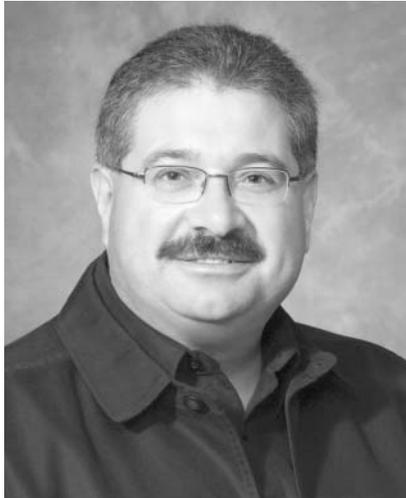




## President's Message



*"Christmas is forever,  
not for just one day,  
for loving, sharing, giving,  
are not to put away,  
like bells and lights and tinsel,  
in some box upon a shelf.  
The good you do for others is  
good you do yourself ..."*

Norman Wesley Brooks,  
"Let Every Day Be Christmas", 1976

During this festive season, we pause to reflect on another year. Like a 'sheet of ice', the year past shows a surface with signs of some smaller cracks, with yet larger ones further in the distance. The stability and safety of this 'sheet of ice' is measured by the 'thickness' of support by our membership and collaborative relationships with other health care professionals.

2007 has been a rewarding but challenging year. Professionally, we are focusing on ways to optimize our scope of practice as we strategically plan opportunities to work collaboratively with other health care professionals to meet the health care needs of the public. Regulatory strategies are being further developed to support the implementation process to enable pharmacists to actively participate in the drug prescribing process. As well, the College continues to set priorities for the best use of our resources in the support of our mandate to serve and protect the public. I strongly believe that our strategic planning has brought us closer to optimizing the role of our profession as we enter the new year filled with optimism and a will to embrace change.

This beautiful and thoughtful time of the year offers a period of reflection and a time to celebrate, rejuvenate and welcome a new year. For some, Christmas is a time to honour a religious rite. For others, it is a time to rekindle family traditions or create new ones. It is also a time for giving and sharing. I hope that you will have a moment to pause, if only briefly, to appreciate how fortunate

we are with our many blessings. Let us all hope that 2008 will present to each of us an opportunity to share with a person less fortunate, to lend a hand to someone in need and to give back just a little to our communities.

Life itself is like the 'sheet of ice' – a playing surface with its many cracks large and small. May the reflections on your 'sheet of ice' bring warmth and happiness, knowing that you share in the total structure bringing strength, unity and prosperity as we work together for a future of peace, opportunity and hope.

On behalf of Council, I take this opportunity to thank all those who have contributed to SCP's work over the past year, including the invaluable contribution of the dedicated volunteers, staff and valued friends.

Season's Greetings!

Bev Allen  
SCP President



### Best wishes for a Prosperous 2008!

From the staff at SCP:

Jeanne Eriksen  
Pat Guillemin  
Ray Joubert  
Cheryl Klein  
Reola Mathieu  
Heather Neirinck  
Lori Postnikoff  
Audrey Solie



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## SCP Council 2007-08

### Division 1

Jodie Simes, Fort Qu'Appelle  
(term expires June 30, 2009)

### Division 2

Terri Bromm, Tisdale  
(term expires June 30, 2008)  
Vice-President

### Division 3

Randy Wiser, Prince Albert  
(term expires June 30, 2009)

### Division 4

Bev Allen, Saskatoon  
(term expires June 30, 2008)  
President

### Division 5

George Furneaux, Regina  
(term expires June 30, 2009)  
President-Elect

### Division 6

Joe Carroll, Moose Jaw  
(term expires June 30, 2008)

### Division 7

Debbie McCulloch, Rosetown  
(term expires June 30, 2009)

### Division 8

Janet Harding, Saskatoon  
(term expires June 30, 2008)

### Past President

Jeannette Sandiford, Weyburn  
(term expires June 30, 2008)

### Ex Officio

Dean Dennis Gorecki  
College of Pharmacy and Nutrition,  
Saskatoon

### Public

Ken Hutchinson, Fort Qu'Appelle  
Joseph Jeerakathil, Saskatoon

### Student Observer

Justin Kosar

## SCP Staff

Jeanne Eriksen,  
Assistant Registrar

Pat Guillemain,  
Administrative Assistant

Ray Joubert,  
Registrar

Cheryl Klein,  
Senior Administrative Assistant

Reola Mathieu,  
Receptionist

Heather Neirnick,  
Administrative Assistant

Lori Postnikoff,  
Field Officer

Audrey Solie,  
Administrative Assistant

## Council Highlights – December 10, 2007

Council convened for the last time in 2007, in Regina, Monday, December 10, 2007. Issues discussed during the meeting were:

