD BRANCH INSPECTORATE INSPECTION STRATEGY FOR CLINICAL TRIALS

The new regulations, Drugs for Clinical Trials Involving Human Subjects, came into force on September 1, 2001. Regulatory activities to be conducted will include inspections and investigations to assess compliance with Regulations.

Inspections and investigations will be in accordance with Division 5 and will be conducted mainly at the facilities of the Sponsors and Contract Research Organizations. Division 5 defines Good Clinical Practices as, "generally accepted clinical practices that are designed to ensure the protection of the rights, safety and wellbeing of clinical trial subjects and other persons, and the good clinical practices referred to in section C.05.010." The main objective for the inspection of clinical trials is to ensure that the generally accepted principles of good clinical practices are met.

A Clinical Trial is, "an investigation in respect of a drug for use in humans that involves human subjects and that is intended to discover or verify the clinical, pharmacological or pharmacodynamic effects of the drug, identity and any adverse events in respect of the drug, study the absorption, distribution, metabolism and excretion of the drug, or ascertain the safety or efficacy of the drug."

A letter received August 31, 2001 from Jean Lambert, Director General for the Health Products and Food Branch Inspectorate states, "Although the implementation of the inspection component of this proposed inspection strategy starts in January 2002, activities related to investigations will be performed as needed and subsequent to the coming into force of the new Regulations, on September 1, 2001. This document can be

accessed from the documentation section of: www. hc-sc.gc.ca/hpfb-dgpsa/ inspectorate/index_e.html

DIAL ACCESS - DID YOU KNOW?

SPhA is represented on the advisory committee to the Dial Access and Consumer Drug Information Services. The following are excerpts from the committee's August 9, 2001 meeting:

- To investigate the decrease in the number of requests to DADIS during the 1999-2000 year, a third-year pharmacy student, Jennifer Lawrence, was hired for three months beginning in May 2001 to design and conduct a survey of Saskatchewan pharmacists. The survey was sent to 500 randomly selected pharmacists licensed in the province. Preliminary results indicate that about 30 % of pharmacists are using the Dial Access service less frequently but there does not appear to be any specific reasons that could be addressed by the service to increase call numbers.
- There are large differences between the number of calls made by Saskatoon and Regina pharmacists (1271 vs. 444). The literature shows that the centre in which the drug information service is located always receives a higher percentage of calls. Members are reminded that part of your licence

fees are allocated for a grant to this service as it is intended to be available for members across the province.

P H A R M A C E U T I C A L

- Seventy percent of DADIS requests are researched within 6 to 15 minutes. This reflects a quick response time as the majority of callers receive an answer the same day.
- As a result of a partnership with Glaxo Smith Kline, the January/February issue of the newsletter was mailed to physicians as well as pharmacists, rather than pharmacists only. Positive feedback has been received from some physicians.



• The report on the Consumer Drug Information Service survey conducted in 1999 was published in the November 2000 issue of the Canadian Pharmaceutical Journal.

A S S O C I A T I O N

- The Dial Access service for health professionals is amalgamating with the Consumer service. The Committee will select a name from amongst several suggestions by pharmacists in a contest last year.
- Priorities for 2001-2002:
 - Return to full-time hours for Consumer Drug Information line Monday to Friday, 9:00 a.m. to 4:00 p.m. starting in September 2001;
 - Develop a web site;
 - Follow up calls on potentially serious questions with documentation of outcomes;
 - Publish a newsletter every two months; and
 - Increase use of the SPhA fax-back program to publicize answers to frequently asked questions.

Call toll free at 1-800-667-3425. For further information, members wanting a copy of the services' annual reports can contact Dial Access or the SPhA Office.

PROFESSIONAL OPPORTUNITIES



Pharmacist wanted for full time or part time at Estevan Drug Mart or Carnduff Drug Mart

Please call toll free: (866) 900-5666 and ask for Bob for further details.



CANADA SAFEWAY PHARMACY requires a FULL TIME PHARMACIST in PRINCE ALBERT, SASKATCHEWAN Please send resume to: Sheldon Ryma (Pharmacy Manager) 2995 – 2nd Avenue West Prince Albert SK S6V 5V5 Fax: (306) 922-8567 or (306) 955-7170 For more information: Phone (306) 249-2784 (LaVerne)

PHARMACIST WANTED

Tired of fast-paced city life & working long hours? Would you like to raise your family in a safe and secure community?

SAPARA'S DRUG MART LTD.

- requires a full-time pharmacist.
- Competitive salary & benefits
- 40 hours/week
- 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 SOA 0X0 (306) 745-6662 / (306) 745-2450 Fax: (306) 745-6654



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- Our two Pharmasave stores have been in operation in the same locations for over two decades.
- We are proud to be true locally owned community pharmacies.
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- We require a pharmacist who is service-oriented and has outstanding patient counselling skills.
- We offer competitive wages and a chance to be part of the management team and future partnership.

