

October/November/December 2011

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A Publication of the Manitoba Society of Pharmacists Inc.

COMMUNICATION

The Voice of Pharmacists in Manitoba



Continuing Education

**Therapeutic
Options
Focus on
Primary
Prevention
of Stroke**

The Last Word

**Specialization
in Pharmacy
– The Trend
to Board
Certification**

Feature

**The Manitoba
Medications
Return
Program**

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THIS ISSUE

OCTOBER/NOVEMBER/DECEMBER 2011

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Editorial

Never Give Up

3

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Feature Article

Grand Re-Opening Celebration

– The Apothecary in Morden, Manitoba

4

On August 6th, 2011, the newly renamed Apothecary in Morden, owned and operated by Lisa Zaretsky, hosted a grand re-opening celebration featuring a pancake breakfast and bike rally.

Feature Article

Faculty of Pharmacy White Coat and

Student Recognition Ceremony

5

The University of Manitoba, Faculty of Pharmacy held the annual White Coat and Student Recognition Ceremony at the Brodie Atrium on Sept. 26th, 2011.

Feature Article

Dry Skin and Eczema

6

Dry skin also called xerosis, asteatotic eczema or eczema craquele is defined as the abnormal dryness of the skin and mucous membranes. It is usually worse in the winter and affects older adults more because the skin tends to become thinner with age.

Feature Article

Manitoba Election 2011 – Voters Choose Status Quo

9

The recent provincial election is likely to be remembered for the lack of change which resulted. The parties with only a few exceptions ended up winning essentially the same ridings they represented leading up to the election.

Q&A: Getting to know your Manitoba Pharmacists

Tara Maltman-Just

11

Feature Article

The Manitoba Medications Return Program

12

The Manitoba Medications Return Program (MMRP) was designed to collect unused and expired medications from the public for proper destruction.

Feature Article

Understanding Flow-Through Shares and Limited Partnerships

16

Flow-through shares and flow-through limited partnerships (LP's) offer investors both a tax benefit and the potential for capital appreciation in the resource sector, typically in oil & gas and mineral exploration.

Feature Article

Executive Director Update

18

I knew if I was patient eventually someone on the *Communication* Committee would "invite" me to submit articles for the *Communication* magazine.

Feature Article

Pharmacist Membership Update 2011

20

As all of our members are aware, the 2011/2012 membership drive once again took place in June and July.

The Last Word

Specialization in Pharmacy – The Trend to Board Certification

22

There is a movement to recognize specialties within pharmacy. If successful and widely adopted, it would give to pharmacists what physicians have had for a century - board certification of specialty practice.

Q&A: Getting to know your Manitoba Pharmacists

Grace Frankel

23

Cover photo provided by Bonita Collison.

Never Give Up

When I sat down to write this editorial I was having a real tough time deciding on what to put to paper. The world was in turmoil, Greece and the US were on the verge of defaulting on their debts, Japan was still cleaning up after the devastating tsunami, the economy was again on the brink of collapse and we were heading into a provincial election. These are very tough times. This includes the world of pharmacy.

We are still waiting on the Bill 41 process to be completed, and are at a virtual standstill for advancing the profession in Manitoba. I just keep wondering why? Every other profession has managed to stand together, support their advocacy groups and lobby their profession to the powers that be. It seems to be a successful formula. I think I may have answered my own question. We all have the power to take control of a situation, act on it and set a new destiny. I see huge potential for our profession.

Once Bill 41 is enacted, we can hit the ground running and start the ball rolling. The good thing is I have been able to witness first hand all the work that has been initiated at the Faculty, MPhA, and MSP to ensure success.

Let's not kid ourselves we have lots of ground to make up. Kiosks are rolling out in Ontario, Nurse Practitioners have been given the right to prescribe medications, and

governments are limiting certain paid pharmacy service programs in some provinces while increasing them in others. The process ahead will not be easy, but with the proper focus and direction our goals will be obtained. We must support our advocacy groups and speak with a unified voice.

The world of pharmacy will undergo many changes in the coming years. I can't even speculate what 10 more years will bring but rest assured it will be different. To ensure viability in the healthcare future we must never stop fighting, and never stop trying. Day in and day out we need to prove to our patients, the system and ourselves what we can do. I see what my staff handles on a day to day basis and I could not be prouder. They deal with many difficult situations and are always trying to improve the health of Manitobans. Sometimes we just need to remind people of that.

ALAN LAWLESS



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Grand Re-Opening Celebration – The Apothecary in Morden, Manitoba

On August 6th, 2011, the newly renamed Apothecary in Morden, owned and operated by Lisa Zaretsky, hosted a grand re-opening celebration featuring a pancake breakfast and bike rally.



Photo provided by Bonita Collison.

The event was well attended and included a presentation by the Morden Police and a visit by local radio station Maverick 105. The quaint store honours the past with both décor and style taking customers back to the days of the apothecary.

Lisa has been practicing pharmacy since her graduation from the University of Manitoba, Faculty of Pharmacy in 1995 and decided to update the name and appearance of her pharmacy to better reflect her services and personality.