- Opportunities that individual Council members have had to link with the public (including pharmacists) to discuss current issues or concerns;
- District meetings with a report from the Registrar. While the number of attendees was slightly lower than the norm, there was a good demographic mix of members, with those in attendance offering good feedback and discussion;
  - Pharmaceutical Information Program representatives presented at the district meetings. Some hospitals have successfully piloted a medication reconciliation form generated from the PIP viewer and have reported improvements in patient care. Members aware of errors are strongly encouraged to contact the Program. Next steps include planning for integration with pharmacy computer systems, expansion of electronic prescribing, designing a medication reconciliation process upon discharge from hospital and working to collect cancer drugs.
  - Enhanced Authority for Pharmacists to Prescribe Drugs. Members at the district meetings were asked to describe what they would need to be properly regulated, or feel properly guided or supported. Generally, to summarize, members need:
    - Clear understanding of ethical and scope of practice boundaries;
    - Enabling legislation;
    - Clear limits, evidence based guidelines, or protocols where appropriate;
    - Sufficient time and other resources such as pharmacists and qualified technicians, systems and compensation;
    - Access to complete patient information;
    - Understanding of accountabilities with adequate liability protection;
    - Understanding from patients;
    - Support from other members of the health care team; and
    - Effective communication systems.Strategies to address these needs will be considered during the next phase as we develop our final position and regulatory framework.
  - Members were updated on the following:
    - The release of *SaskTech*, a competency based tool to help members hire qualified technicians and expand their roles;
    - Interdisciplinary Collaboration – a report was given on the recent interdisciplinary conference held in September in Saskatoon;
    - Prescription Review Program – discussed progress with establishing a new legislative framework to enable the partners to more effectively utilize the data, and highlighted recent data analysis and reporting capabilities under the Program;
    - Discussed the role SCP might play in medication incident reporting; and
    - Reviewed the College's Strategic Plan including a progress report on the milestones for 2007.
- Plans are underway for the 2<sup>nd</sup> Interdisciplinary Conference to be held at the Radisson Hotel in Saskatoon on September 19 and 20, 2008. The Conference theme will focus on citizen engagement and collaboration. From feedback received following the 2007 Conference, we anticipate that more disciplines will become involved. Please watch future issues of the Newsletter for more information.
- Council education for this meeting was a presentation from Jason Perepelkin (PhD candidate) on his research, "Managing a Community

Pharmacy in Canada: the Practice Experiences of Community Pharmacy Managers". The data was collected in three types:

- Independents (fewer than four pharmacies under the same ownership)
- Small Chain (4-10 pharmacies under the same ownership)
- Large Chain (more than 10 pharmacies under the same ownership)

The data was further collected as to: franchise; banner; grocery store; department store; mass merchandiser; mail order pharmacy or other.

Questions asked focused on the level of autonomy pharmacy managers have with regard to professional policy making at pharmacy level, as well as business policy making at store level and which takes precedence if both are impacted.

**CORRECTION:** In the last issue of the Newsletter we had inadvertently missed publishing the name of one of our members who generously gave of her time as a presenter at the Interdisciplinary Conference in Saskatoon in September. Jane Richardson co-presented the session, "How Medication Reconciliation Supports Patient Safety". It is unfortunate that this omission occurred as Jane is always one of the first to accept requests to present and has supported the College with our committee work for many years. **We apologize for this oversight.**

## Menactra® Vaccine

Menactra® is a combination of meningococcal (Groups A, C, Y and W-135) polysaccharide and diphtheria toxoid conjugate vaccine. Only meningococcal conjugate group C is recommended as part of a routine immunization schedule.

The National Advisory Committee on Immunizations in May 2007 determined that Menactra® **should not be** recommended for routine immunization of meningococcal vaccine.

According to the drug schedules and the immunization parameters, **Menactra® is Schedule I** and therefore requires a prescription.

