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The Pharmacists' Association of Saskatchewan

100
YEARS OF PHARMACY

SASKATCHEWAN COLLEGE OF PHARMACISTS

100th ANNIVERSARY 1911-2011
SASKATCHEWAN COLLEGE OF PHARMACISTS

SPECIAL FEATURE —
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Pharmacist
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Counseling patients and families, monitoring drug levels and initiating dosage adjustments, educating other health care professionals, critically reviewing and partaking in clinical trials, participating in formal medical rounds on intensive care units (including adult, pediatric, and neonatal), and conducting research are just a snapshot of the activities of a hospital pharmacist.

Health service and information online

With the rise of the internet, consumers are able to access quantities of information that 20 years ago, would have been thought impossible. This flood of information has numerous benefits, but there are problems as well, particularly when it comes to quality. For individuals turning to the internet for pharmaceutical advice, a source's reputation might not always be obvious.

When looking for information about medications, the best source is your local pharmacist. These professionals have years of training and experience to draw from, and they can tailor their advice to your specific situation. However, pharmacists are not available 24 hours a day and if absolutely necessary, there are places online where quality information can be found.

Some of the best sources of information are:

- Pharmacists Association of Saskatchewan: www.skpharmacists.ca
- Saskatchewan College of Pharmacists: www.mypharmacistsknows.com
- Saskatchewan Drug Information Services: <http://www.druginfo.usask.ca/>
- Saskatchewan Health: <http://www.health.gov.sk.ca/healthline-online>
- Mayo Clinic www.mayoclinic.com
- Regina Qu'Appelle Health Region: www.rqhhealth.ca
- Saskatoon Health Region: www.saskatoonhealthregion.ca
- Heart and Stroke Foundation of Saskatchewan: www.heartandstroke.sk.ca
- Canadian Diabetes Association www.diabetes.ca
- British Columbia Cancer Agency www.bccancer.bc.ca

Understanding prescriptive authority for pharmacists

What does prescriptive authority for pharmacists mean?
It means changes to provincial laws to recognize pharmacists as prescribers of drugs. Under a combination of federal and provincial laws, most drugs are only available by prescription. That is because it takes a trained professional to make the decision that these drugs are appropriate for you. When that decision occurs, that professional can issue a prescription for you when the law permits.

The federal law over regular prescription drugs recognizes pharmacists as prescribers when the same occurs under provincial laws. The laws in Saskatchewan have been changed to allow pharmacists to issue prescriptions under certain circumstances where they are trained to do so.

Does that mean that pharmacists cannot prescribe some drugs?
Yes, the pharmacist cannot prescribe Controlled Substances. They include Narcotics and other mood-modifying drugs that can cause addiction or dependency and abuse. There is other federal law over this group of drugs that impose added conditions over how they are distributed in Canada. This law does not recognize pharmacists in the same way. A special and lengthy federal process must occur before pharmacists can be recognized as prescribers of these substances.

Does this mean that I no longer need a doctor for my medications?
Certainly not. The pharmacist as a prescriber of drugs is NOT intended to replace your doctor or other health care provider. It is quite the opposite. The new laws depend upon a close working relationship between you, your doctor and your pharmacist. The new laws give the pharmacist added tools to work with you and your doctor get the most benefit out of your drug therapy.

What do you mean by added tools?
The new laws provide the pharmacist with added flexibility to respond to a variety of situations without having to check with your doctor first.

Pharmacists are not trained like doctors to diagnose the more serious ailments for which you cannot look after yourself and need a medical diagnosis. But, they are trained to recognize what might be the best medication for you for that diagnosis made by your doctor. That is why we are not intending to replace your doctor, but are intending to work more closely with him or her.

For some less serious ailments for which you can look after yourself, your pharmacist may be able to help you with more effective prescription drugs. This is explained further below under minor ailments.