The choice in décor is in keeping with her concept “to



Photo provided by Bonita Collison.

hang your shingle out to let the folks know what it is that you are prepared to do for the village; how you are ready to contribute to the wellness of your neighbours”. It is Lisa’s dedication to this concept that comes through clearly and in her words “I love that! I’m an apothecary, down to the core of my being. This is my contribution to society.”

The complimentary breakfast included tasty pancakes made with brown rice flour and fresh fruit toppings. In keeping with the wellness theme of the event everyone interested was given an opportunity to have their blood sugar tested and try their hand at the spinning wheel of prizes.

The bicycle rally was a big hit with the young folks and once again encompassed Lisa’s efforts to include many aspects of health and wellness in her store.



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D'ARCY & DEACON LLP enjoys a carefully built reputation as one of the foremost law firms in Winnipeg. Our lawyers bring comprehensive experience and proven expertise to the institutions, businesses, organizations and individuals we serve. Respect for the well-being of our clients, while maintaining the flexibility required to ensure the provision of direct and cost-effective representation and counsel, remain the cornerstones of our practice.

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MPhA Golf Tournament

The Manitoba Pharmaceutical Association Golf Tournament was held on Tuesday, September 13th and MSP’s participation included sponsorship of the eleventh hole. MSP Assistant Director of Conferences and Events, Bonita Collison welcomed golfers to the MSP station with bottled water and a chance to win prizes donated by MSP.

Although the weather was less than ideal, almost all the golfers participated in the contests. Lucky winners were Vic Nieckarz, and Steve Olynik.



Photo provided by Bonita Collison.

MSP Board members: President, Mel Baxter, Honorary Secretary Treasurer, Alison Desjardins and Economics Committee Chair, Greg Harochaw

Faculty of Pharmacy White Coat and Student Recognition Ceremony

The University of Manitoba, Faculty of Pharmacy held the annual White Coat and Student Recognition Ceremony at the Brodie Atrium on Sept. 26th, 2011. Dr. Neal Davies, newly appointed Dean of the Faculty of Pharmacy served as the Master of Ceremonies for the event.

The 2010 – 2011 Student Awards were presented and the following students were recognized for their achievements.

Entering Year 1

- Amanda Mazinke • Marguerite Hulme Scholarship in Pharmacy
- Alysha Dudych • William G. Eamer/Manitoba Pharmaceutical Association Scholarship

Year 1

- Alexander Barnes • Dean's Honour List
- Ashley Ewasiuk • Dean's Honour List
• Dr. D. McDougall Memorial Scholarship
• Doreen O'Donnell Memorial Scholarship
• Pharmacy Class of 1966 Scholarship
• Sanofi-Aventis Canada Scholarship
- Jillian James • Dean's Honour List
- Nicole Lee • Procurity Pharmacy Services Inc. Award
- Amanda Li • William G. Eamer/Manitoba Pharmaceutical Association Scholarship
- Heidi Marschall • Dean's Honour List
• Procurity Pharmacy Services Inc. Award
- Kathryn Peterson • Dean's Honour List
• Sanofi-Aventis Canada Scholarship

Year 2

- Scott Andresen • William G. Eamer/Manitoba Pharmaceutical Association Scholarship
- Brendan Ball • Procurity Pharmacy Services Inc. Award
- Renata Blahey-Hasay • Clinical Pharmacy I Award of Excellence
- Jaden Brandt • Dean's Honour List
• Bletcher Memorial Scholarship
- Jennifer Dannefaer • Dean's Honour List
• Sanofi-Aventis Award in Law & Ethics
• Stewart G. Wilcox Award
- Nathan Friesen • Dean's Honour List
• Donald J. Forsyth Memorial Scholarship
- Michelle Huyber • Dean's Honour List
• Manitoba Pharmacists' Women's Auxiliary Scholarship
- Dennis Le • Dean's Honour List
• Marguerite Hulme Scholarship in Pharmacy
- Stephan Lewis • Mary & Joe Zeal Prize
- Jordan Nash • Manitoba Pharmaceutical Association Scholarship
- Devin Ross • Dean's Honour List
• Joseph and Sylvia Lavatt Award in Pharmacy
- Lesley Worsnop • Dean's Honour List
• Procurity Pharmacy Services Inc. Award

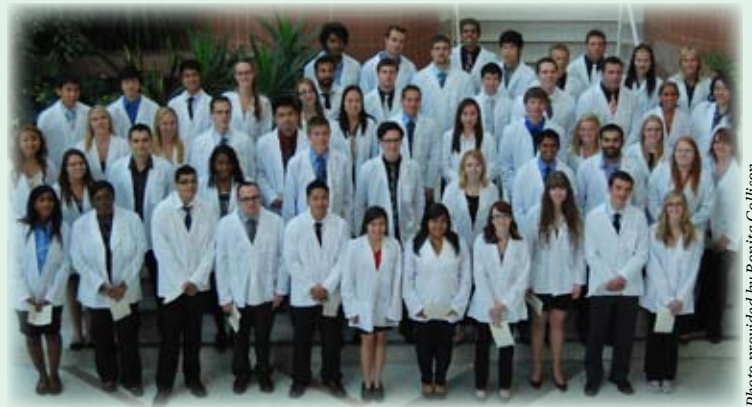


Photo provided by Bonita Collison.