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## Joint Meeting of PAS and SCP – December 11, 2007, Regina

Board Past President Ray Banister and SCP President Bev Allen jointly chaired this annual meeting of the Pharmacists' Association of Saskatchewan (PAS) Board and SCP Council. While we all recognize that the two organizations have very different mandates, there are many issues that we share. Again this year the two organizations met to discuss issues of mutual interest:

- Enhanced Authority for the Pharmacist to Prescribe Drugs
  - Progress report – SCP is forming an interdisciplinary working group to advise Council on policy.
  - PAS position – will appoint a representative to the above working group and will consider economic models to support this role of the pharmacist.
- SCP will continue our involvement at the PAS annual conference;
- Collaboration between SCP, PAS and CSHP on professional practice issues – the three organizations will meet to explore possibilities;

- Strategic Plan and Milestones – some SCP milestones rely upon PAS and will be adjusted according to the PAS' strategic plan;
- Public education and the opportunities for joint initiatives – PAS will join SCP in adapting a public education video from New Brunswick for use in Saskatchewan;
- Malpractice insurance issues – discussion of trends in the marketplace;
- Technicians status report – SCP is examining our role in regulation.

There was renewed enthusiasm for some joint projects to move forward as the profession transitions into our enhanced role. The membership will be kept informed through this paper format and E-link. Should you require further information on how to access information through the E-Link system, please contact Cheryl Klein at the SCP office.



# Ray Joubert Honoured as Pillar of Pharmacy

Third Accolade This Year a Tribute to the Stellar Individual



*From left: Dayle Acorn, Executive Director, Canadian Foundation for Pharmacy; Ray Joubert, Registrar-Treasurer of the Saskatchewan College of Pharmacists; Bill Veniot, Vice President of the CFP Foundation and Registrar of the New Brunswick College of Pharmacists; and Dennis Gorecki, CFP Board Member and Dean, School of Nutrition and Pharmacy, University of Saskatchewan.*

**P**harmacy veteran Ray Joubert has been chosen by the Canadian Foundation for Pharmacy (CFP) to receive the Pillar of Pharmacy honour for 2007. Mr. Joubert was recognized in front of over 150 of his peers from the pharmacy and health care industry at a gala award dinner held in Regina, Saskatchewan on November 13, 2007.

"It is an honour to receive this award from the Foundation. There are so many other deserving candidates across this country," says Mr. Joubert. The Registrar-Treasurer of the Saskatchewan College of Pharmacists for the past 22 years, Ray is well-known and highly regarded across Canada. Following graduation in 1974 from the College of Pharmacy at the University of Saskatchewan, Joubert gained experience in government during the implementation of the Saskatchewan Prescription Drug Plan and served as a hospital pharmacist before joining the College in 1977 as Assistant Registrar.

It is his overall contribution to the pharmacy profession for over more than 30 years that makes Mr. Joubert especially deserving of this honour. He has served as a director, chair, and member of provincial and national organizations within the profession; he has also lent his experience and knowledge of regulatory affairs to other health professions and has

helped shape the career success of future generations of pharmacists as a lecturer at the University of Saskatchewan.

"It is an honour to name Ray Joubert a Pillar of Pharmacy," says CFP Board President Christina Bisanz, "his commitment to the advancement of all facets of the pharmacy profession is remarkable. He's is an open, caring individual and I can't think of anyone more deserving." Ms. Bisanz notes that the selection of Mr. Joubert was a unanimous decision of the CFP Board.

The honour is particularly special since it comes in the year that Joubert was also named one of the top 100 Centennial Pharmacists in recognition of the Canadian Pharmacists' Association centennial, and as he celebrates his 30<sup>th</sup> anniversary with the Saskatchewan College of Pharmacists.

Created in 1945, the Canadian Foundation for Pharmacy is Canada's national pharmacy charity. Over the years the organization has helped countless individuals and organizations while achieving its mandate to advance the profession of pharmacy. The role of CFP is to advocate and facilitate innovation by the pharmacy profession and its stakeholders. The CFP Pillar of Pharmacy Award acknowledges and celebrates the contributions and achievements of Canada's leaders in pharmacy.

*Excerpts from a CFP press release November 2007*

## Saskatchewan Cancer Agency Drugs

“Prescriptions for drugs covered by the Saskatchewan Cancer Agency are provided free of charge to registered cancer patients by either the Allan Blair Cancer Centre Pharmacy in Regina (telephone: 306-766-2816) or the Saskatoon Cancer Centre Pharmacy (telephone: 306-655-2680). These drugs would be provided when requested by a clinic oncologist or a physician working in association with the Cancer Agency. **These drugs are not covered by the Drug Plan.**” (Excerpt from the Saskatchewan Drug Plan Formulary).

We have received inquiries from the public as to why pharmacies fill prescriptions for medication used in cancer therapy when these patients should be referred to the cancer clinics to receive their medication free of charge. We understand that patients often do not understand that these medications may be obtained at zero cost from the two clinics and ask their local pharmacist to fill the prescriptions, only to learn later that they could have received the medication at no cost to them. This then leaves the customer with a negative opinion of the pharmacist/pharmacy for not informing them of this program.