Give me some examples.
Prescribing will be allowed in various circumstances: continuing maintenance therapy, emergencies, incomplete prescriptions, physician's absence, self-care for minor ailments and seamless care, and when pharmacists have advanced skills. Instead of having to contact your doctor first, your pharmacist can make these prescribing decisions for you and then tell your doctor about them.

Examples include:

- Continuing maintenance therapy — you are taking medications regularly, your prescription has run out and you can't get in to see your doctor for several days. Your pharmacist can provide the supply you need until you are able to visit your doctor, and will let your doctor know.
- Emergencies — you take a medication once in a while when needed, or perhaps regularly. You are on a trip, have left this medication at home and need it. Your pharmacist can provide you with a supply until you return home, and will let your doctor know.
- Incomplete prescriptions — sometimes your doctor will inadvertently forget to include some details important to your pharmacist about the drug being prescribed for you. Because your pharmacist knows you and your doctor, and is reasonably certain of your doctor's intent, s/he fills in the details to complete the prescription. Again, your pharmacist will let your doctor know.
- Physician's absence — doctors sometimes temporarily leave their practices for extended periods of time, such as for vacation or education. When that happens, they can leave instructions with your pharmacist to continue the medications for you and other patients if prescriptions run out while s/he is away.
- Seamless care — when you are ill and admitted to a health care facility, your medications can change. If you are transferred from that health care setting to another, for example, are discharged and return to your community, your pharmacist can make sure that your new medication therapy continues uninterrupted. Again, your pharmacist will let your doctor know.

When will this happen?
March 4, 2011 is the effective date for these new laws.

On March 2, 2011, the minister announced that new legislation would come into force March 4, 2011. This followed a period of time that was needed to receive feedback from interested parties, and to provide pharmacists with all of the tools and assistance they will need for this new role.

Does this happen in other provinces?
Pharmacists can prescribe in most, but not all provinces at this time. Different provinces are in different stages of allowing pharmacists to prescribe. Those that do may have different rules. What we are describing here applies to pharmacists in Saskatchewan.



100 Years of regulated pharmacy

- 1911:** The Saskatchewan Pharmaceutical Association is formed.
- 1913:** The University of Saskatchewan's School of Pharmacy is established in Saskatoon under the directorship of Alexander Campbell.
- 1921:** F.G. Banting and C.H. Best isolate insulin, and receive a Nobel Prize for their efforts.
- 1921:** The U of S School of Pharmacy is renamed the College of Pharmacy.
- 1928:** Sir Alexander Fleming discovers penicillin.
- 1945:** The first vaccine for influenza is unveiled.
- 1946:** The minimum educational requirement to become a registered pharmacist in Saskatchewan is set at four years.
- 1953:** Saskatchewan branch of the Canadian Society of Hospital Pharmacists (CSHP) is founded.
- 1961:** The first edition of the Compendium of Pharmaceutical Specialties (CPS) is made available. It contains 600 monographs; in contrast to the 2010 edition which has 2200 monographs and weighs over eight pounds!
- 1970:** Levodopa is first used to treat Parkinson's disease.
- 1987:** The Bachelor of Science in Pharmacy program at the U of S is revised so students must complete one year of university training before entering the four year pharmacy program.
- 1987:** Zidovudine is first used as a treatment for AIDS.
- 1994:** The College of Pharmacy at the U of S is renamed the College of Pharmacy and Nutrition.
- 1995:** Interferon beta-1b (Betaseron or Betaferon) is successfully used as treatment for relapsing-remitting multiple sclerosis.
- 1998:** The Representative Board of Saskatchewan Pharmacists (RBSP) is formed.
- 2001:** The RBSP becomes fully independent and autonomous from the Saskatchewan Pharmacists Association (SPhA), and relocates Regina.
- 2003:** The SPhA changes its name to the Saskatchewan College of Pharmacists (SCP).
- 2005:** The secure patient on-line medication record system, Pharmaceutical Information Program (PIP) is made available to health care professionals across the province, greatly improving patient safety.
- 2007:** RBSP changes its name to the Pharmacists' Association of Saskatchewan (PAS).
- 2008:** Blueprint for Pharmacy: Vision for Pharmacy, a national model and implementation plan for pharmacy practice is completed.
- March 4, 2011:** Pharmacists in Saskatchewan granted enhanced prescriptive authority.