Year 3

- Krista Brown • Procurity Pharmacy Services Inc. Award
- Jessica Cortens • Dean's Honour List
• Sheppy I. Adler Memorial Scholarship
- Laura Delavue • CPhA Centennial Award
- Blair Einarson • Dean's Honour List
- Karin Ens • Professional Development Week Award
• William G. Eamer/Manitoba Pharmaceutical Association Scholarship
- Caitlin Hacault • Dean's Honour List
• Dr. Roman (Roy) Bilous Scholarship
• Flexon Silver Medal
• Novopharm Ltd. Scholarship in Medicinal Chemistry
- Karli Jones • Dean's Honour List
- Kaley Kawchuk • Dean's Honour List
• Dr. A. W. Hogg Undergraduate Scholarship
• Harry Singer Memorial Medal
• Isbister Scholarship in Pharmacy
• MPhA Silver Medal in Third Year Pharmacy
- Samantha Kendal • Mike Kupfer Memorial Award
- Arleigh Maddison • Dean's Honour List
• Novopharm Ltd. Award in Biopharmaceutics/ Pharmacokinetics
- Jasbir Rukhra • Bonnie Schultz Memorial Scholarship
- Carly Sanderson • Procurity Pharmacy Services Inc. Award
- Shannon Smith • Natural Medicines Comprehensive Database Prize in Pharmacy
- Christopher Sochan • Dean's Honour List

Summer Student Research Awards were presented to Scott Andresen, Chelsea Huang, Jordan Nash, and George Panos. MSP would like to congratulate all the award winners on their achievements.

After the presentation of the awards the first year students received their white coats symbolizing professionalism and recited the "Oath of a Pharmacist" demonstrating their commitment to serving as future health care professionals. The graduating class of 2015 was introduced and the event was followed by a reception for the students and their families.

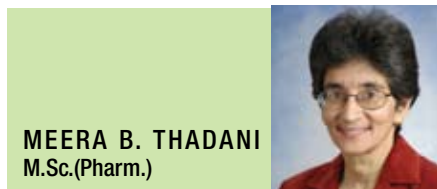
Dry Skin and Eczema

Dry skin also called xerosis, asteatotic eczema or eczema craquelé is defined as the abnormal dryness of the skin and mucous membranes. It is usually worse in the winter and affects older adults more because the skin tends to become thinner with age. It can be chronic or relapsing. Because the skin provides an essential barrier to infection, it becomes important to maintain its integrity with moisturizers and emollients. Products that retain moisture to maintain hydration of the skin should be suggested to patients suffering from dry skin. Figure 1 shows a cross section of the skin.

Dry skin is most common on the lower legs, arms, sides of the abdomen, and thighs. Symptoms most often associated with dry skin include:

- Itchiness
- Scaling
- Cracks in the skin which make it prone to infection

Eczema is defined as a chronic, inflammatory, pruritic (itchy) skin disease. The causes are not understood but genetic, environmental and immune-dysfunction contribute to the disruption of the skin barrier causing red patches, papules and plaques. Scratching itchy skin leads to redness and further irritation, weeping skin and fissures. In adults the face, neck, wrists, hands and feet are most affected.



MEERA B. THADANI
M.Sc.(Pharm.)

Goals of treatment

Long term management is aimed at reducing the frequency and severity of flares by avoiding triggers and hydrating the skin on an ongoing basis. Pharmacists can educate patients to use moisturisers that:

1. Repair the skin barrier to maintain its integrity
2. Decrease loss of water from the skin

A review of various types of ointment bases and their properties follows.

Ointment bases

Ointments are semisolid preparations that are applied externally to the skin or mucous membranes. There are four classes of ointment bases.

1. Hydrocarbon (oleaginous) bases are:

- insoluble in water,
- not water washable,
- anhydrous, will not absorb water,
- emollient, and
- occlusive and greasy.

Hydrocarbon bases are a mixture of semi-solid hydrocarbons obtained from petroleum. They are mainly of the methane series and have the general formula C_nH_{2n+2} . Examples include Petrolatum USP, White Petrolatum USP, Yellow Ointment, USP and White Ointment USP.

Petrolatum USP is a purified colloidal system of non-straight-chain solid hydrocarbons and high-boiling point liq-

uid hydrocarbons, where most of the liquid hydrocarbons are held inside micelles. It is a yellowish to light amber or white, semisolid, unctuous mass. Almost odorless and tasteless, it is insoluble in water, glycerol and alcohol. Petrolatum is soluble in benzene chloroform, ether, petroleum ether, carbon disulfide and oils.