Please review the following article regarding the Saskatchewan Cancer Agency Drug Benefit Program.



### Information on the Saskatchewan Cancer Agency Drug Benefit Program

The Saskatchewan Cancer Agency (SCA) has a benefit program for drugs used in the treatment of cancer. This program covers the full cost of benefit drugs for registered cancer patients *only if* obtained at the following SCA pharmacy locations:

Allan Blair Cancer Centre Pharmacy  
4101 Dewdney Avenue  
Regina, SK S4T 7T1  
Tel: 306-766-2816  
Fax: 306-766-2183

Saskatoon Cancer Centre Pharmacy  
20 Campus Drive  
Saskatoon, SK S7N 4H4  
Tel: 306-655-2680  
Fax: 306-655-1035

Despite efforts to inform patients of their benefits through the SCA drug program, occasionally cancer patients present to their community pharmacy with prescriptions for oncology drugs. Patients then seek payment for their drug costs from the SCA and are subsequently reimbursed only a portion (often minimal) of these drug costs.

It is important to be aware of the indication for prescribing, as some drugs may be used for both oncology and non-oncology purposes. **If a prescribed drug is being used for a cancer indication**, the patient should be informed that they have an opportunity to receive full benefit for their cancer drug only if obtained through an SCA pharmacy. The SCA appreciates your assistance in this regard.

The following is a list of the most common oral and injectable drugs used on an outpatient basis which are covered under the SCA Drug Benefit Program for cancer patients. There are guidelines and prescribing restrictions for some of these drugs within the SCA. Pharmacists are encouraged to contact one of the SCA pharmacies for information regarding cancer drug benefits.

**Anastrozole** (Arimidex)  
**Bicalutamide** (Casodex)  
**Busulfan** (Myleran)  
**Capecitabine** (Xeloda)  
**Chlorambucil** (Leukeran)  
**Clodronate** (Ostac, Bonefos)  
**Cyclophosphamide** (Procytox, Cytosan)  
**Cyproterone acetate** (Androcur)  
**Dasatinib** (Sprycel)  
**Dexamethasone** (Decadron)  
**Erlotinib** (Tarceva)  
**Etoposide** (Vepesid)  
**Exemestane** (Aromasin)  
**Filgrastim (G-CSF)** (Neupogen)  
**Fludarabine** (Fludara)  
**Flutamide** (Euflex)  
**Goserelin acetate** (Zoladex)  
**Granisetron** (Kyttril)  
**Hydroxyurea** (Hydrea)  
**Imatinib mesylate** (Gleevec)  
**Imiquimod** (Aldara)  
**Interferon** (Intron A)  
**Letrozole** (Femara)  
**Leucovorin**  
**Leuprolide acetate** (Lupron)  
**Lomustine (CCNU)** (CeeNu)  
**Megestrol acetate** (Megace)  
**Melphalan** (Alkeran)  
**Mercaptopurine** (Purinethol)  
**Methotrexate**  
**Nilutamide** (Anandron)  
**Octreotide** (Sandostatin)  
**Ondansetron** (Zofran)  
**Prednisone**  
**Procarbazine** (Natulan)  
**Tamoxifen**  
**Temozolomide** (Temodal)  
**Thioguanine** (Lanvis)  
**Tretinoin** (Vesanoid)

The following outpatient cancer drugs are not currently covered by the SCA. Patients are usually aware of the non-benefit status of these drugs

**Aprepitant** (Emend)  
**Darbepoetin** (Aranesp)  
**Epoetin** (Eprex)  
**Fulvestrant** (Faslodex)  
**Sorafenib** (Nexavar)  
**Sunitinib** (Sutent)  
**Zoledronic Acid** (Zometa)



## The Canadian Foundation for Pharmacy

For over sixty years, the Canadian Foundation for Pharmacy has been committed to the advancement of the pharmacy profession through a variety of initiatives, mostly as individual support to pharmacists in the form of bursaries, awards and scholarships. Many of these recipients remain loyal supporters of the Foundation years later.

Since 2004, funds raised by the Foundation have supported **innovative** practice research and projects, designed to enhance and recognize the value pharmacists bring to patient outcomes. We believe this shift will allow us to provide broader support to the profession and its' practitioners.

Our funds have supported the development of technology in B.C. which has ultimately given rural patients access to pharmacists' expertise in the treatment areas of diabetes and congestive heart failure. What is unique is that this patient support is "virtual". Today, EPIC, through Network Healthcare, is an integral part of the B.C. telehealth services provided in the province.