The many faces of pharmacists

Pharmacists are the most accessible health provider in the system. They are well positioned to provide information and support to Saskatchewan residents on medication management, health promotion, and minor ailments. Pharmacists work in many different settings, all of which are dedicated to improving patient care.

Community pharmacists are available through the province in pharmacies and are often the people you talk regarding your drug therapy. Many community pharmacists are also specialists in chronic disease management.

For example, pharmacists provide specific information related to diabetes, asthma, menopause and other conditions. Without appointment, and outside of regular business hours, pharmacists are available and happy to lend a hand and provide some expertise. Whether it has to do with quitting smoking, choosing a cough medicine, or inquiring into the side effects of a prescription medication, your pharmacist is a well of knowledge.

Less visible, but equally as crucial to patient care, are hospital pharmacists. These pharmacists work in acute care and rural hospitals, rehabilitation centres, cancer centres, primary care practices, administration, ambulatory clinics (such as Anticoagulation Management Services, Home Dialysis, the Mosaic Heart Failure Clinic, and the Saskatchewan Transplant Program). Counseling patients and families, monitoring drug levels and initiating dosage adjustments, educating other health care professionals, critically reviewing and partaking in clinical trials, participating in formal medical rounds on intensive care units (including adult, pediatric, and neonatal), and conducting research are just a snapshot of the activities of a hospital pharmacist.

Primary care is a relatively new field in pharmacy. Under pilot programs, Saskatchewan pharmacists have been introduced into primary healthcare sites where they work closely with patients and other health care providers. Pharmacists contribute to the most comprehensive care program possible. Early research results are confirming that having pharmacists involved leads to an increase in positive patient outcomes.

Pharmacists are also involved in academic and research positions, where new pharmacists are groomed, drug programs are developed, and new perspectives on patient care are born. Pharmacy students currently complete hospital internships in their third and fourth years of school. They are exposed to the different aspects of pharmacy, they start to develop clinical skills and they contribute to research initiatives. Students learn the importance of working as a team and the different ways they can improve patient outcomes.

Though the hospital patient does not necessarily interact with a pharmacist or witness the care the pharmacist provides, their health is improved as a result. The diligent work done by pharmacists helps keep us safe, happy and healthy.

Take a moment to talk to your pharmacist — they can help you and your family with your health and medication questions.



Did you know?

- It is very important to have a current list of all the prescription, non-prescription and natural or herbal products that you take. Ensuring your list is up to date and available helps health care professionals make informed drug therapy choices and optimize your care.
- ensure the safe delivery of patient care services.
- Some pharmacies will take back your unused and expired medication and dispose of them in a safe and environmentally-friendly manner.
- On March 4, 2011 pharmacists were granted enhanced prescribing privileges in Saskatchewan. Go to www.mypharmacistsknows.com for more information.
- Pharmacists are required to upgrade their drug therapy and patient-care knowledge by attending conferences and educational events, and through self-learning, in order to get licensed to practice pharmacy every year.
- PACT is a tobacco cessation program that trained pharmacists can provide to patients. For more information or to find a PACT trained pharmacist in your area, go to www.makeapact.ca
- PIP (Pharmaceutical Information Program) is a secure on-line record of each Saskatchewan resident's prescription drug file. It is used by health care professionals for to

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- Jim Jeroski**, Pharmacist/Manager
(306) 546-4462
104, 2125 - 11th Ave
South of Cornwall Centre
- Susan McLellan**, Pharmacist/Owner
(306) 352-4624
930 Victoria Ave
Corner of Victoria & Winnipeg Street
- Jarron Yee**, Pharmacist/Owner
(306) 543-5555
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