White Petrolatum USP is a purified mixture of Petrolatum USP that has been almost or fully decolorised. It is used for the same purposes as Petrolatum USP but has a more pleasing white appearance (Figure 2).

Yellow Ointment USP is a mixture of Yellow Wax 50 g and Petrolatum USP (950 g). It is also called simple ointment.

Yellow wax is the purified wax obtained from the honeycomb of the honey bee (*Apis mellifera*).

White Ointment USP uses White Wax (bleached and purified Yellow Wax) and White Petrolatum USP in the formula.

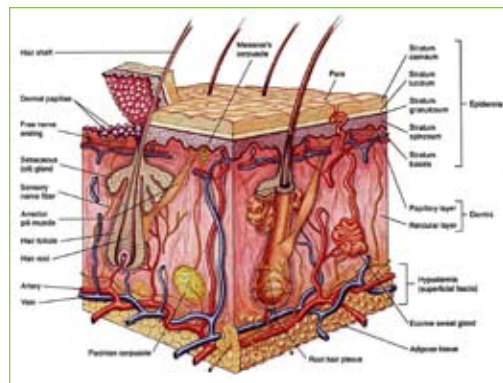


Figure 1 Cross-section of the skin. Hydration of the stratum corneum is the mainstay of treatment for dry skin and eczema.

Figure 2 Examples of a hydrocarbon (white petrolatum) and an anhydrous absorption (w/o, Aquaphor®) ointment base.



2. Absorption bases are divided into two groups:

a) *Anhydrous* absorption bases allow the incorporation of aqueous solutions into the base producing a water-in-oil (w/o) emulsion. These bases are:

- insoluble in water
- not water washable
- anhydrous
- can absorb water
- emollient
- occlusive and greasy

Examples include Hydrophilic Petrolatum USP, Aquaphor® and lanolin.

Hydrophilic Petrolatum USP has the following formula:

Cholesterol	30 g
Stearyl alcohol	30 g
White wax	80 g
White Petrolatum	860 g

The commercial product Aquaphor® is a variation of Hydrophilic Petrolatum USP and has the formula:

Petrolatum USP	41% w/w
Mineral Oil	
Mineral wax (paraffin)	
Lanolin qs	100%

Aquaphor® can absorb three times its weight in water.

Lanolin USP is obtained from the wool of sheep (*Ovis aries*). It is a purified, wax-like substance that has been cleaned, decolourised and deodorised. It contains not more than 0.25% water. Water can be added to lanolin by mixing.

b) *Water-in-oil* absorption bases allow the incorporation of additional quantities of aqueous solutions. These bases:

- are insoluble in water,
- are not water washable,
- contain water and can absorb a limited amount of water, and
- are emollient, occlusive and greasy.

Examples of water-in-oil absorption bases include hydrous lanolin and cold cream. Hydrous lanolin has the formula:

Lanolin	700 g
Purified water	300 mL

Because lanolin is an animal product, sensitive individuals can be allergic to this substance. In this case, cold cream can be used as an alternative. Cold cream has the formula:

Cetyl esters wax	125 g
White wax	120 g
Mineral oil	560 g
Sodium borate	5 g
Purified water	190 mL

3. Water-removable bases are oil-in water (o/w) emulsions or **creams**. They are:

- insoluble in water,
- water washable,
- contain water and can absorb water, and
- not occlusive and not greasy
- allow dissipation of fluids from injured skin.

Examples of oil-in-water emulsions are Hydrophilic Ointment USP and Dermabase® a commercially available product.

Hydrophilic Ointment USP has the formula:

Methylparaben	0.25 g
Propylparaben	0.15 g
Sodium lauryl sulfate	10.0 g
Propylene glycol	120.0 g
Stearly alcohol	150.0 g
White petrolatum	250.0 g
Purified water	370.0 g

The term *cream* is now reserved for oil-in water emulsions. They are less emollient and protective than hydrocarbon or absorption bases. Creams also tend to dry out and crack if they are not stored properly. Those containing water may harbor microbes and preservatives must be added to the formulation to prevent this (Figure 3).



Figure 3 Examples of a oil in water (o/w, Dermabase), water in oil (w/o, Eucerin) and an acne preparation in a water soluble base.

4. Water-soluble bases are also called **gels**. They are:

- water soluble and water washable,
- may contain water and can absorb a limited amount of water,

- not occlusive and not greasy, and
- lipid free and do not leave an oil residue.

Polyethylene Glycol ointment NF is an example of a water-soluble base. Polyethylene glycol (PEG) is a polymer of ethylene oxide and water, $H(OCH_2CH_2)_nOH$, where n is the average number of oxyethylene groups. PEGs are distinguished from each other by their molecular weights. For example, PEG 600 has a molecular weight of 600. Their molecular weights impart particular physical-chemical characteristics to PEGs as shown in Table 1.