In Ontario, our theme grant supported the development and implementation of a pharmacist's practice model. In three primary care groups in metropolitan, urban and rural areas, pharmacists were integrated into primary care groups. Pharma-

cist involvement in these practices increased the comprehensiveness and coordination of medication-related aspects of primary care, with minimal increase in practice members' and staff's workload.

In 2007, the Foundations' **Innovation Fund** granted **\$100,000** to researchers in Alberta and B.C. Their research is intended to design and validate a compensation model that will support chronic disease management programs by pharmacists. Interested parties in this project include Alberta Health and Wellness and the B.C. Ministry of Health Services. Input into this research will also be collected from front line pharmacists. "Lack of an adequate compensation model is one of the greatest barriers to changing pharmacy practice towards a patient centered model" states the proposal from EPICORE/COMPRIS/CORE researchers. And quite frankly we agreed! As we continue to support innovation in pharmacy practice, we recognize the system has to be supportive to the integration of this research. It is our hope that the outcome of this research will be of value to every provincial pharmacy association as well as national pharmacy organizations that work on the pharmacist's behalf to achieve recognition (including compensation) for their expertise. Public and private funders will also have a keen interest in this research and its results.

Funding through the Innovation Fund has surpassed the **\$250,000** mark since its initiation.

This year, the Foundation's prestigious Pillar of Pharmacy Award was given to Saskatchewan's own Registrar, Ray Joubert. In the ten year history of the award, this is the second visit to the Province of Saskatchewan, where the 2002 winner was Dr. Jim Blackburn of Saskatoon. While you may read elsewhere in this Newsletter more about the recipient and the event, you may not read about several local people who graciously gave of their time to make this happen. On behalf of the CFP Board of Directors, I would like to acknowledge the contributions of Bill and Shirley Paterson, Jeanne Eriksen, Ben Holden, Bev Allen and Paul Chorneyko for making this event such a success.

Proceeds from this event go to support the Foundation and projects like those listed above. Along with the attendees, there were several other residents of Saskatchewan who made donations to the Foundation in their absence. If you wish to make a donation, you can now do so online at [www.cfpnet.ca](http://www.cfpnet.ca).

We at the Foundation, recognize that **now** is the time to support and accelerate advances in pharmacy innovation. Pharmacists play an essential role in the evolving health care system, and CFP is proud to play a part in supporting their contributions. We are committed to the continued advancement of pharmacy, and your support will allow us to do more for this cause.

Dayle Acorn  
Executive Director

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## Buprenorphine

A new treatment for opioid addiction has recently been approved for use in Canada. Suboxone<sup>®</sup>, which contains the active ingredient buprenorphine as well as naloxone, is available from Schering-Plough Canada Inc. Naloxone has been added to the sublingual tablet to prevent injection abuse of buprenorphine. Naloxone causes withdrawal

symptoms if the tablet is crushed and injected IV but does not affect oral absorption.

Buprenorphine has a high affinity for opioid receptors. It is a partial  $\mu$ -receptor (mu) agonist as well as a kappa-receptor antagonist. Opioid receptors mediate opioid effects such as analgesia, sedation, euphoria and respiratory depression. Buprenorphine displaces agonists from opioid receptors and may pre-

cipitate withdrawal in patients physically dependent on opioids. The effect of buprenorphine peaks at 1-4 hours after the initial dose. As a partial  $\mu$ -receptor agonist, buprenorphine may result in less sedation than full  $\mu$ -opioid agonists such as methadone while still decreasing cravings for other opioids and preventing opioid withdrawal. As a

*continued on page 7*

## Buprenorphine continued from page 6

partial agonist, buprenorphine has a “ceiling effect” or plateau to its opioid agonist effects at higher doses, which make it less desirable to abuse and less likely to cause an overdose.

Buprenorphine, which has poor oral bioavailability, is administered in the form of sublingual tablets. The dose may be increased by 2-4 mg daily until an effective dose, which is usually in the range of 8-24 mg daily, is achieved. Because of buprenorphine’s ceiling effect, daily doses above 32 mg, which is the maximum daily dose on the product monograph, are unlikely to provide any further benefit.

Collaboration with other members of the health care team (physician, nurse, social worker, addiction counselors, etc.) is essential to provide positive patient outcomes with buprenorphine therapy. The physician and the pharmacist should have a plan in place prior to the induction of therapy for patients who will be receiving buprenorphine. Use of benzodiazepines and alcohol are contraindicated with this treatment. As with any addiction treatment program, including methadone, all members of the team need to keep in touch to ensure everyone is aware of the patient’s current behavior and challenges including whether they are showing up at the pharmacy for their scheduled doses, attending their physicians and counseling appointments as required, etc. Inappropriate behaviors, such as intoxication, use of other illicit substances, shoplifting, aggression, etc. must be reported to other members of the team.