Please direct all inquiries or submit resume to: Henry Tsang, Pharmasave #420 1695 Dewdney Avenue East, Regina SK S4N 4N6 (306) 791-4580 • (306) 791-7872 (fax) e-mail: htsang@sk.pharmasave.ca



www.pharmasave.com

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(306) 441-6523 (cell - ANY time)

Relief pharmacist to work in Battleford

One full week every month

PIUS

Full time for the month of March Fax if interested: (306) 937-7419

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Harper's Medical Centre Pharmacy P.O. Box 1956 Nipawin SK SOE 1E0 (306) 862-5377



FULL-TIME / PART-TIME PHARMACIST

Join us in **Beautiful British Columbia's scenic Fraser Valley**.

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- Must possess excellent communication skills and an interest in providing patient counselling
- Compounding pharmacy with large natural health pharmacy and home health care
- Excellent working conditions (closed Sundays and Holidays)
- Excellent salary and benefit package
- Moving allowance provided •
- Great opportunity for career growth and possibility of • shareholding.

Contact:

Nazlin Khamis

(604) 795-5277 (res)

Respond to:

Pharmasave Health Centre 110 - 9193 Main Street Chilliwack BC V2P 7S5 (604) 792-1240 (604) 792-7208 (fax)

PHARMASAVE

STAFF PHARMACIST REQUIRED Pharmasave, Humboldt, Saskatchewan

A keen interest in clinical practice and public relations are an asset. HUMBOLDT, is located 100 km east of Saskatoon. It offers the advantages of small town living with many amenities, while being only 1 hour away from Saskatoon.

> Apply with resume to: Allan Bernhard, B.S.P., Pharmasave #429 P.O. Box 1210. Humboldt SK SOK 2A0 (306) 682-2616 • (306) 682-2077 (fax)



Saskatoon Pharmacy for Sale

Recently opened clinical pharmacy located in strip mall in Saskatoon on 8th Street. Common doorway into medical clinic with 7 physicians. Lease remaining: 8-1/2 years with options.

> For information, contact: (306) 955-4890 OR (306) 978-4333

CSHP Western Branch – Annual Banff Seminar

28th Annual Banff Seminar: "Moving Mountains" March 8-10, 2002 Banff, Alberta

For information, contact: Susan Howlett-Wise (403) 291-8687 or (403) 291-8554 susan.howlett-wise@calgaryhealthregion.ca

Earlybird registration: January 31, 2002

PHARMACY REFERENCE MANUAL – UPDATES

Your pharmacy has received updates to your **Pharmacy Reference Manual**. Please note the **package size restrictions for ASA and Acetaminophen** when recommended for children in the *Conditions of Sale for Non-Prescription Medications by Brand Name*.

. . . .

ELECTRONIC SUBSCRIPTION TO THE CANADIAN ADVERSE DRUG REACTION NEWSLETTER

In the past the Canadian Adverse Drug Reaction Newsletter from Health Canada has been distributed with the SPhA Newsletter. We attempt to get the information out in as quickly as possible; however, there are instances when we do not receive the Health Canada publication in time to mail with the latest newsletter.

Health Canada has now made it possible to join the mailing list to subscribe electronically to this Newsletter and to receive notices of health professional advisories. Go to www.hc-sc.gc.ca/ hpb-dgps.therapeut/htmleng/adr.html.

GUIDELINES FOR LATEX AND OTHER GLOVES

Latex allergies can often pose a serious risk for health care professionals, including pharmacists. Saskatchewan Labour, Occupation Health and Safety Division has recently published guidelines regarding the use of latex gloves and the prevalence of latex allergy in health care.

Important highlights of these guidelines include the appropriate use of gloves as a barrier protection, including when they should be used and the potential allergenicity. A copy of the guidelines is available through Occupational Health and Safety; 1-800-567-7233.



PHARMACIST REQUIRED

Contract NIHB Liaison Officer

Goals of the First Nations & Inuit Health Branch of Health Canada include ensuring that Non-Insured Health Benefits provided by pharmacies are administered efficiently and effectively, and that the spirit and intent of related agreements and contracts are maintained. Under a contract with FNIHB, SPhA requires a Liaison Officer to assist with audit functions.

The Contract NIHB Liaison Officer's role will be to collaborate with FNIHB's Program Integrity Officer to:

- 1) Consult with pharmacists and/or proprietors on areas of abuse and misuse;
- 2) Conduct reviews or audits of pharmacies related to their participation in the Program.

The position requires the pharmacist to be available one week per month until the end of March 2002. Following a 2-3 day orientation period that would take place in Regina, the work will involve travel to pharmacies in Saskatchewan.

We require a pharmacist who holds a practising membership with recent practice experience. Preference will be given to those who have provided services to NIHB clientele and are familiar with the program. Excellent communication and interpersonal skills are an asset.

The candidate will be compensated with a salary and benefits at competitive rates. Extensive travel will be required for which SPhA will cover expenses and provide an allowance for use of a personal automobile (or other feasible and mutually acceptable option).

Please reply in confidence to:

Ray Joubert, Registrar Saskatchewan Pharmaceutical Association 700 – 4010 Pasqua Street Regina SK S4S 7B9

Closing date for applications is Friday, November 23, 2001.

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