Molecular weight	Physical state	Melting point range °C
Less than 600	Colorless liquids	4 – 25
600 – 1000	Semi-solid	20 – 40
More than 1000	Wax-like white materials	> 37

Table 1 Molecular weight and physical state of PEGs

The formula for Polyethylene Glycol Ointment NF is:

Polyethylene glycol 3350 (PEG 3350)	400 g
Polyethylene glycol 400 (PEG 400)	600 g

PEG bases are used as vehicles for the incorporation of solid substances (Figure 3). They can be irritating to skin that has been injured (cuts, wounds, scrapes, burns) and are poor emollients. PEG bases can have compatibility problems with drugs that can be oxidized.

Gel formulations can be used for products that can be applied to body cavities. For example, Secaris® nasal gel contains polyethylene glycol 15% and polypropylene glycol 20% adjusted to pH 5.5. It is used for the temporary relief of perennial rhinitis.

Pastes

Pastes are semisolid dosage forms that contain one or more drug substance(s) intended for topical use.

Pastes do not ordinarily flow at body temperature and therefore serve as protective coatings over the areas to which they are applied. These pastes are called fatty pastes. Pastes are less greasy, stiffer, and more absorptive than ointments due to a higher proportion (20% or higher) of powdered ingredients such as starch, zinc oxide, calcium carbonate or talc in the base.

Pastes absorb serous secretions and are preferred for acute lesions having a tendency to ooze. They are less penetrating and less macerating than ointments.

Pastes adhere well to the skin and do not interfere appreciably with perspiration. However, pastes are cosmetically less attractive than ointments due to their stiffness and impenetrability. Pastes are prepared similarly to ointments. When a levigating agent is to be used to make the powdered component smooth, a portion of the base is often used instead of a liquid. Use of a liquid such as mineral oil as a levigating agent would soften the paste.

A second type of paste is made from a single phase aqueous gel for example, carboxymethylcellulose sodium paste (17%). Others are unique formulations, for example, Kenalog® in Orabase is a dental paste containing triamcinolone acetonide 0.1% in gel that incorporates gelatin, pectin and sodium carboxymethylcellulose in a plasticized hydrocarbon gel.

Factors affecting the choice of base

The selection of the correct base by the pharmacist depends on a number of considerations that include:

- the rate of drug release from the base,
- whether the drug is to be absorbed topically or intended for percutaneous absorption,
- whether moisture is to be occluded from the skin,
- the stability of the drug in the base,
- effect of the drug on the consistency of the base, and
- whether it is desirable for the base to be easily removed by washing with water.

The base that fits the above criteria for a given drug should be the one selected.

Common ingredients used in ointment bases

Pharmacists become familiar with the physical chemical properties of chemicals used in the manufacture of ointment bases. These are:

1. Waxes
2. Fatty alcohols
3. Miscellaneous

1. Waxes

A wax is an ester formed between a long chain alcohol and a long chain carboxylic acid (Figure 4). In nature, waxes occur as protective coatings on feathers, fur, skin, leaves and fruit. Beeswax is an example of a wax used in ointment bases. White Wax NF is the bleached, purified wax of honeybees. Waxes are used as stiffening agents in ointment bases.

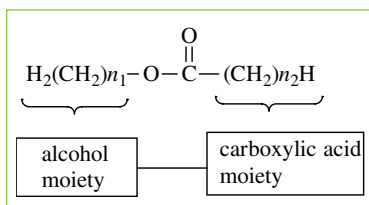


Figure 4 Chemical structure of a wax. In beeswax the major component is myristyl palmitate where $n_1 = 30$ and $n_2 = 16$.

Cetyl esters Wax NF is a mixture of cetyl laurate, cetyl myristate and cetyl palmitate and cetyl stearate. These are C_{14} to C_{16} esters of saturated fatty alcohols and fatty acids. It is also called *synthetic spermaceti*.

Paraffin NF is the purified mixture of solid hydrocarbons obtained from petroleum. It is also used as a stiffening agent in ointment bases.

2. Fatty alcohols

Fatty alcohols include cetyl alcohol NF, stearyl alcohol NF, and cholesterol NF are shown in Figure 5.

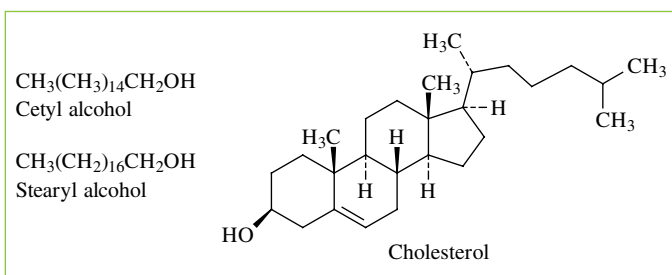


Figure 5 Chemical structures of cetyl alcohol, stearyl alcohol and cholesterol.

Lanolin alcohols NF is mixture of alcohols, sterols and triterpenoid alcohols that are purified from lanolin. It contains not less than 30% of cholesterol.