Daily dispensing and supervision are required for the first few months. The sublingual tablet must be dissolved under the tongue and takes between 2 to 10 minutes to dissolve. Patients should be warned that swallowed doses are not effective and cannot be replaced without a new prescription from the physician. In order to ensure the individual does not swallow or cheek their dose, the patient must be

observed while the tablet is dissolving. To speed up tablet dissolution, the patient may be offered a sip of water prior to placing the tablet under their tongue and multiple tablets may be placed under the tongue. Tablets may be either halved or quartered. A vomited dose does *not* require replacement as the dose has been absorbed.

Buprenorphine therapy is initiated when the patient is experiencing opioid withdrawal symptoms (e.g., at least 4 hours after the use of a short-acting opioid, or 24 hours after the use of a long-acting opioid such as methadone) because it may otherwise precipitate withdrawal. Suboxone is available as 2mg/0.5mg or 8mg/2mg sublingual tablets. The half life is 24 to 60 hours. Because of its long half life, some patients may potentially be able to receive a dose every other day once stabilized.

Buprenorphine is a narcotic and a written prescription which meets all federal requirements is required from the physician prior to dispensing the medication. No refills are permitted and proper record keeping (purchases and sales) is required. It is recommended that the daily dispensing logs used as part of the Methadone guidelines be used for buprenorphine patients. The Methadone guidelines will be updated to include information regarding buprenorphine treatment protocols in 2008.

Physicians need to complete an education program to prescribe buprenorphine but will not require the same exemption under section 56 of the CDSA to prescribe the drug as is required for methadone. However, prior to being able to prescribe buprenorphine, the physician must complete the required training. A list of physicians trained to prescribe buprenorphine is available from the College of Physicians and Surgeons of Saskatchewan at 306-244-7355.

It is strongly recommended that pharmacists wishing to dispense this medication take the online train-

ing available from Schering. Patients who attend your pharmacy for their first dose will be in withdrawal, making them extremely difficult to manage without prior knowledge of addiction medicine treatments. Acute withdrawal itself causes many unpleasant effects (similar to the flu) including sweating, abdominal cramps, diarrhea, nausea, anxiety, cravings, muscle aches and or cramps, tearing or watery eyes and a runny nose. They should be advised that withdrawal symptoms will resolve within several hours. Patients must not be intoxicated as this may precipitate immediate withdrawal symptoms. The physician should be advised immediately if a patient appears intoxicated when presenting at the pharmacy for their dose.

Buprenorphine is metabolized by CYP3A4 so levels will be increased byazole antifungals, macrolides, HIV protease inhibitors, fluoxetine, calcium channel blockers, etc. and decrease levels with rifampin, carbamazepine, etc. Side effects include orthostatic hypotension, withdrawal symptoms, headache, pain (abdominal and back), nausea, diarrhea, constipation, and insomnia.

Adverse effects are similar to those of other opioids and include nausea, vomiting and constipation. Respiratory depression (and death) has been reported in the context of intravenous polysubstance use, as well as with benzodiazepine, alcohol, and other CNS depressants such as certain antidepressants, sedating antihistamines, barbiturates, neuroleptics, anxiolytics, clonidine, etc. Patients should be advised not to consume these substances.

Online training is available at [www.suboxonecme.com](http://www.suboxonecme.com)

### References

- CMAJ 2006
- CSAM Canadian Buprenorphine Core Training Program October 15, 2006, Saskatoon Saskatchewan

## Discipline Committee Decision and Order – November 14, 2007

On November 14, 2007, the Discipline Committee (the "Committee") was constituted to consider charges that the Respondents Tony Chow and 101044478 Saskatchewan Ltd. (the "Pharmacy") were guilty of professional misconduct and proprietary misconduct, respectively, within the meaning of *The Pharmacy Act, 1996* (the "Act"). The summary of the charges were that Mr. Chow:

- created prescriptions and patient medical records for prescription drugs that were not provided to a patient and in so doing created false and misleading records and billed and received dispensing fees and benefits for prescriptions that were not dispensed.
- claimed for refilled prescriptions for a patient for a Schedule F drug without the proper and valid authorization of the prescriber and did not dispense the prescriptions but instead dispensed an over the counter product to the patient.
- changed the quantity of a medication dispensed without the proper and valid authorization of the prescriber and without consulting the prescriber.
- as a result of the conduct described herein, caused an inaccurate record to be created in the provincial Drug Plan database which is accessible through the Pharmaceutical Information Program ("PIP") and as such: the integrity of the health information data for the patient had been compromised; and the health and safety of the patient was placed at potential risk.

The circumstances giving rise to the charges were contained in an Agreed Statement of Facts. The Saskatchewan College of Pharmacists (the "College") received a complaint from a pharmacist with respect to inaccuracies in a patient record found in the PIP database. The patient's PIP profile suggested that on a regular basis the pharmacy was filling prescriptions for Gen-Simvastatin 40 mg and Lipitor

20 mg. The pharmacist contacted Mr. Chow to discuss the patient profile, whereupon Mr. Chow admitted that the patient was receiving only one of the drugs and the other was being filled to offset the cost of a non-prescription product the patient required but could not afford.

The College's investigation confirmed this complaint, and that the 3<sup>rd</sup> party payor was billed for the second prescription for a period of approximately nine months between September 2005 and June 2006. As a result, inaccurate information was recorded on PIP, and the 3<sup>rd</sup> party payor was billed for prescriptions not provided to the patient. When the College began its investigation into this matter, Mr. Chow immediately and fully acknowledged the impropriety of his conduct and expressed remorse.

The Complaints Committee emphasized the seriousness of the allegations, which involved both financial impropriety and the compromise to the PIP records, which also has the potential for compromising patient safety. The previous unblemished record of Mr. Chow, as well as the degree, rapidity and genuineness of Mr. Chow's cooperation, was recognized by the Complaints Committee to be a significant mitigating factor when it came to make its submissions.

From the "Order and Reasons" document of the Discipline Committee:

"None of the goals of PIP will be achieved if health care professionals, such as pharmacists and physicians, cannot have confidence in the quality of information contained in the program. The future of health care is more, not less, electronic health records. As more and more health records are computerized, it becomes ever more important to maintain the integrity of these records."

The pharmacy and Mr. Chow pleaded guilty to the charges and the Complaints Committee and Respondents came before the Discipline Committee with a Joint

Submission as to Penalty which reflected an agreement with respect to most aspects of the disposition of the matter. After hearing submissions, the Discipline Committee of the College made the following orders pursuant to sections 34 and 35 of the Act:

1. Tony Chow and 101044478 Saskatchewan Ltd., operating as The Medicine Shoppe #204, shall be reprimanded pursuant to sections 34(1)(e) and 35(1)(f) of the Act.
2. Tony Chow and 101044478 Saskatchewan Ltd. shall be jointly and severally liable to pay a fine in the amount of \$1,500.00 with such fine to be paid on or before June 1, 2008. Failing payment, Tony Chow's licence shall be suspended pursuant to section 34(2)(b) and the proprietary permit suspended pursuant to section 35(2)(b) until payment is made.
3. Tony Chow and 101044478 Saskatchewan Ltd. shall be jointly and severally liable to pay the costs of the investigation and hearing which costs are fixed in the amount of \$7,000.00 with such costs to be payable on or before June 1, 2008. Failing payment Tony Chow's licence shall be suspended pursuant to section 34(2)(b) and the proprietary permit suspended pursuant to section 35(2)(b) until payment is made.
4. Pursuant to section 34(3), the Registrar shall send a copy of the Discipline Committee Decision and Order to the Complainant. Further, the Registrar shall forward a copy of the decision and Order to the Pharmaceutical Information Program (PIP) and Non-Insured Health Benefits Program (NIHB).
5. A summary of the Discipline Committee's Decision and this Order (including, for greater certainty, the Respondents' names) shall be published in the Newsletter of the Saskatchewan College of Pharmacists.

## From the Desk of the Dean



Dr. Dennis Gorecki, College of Pharmacy and Nutrition

In December 2006, the *Desk of the Dean* article described the University's upcoming, second integrated planning cycle, and the themes (areas of strategic focus) developed by the University community to guide the planning process. We are pleased to report that our **College Strategic Plan for 2008/09 to 2011/12** was submitted to the University this October.

The planning process involved an in-depth stocktaking of the goals and objectives of our previous *Plan*. We confirmed good progress in many areas. The exercise pointed to the need for our *Plan* to be more concise and easier to monitor. During faculty planning sessions, we talked about what we want to look like in 2012, taking into account external factors. We surveyed stu-

dent leaders, held a forum to obtain additional undergraduate and graduate student input, and requested feedback from other key stakeholders – staff, affiliated faculty and leaders in our respective professions. We feel the process is leading to heightened collegiality and greater collaboration between our two divisions, as well as with other colleges. We crafted a more concise and eloquent vision and mission that describes what we do, and we identified four strategic directions for the coming cycle.