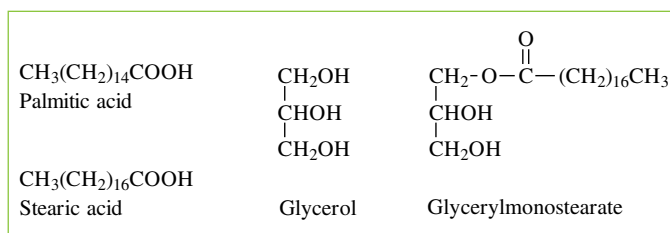


Figure 6 Chemical structures of palmitic acid, stearic acid glycerol and glycerylmonostearate.

3. Miscellaneous

Stearic acid NF is a mixture of stearic acid and palmitic acid. It contains not less than 90% stearic acid. Glyceryl monostearate NF is monoester of glycerol (glycerin or 1,2,3-propanetriol) with stearic acid (Figure 6).

Ceramides are lipid molecules (Figure 7). found in high concentrations within the cell membrane of cells. They are one of the component lipids that make up sphingomyelin, one of the major lipids in the lipid bilayer. It has been suggested that topical application of ceramide can improve skin condition.

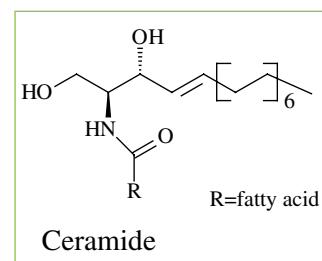


Figure 7 Ceramide

Therapeutic options

Suggestion for non prescription options include:

- Ceramide based moisturisers for example, Cetaphil Restoradem
- Urea based moisturisers under 20% in concentration. At higher concentrations urea is keratolytic and not recommended as a moisturiser.
- Topical corticosteroids at the lowest potency during exacerbations

Application of moisturisers should be after bathing while the skin is still wet and moisture can then be trapped into the epidermis.

The bottom line

Pharmacists should be aware of all the ointment bases available to them, their properties and when best to suggest them. Bases with high concentrations of water can be drying while those with higher concentrations of oil are more protective. Reading labels and becoming aware of the composition of the bases is very important when making recommendations for dry skin care.

References

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2. Merck Manual on Line, accessed October 2011

Manitoba Election 2011 – Voters Choose Status Quo

The recent provincial election is likely to be remembered for the lack of change which resulted. The parties with only a few exceptions ended up winning essentially the same ridings they represented leading up to the election. Not one incumbent was defeated which only serves to underscore the lack of change.

The Manitoba Society of Pharmacists does not support a particular candidate or party although significant effort was devoted to the election campaign. Campaigns provide a unique opportunity for advocacy associations such as the Society; politicians and their parties are generally more responsive during this period and it provides a chance for associations to raise the profile of issues which are identified as priorities and likely to be addressed during the mandate of the next government.

By now members should be well aware of the two issues the Government Relations Committee focused on during this past provincial election, namely a comprehensive generic drug pricing reform consultation process, and the implementation

Implementing Pharmacy Practice Change

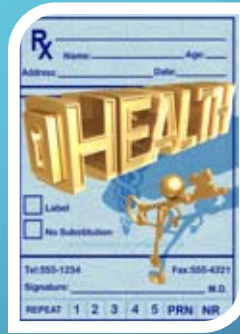


Have you ever spent hours sitting in a waiting room because you ran out of your medication?



Page 1 of the Public Brochure

New Pharmacist Powers



New law in Manitoba will give pharmacists expanded authorities, and in many situations pharmacists will be able to provide you with the medications you need. The new *Pharmaceutical Act* will allow Manitoba pharmacy practice to move forward with the introduction of enhanced pharmacy services which will provide Manitobans with more options when accessing their medications including:

- extending prescription refills for chronic medications
- providing enhanced medication reviews
- administering injections (i.e. immunizations)
- prescribing medications for the treatment of minor ailments (reducing pressure on emergency rooms, walk-in clinics, and urgent care centres)
- adapting medication dosage or strength as specified on prescriptions

Almost all other provinces have modernized and enhanced pharmacy practice.

During the 2010 flu season 44,000 patients in BC received their flu shot from a pharmacist.

100,000 BC residents have received an enhanced medication review since the launch of a government funded program in April of 2011.

MSP believes that these pharmacist services should be available to patients in Manitoba.

Page 2 of the Public Brochure

of Bill 41. Each candidate for election with the three main parties received background information on these two issues, which generated significant reaction.

The MSP Government Relations Committee implemented a multi-pronged approach during the election campaign which included generating greater public awareness of the expanded professional services pharmacists will be able to provide once the *new Pharmaceutical Act* is proclaimed. The Society's research has identified substantial public support for expanding pharmacists' scope of practice.

A Probe Survey of 1,000 Manitobans conducted in September of 2009 demonstrated overwhelming support for an expanded scope of practice for pharmacists. When given four choices, almost half preferred to get a prescription directly from a pharmacist for minor ailments. The common practice of attending the doctor's office had only 35% support.

Please take some time to review the information included here and on the next page which is meant to capture some of the more notable components of the Government Relations Committee's efforts.



Provincial Election 2011

Bill 41 – the new *Pharmaceutical Act* Implementing Pharmacy Practice Change



Bill 41, the new *Pharmaceutical Act*, which was passed by a unanimous vote of the legislative assembly, has not yet become law. Enactment of the Act will allow Manitoba pharmacy practice to move forward with the introduction of enhanced health services which would provide Manitobans with more options when accessing their medications.

The Manitoba Society of Pharmacists (MSP) asks for a commitment from the newly elected government to implement Bill 41 – The new *Manitoba Pharmaceutical Act* at the earliest reasonable opportunity.

Leaders of each of the three main political parties and all candidates for election to the Manitoba Legislative Assembly are asked to provide this commitment.

Generic Drug Pricing Reform



Prices for generic medication are decreasing internationally and in most provinces the prices of hundreds of generic drugs have been substantially reduced. The savings which are being realized by provincial health plans, patients and third party payers drastically impact pharmacy revenue by reducing professional allowances paid to pharmacies. These professional allowances are a longstanding component of pharmacy revenue and provide the necessary resources used to support the delivery of otherwise unpaid pharmacist services.

The Manitoba Society of Pharmacists (MSP) asks for a commitment from each Political Party that, if elected October 4th, 2011 to form the Provincial Government, priority be placed on ensuring a transparent consultation process which engages appropriate stakeholders and community pharmacists so as to:

- allow for contributions in achieving the most favorable outcomes relating to healthcare objectives and the financial viability of community pharmacies;
- adopt best practices from the implementation of price reductions in other provincial jurisdictions;
- recognize that each provincial jurisdiction has unique healthcare needs and that community pharmacy has well established billing practices which support a variety of essential pharmaceutical and cognitive services;
- include a comprehensive implementation plan with a commitment to identify and prevent unnecessary or unacceptable disruptions or challenges to the distribution of medications in Manitoba; and
- achieve savings by lowering the price of generic prescription medications for the benefit of public and private insurance payers as well as cash paying consumers.

Q&A: GETTING TO KNOW YOUR MANITOBA PHARMACISTS

Name: Tara Maltman-Just

Place/Year of Graduation:
University of Manitoba, Class of 2006

Years in Practice: 5

Currently Working as: Director, Integrative Clinical Programs, CD Whyte Ridge Pharmacy

Accomplishments in pharmacy:

- Completed ADAPT and QUIT Certifications (CPhA).
- Completing Board Certification and Advanced Fellowship with the American Academy of Anti-aging and Regenerative Medicine, a Brain Fitness Certification and a Masters in Medicine.

Family: Married for 3 years to my husband and fellow pharmacist Harold, who works as Senior Government Affairs Manager at Eli Lilly. Our little Yorkie-Poos Calla and Lilly complete our family.

Hobbies: Playing with and training Calla and Lilly. They just learned 'Ring the Bell' to go outside.

Community activities: Volunteering at Springs Church, Government and Professional Relations (MSP), Standards of Practice (MPHA).

Favorite thing about Manitoba: The people – it truly is 'Friendly Manitoba'. Canada Day at the Forks is my favourite Manitoba day (especially watching the traffic from my balcony after the fireworks).

Most relaxing vacation choice: Maui, Hawaii. We got married there and would like to return on our anniversary.

Pet peeves: Why is it so difficult to get a pharmacist license in Hawaii?? Don't get me started on the PharmDs :).

Favorite fictional character and why: Pocahontas, because she paints with all the colours of the wind. Also, because she loves animals.

What could you do without forever: Meat. I've been a vegetarian for 18 years.

What you love about pharmacy: Our opportunity to connect one-on-one and impact individuals' lives.

Do you know someone who is making a difference in the pharmacy community? We would like to highlight them in this article! Please contact the MSP office at (204) 956-6681 or info@msp.mb.ca.



Personal Care Home Agreement



Photo provided by Bonita Collison.

Economics Committee Chair, Greg Harochaw provides his signature to a new agreement with Manitoba Health and the Manitoba Regional Health Authorities. The new contract still requires the signatures of the parties before it can be implemented. The details of the new agreement will be announced once the agreement has been formally ratified by the parties.

Sound Familiar?

Increased work volumes

Staffing problems

No breaks

Patients with no patience

Ever feel like saying

“who peed in your corn flakes this morning?”

We have all experienced some trying moments at work – some more challenging than others.

Read what your colleagues have said in the Survey Says results at the Manitoba Pharmacists at Risk website.

Please visit us at

www.pharmarisk.mb.ca

Let us know what you think.



“let us help...YOU...keep it together”

The Manitoba Medications Return Program



Objective:

To educate pharmacists about the Manitoba Medications Return Program and highlight the benefits and necessity of the program.

- 1.) What is the Manitoba Medications Return Program?
- 2.) The Benefits of the program
- 3.) How does the Manitoba Medications Return Program (MMRP) Work?
- 4.) What Materials are included in the MMRP?
- 5.) Who pays for the program?
- 6.) How Do I Register for MMRP?
- 7.) The Manitoba Medications Return Program FAQ'S and Operational Tips
- 8.) How Do I Promote this Program to the Public?
- 9.) Summary



PAM JOHNSON
B.Sc.(Pharm.)