### Our Vision

To learn, seek, discover, and share knowledge in pharmacy and nutrition that advances the health of the people of Saskatchewan and beyond.

### Our Mission

To develop skilled and caring pharmacy and nutrition professionals and scientists, and to create knowledge – through excellence in teaching, research, scholarship, outreach and engagement – for the health of individuals and communities.

### Strategic Directions

- To deliver high quality, widely recognized undergraduate and graduate programs.
- To develop and support leaders and agents of change in practice, research and education.
- To build excellence and productivity in scholarship and leading-edge research.
- To ensure sustainability through acquisition and effective management of resources,

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As part of the planning process, colleges and administrative units were invited to submit initiatives for university-level consideration. These are proposals that require collaboration and that will have substantial impact for the University if implemented. Our College has proposed a **Health Quality Improvement Initiative for the Health Sciences**. It will partner health science colleges, the Saskatchewan Health Quality Council, health regions and other organizations involved in QI. For the initiative to proceed, we are proposing a **Chair of Quality Improvement Science and Interprofessional Health Education** be created to support development of curricula focused on QI science and IP skills, and lead implementation research opportunities. The proposals are currently being reviewed, and we look forward to bringing you further news about this potential exciting initiative.



## Awards and Honours Committee

### Member Recognition

#### Deadline for SCP Award Nominations



Each year members are recognized for contributions to the profession and to their communities. The SCP Awards and Honours Committee invites you to nominate a colleague(s) who has made significant contributions to our profession and/or community, and is justly deserving of a College award.

Nomination forms may be requested from the SCP office, and are also available on the SK homepage of the NAPRA website – [www.napra.org](http://www.napra.org). The **deadline** for receipt of nomination of a colleague(s) for an SCP Award is **January 31, 2008**. In all cases, the selections will be approved by the SCP Council, following recommendation from the Awards and Honours Committee.

#### Honorary Life Member Award

Recognizes a member of the SCP for outstanding contributions to the profession and/or the SCP beyond the normal call of professional or voluntary obligations.

An Honorary Life Member Award may be granted in recognition of:

- Outstanding contribution to the SCP; and/or
- A distinguished record of service to the SCP; and/or
- Specific achievements that enhanced the profession; and/or
- Long-term service to the profession with a distinguished record; and/or
- A distinguished record of professional service to the community.
- Nominee must have made a special contribution to the SCP either on a local, provincial or national level.
- Nominee(s) must be a member(s) in good standing of the SCP.
- Nomination papers must be accompanied by a summary of the qualifications of the nominee consistent with the terms of reference.

\*Honorary Life Members will have their annual personal membership fees waived, but are responsible for all other conditions of membership.

#### Presidential Citation

Recognizes an SCP member who has made special contributions to pharmacy, but who does not qualify for any other SCP Awards.

#### SCP Certificate of Recognition

Presented to the retiring Presidents, Councillors, and committee members of the SCP for their dedication and contributions to the SCP Council.

- Nominee(s) must have made a special contribution to the SCP either on a local, provincial, or national level.
- Nominee(s) must be a member in good standing of the SCP.

- Nomination papers must be accompanied by a summary of the qualifications of the nominee consistent with the terms of reference.

#### Honorary Member Award

Recognizes any person **who is not a member of the SCP** for outstanding contributions to the profession and/or the SCP beyond the normal call of professional or voluntary obligations.

An Honorary Member award may be granted in recognition of:

- An outstanding single contribution to the SCP; and/or
- A distinguished record of service to the SCP; and/or
- A single specific achievement that enhanced the profession; and/or
- Long term service to the profession with a distinguished record; and/or
- A distinguished record of professional service to the community.
- Nominee must have made a special contribution to the SCP either on a local, provincial, or national level.
- Any person who is not a member of the SCP may be nominated.
- Nomination papers must be accompanied by a summary of the qualifications of the nominee consistent with the terms of reference.

#### SCP Award of Merit

Recognizes any person, **who is not a member of the College**, who through their active participation has promoted the SCP and/or the profession of pharmacy in Saskatchewan.

- Nominee must have contributed to the active promotion of the SCP or to the profession of pharmacy either on a local, provincial or national level.
- Nominee may not be a member of SCP.
- Nomination papers must be accompanied by a summary of the qualifications consistent with the terms of reference.