The Benefits of MMRP:

Environmental Factors:

Traces of pharmaceuticals have been found in environmental soil and water samples including drinking water, surface water, groundwater, and coastal water.³ Evidence indicates that there is an impact to disposing expired and/or unused medications in the



garbage or flushing them down the toilet or sink. This improper disposal may have negative effects on human health, either directly or indirectly through consumption. As new medications become available each year, and more medications are dispensed and

used by the population, it is expected that this impact will become even more significant. Special populations, such as pregnant women, infants and children, may be affected more by the ingestion of trace amounts of pharmaceutical waste. More research needs to be done to analyze these theories, and the USA and Europe are currently engaged in research in the areas of human consumption.

Not only do these traces of pharmaceuticals and personal care products (PPCPs) potentially affect the health of humans, but the health of various organisms must also be considered. Aquatic species such as fish, mussels, and algae, among others may also be affected by pharmaceutical waste. Animals that drink the water affected by PPCPs, or eat other aquatic animals affected by these by-products may also be affected.

Antibiotic resistance is also a concern with regard to PPCPs. The presence of trace amounts of antibiotics is thought to potentially affect resistance, although more research is needed in this area.

In 1997, British Columbia adopted the Medications Return Program through the PCPSA. From that time until June 18, 2010, their medication program collected over 296,836 kg (653,039 lb) of unused/expired medications! This number is not inclusive of all potential medications that could have been disposed of properly. Without a return program you can imagine how many pounds of unused/expired medications would fill up our landfills and waterways based on this number alone. It is evident that a Medications Return Program is very important to our environment.

What is the Manitoba Medications Return Program?

The Manitoba Medications Return Program (MMRP) was designed to collect unused and expired medications from **the public** for proper destruction. This program is limited to household quantities and therefore is not designed for mass quantities of medications from businesses, hospitals, institutions, physician offices, or from personal operations. The MMRP was designed to help protect the environment from hazardous waste, and stems from a larger program called the Post Consumer Pharmaceutical Stewardship Association (PCPSA). The PCPSA, federally registered on December 31, 1999 as a not-for-profit association, was created to manage unused or expired medications and health products from the public. The PCPSA is responsible for strategic planning, financial operations, and overseeing the Medications Return Program.² The Manitoba Medications Return Program (MMRP) was established through the PCPSA on April 1, 2011 under a regulation issued by the government of Manitoba upon stewards to take responsibility for household hazardous waste¹. The stewards are brand-owners of prescriptions (brand and generic drugs) as well as health products industries. These stewards are required to participate in the program in order to do business within Manitoba.² Failure to do so may result in enforcement of the regulations by the government of Manitoba.

Safety:

The second issue to consider is safety. There are many safety concerns with not having a proper disposal program in place for medications. Patients may be saving medication for future use, or not know how to dispose of the medication safely. This can be hazardous to older people who become easily confused between which medications they should be taking, vs. which medications have been discontinued. Another issue is the concept that some kids are stealing prescription medications from parents and using them to try to feel a sense of euphoria. Although this is an issue all by itself, the potential could increase by having more medications within the household. Kids and pets can also accidentally ingest medications that are not safely disposed of. The bottom line is that it is important to have a Medications Return Program that is accessible, free, and convenient to the public so these issues can become obsolete.

How does the Manitoba Medications Return Program (MMRP) work?

The MMRP is a free service to the public through community pharmacies. Community pharmacies are easily accessible as they generally have extended hours, and pharmacists are the most accessible health care workers for questions and concerns about medications and the safety of unused/expired medications. Members of the public are welcome to return most medications to the pharmacy for proper disposal. The pharmacy is given a medication return pail for the program, and this pail must be stored in a safe place in the pharmacy away from the potential of spilling, loss or theft. The 20L pail, identified with a Medications Return Program logo, has a clear liner on the inside. Once the medication pail is full, the liner must be tied closed, and the lid rotated to the locked position. An instruction sheet is enclosed with the program information.

Once the pail is close to being full of expired/unused medication, the pharmacist must complete a service request form and contact STERICYCLE for pick up. STERICYCLE is the company contracted to pick up the expired/unused medications from the community pharmacies in Manitoba. It is important to note that there is a minimum of two containers per pickup.⁴ See the 'Manitoba Medications Return Program FAQ'S and Operational Tips' for more information.

What Materials are included in the MMRP?

A basic list of medications that are accepted and not accepted are listed on the 'MMRP FAQ'S and Operational Tips' Handout. The following three sub-categories are inclusions within the program:

All prescription medications (all dosage forms)²

- 1.) Over-the-Counter Medications (units sold in oral dosage form)²
- 2.) Natural Health Products (units sold in oral dosage form)²

Dosage forms can include:

- a.) solids, semi-solids and powders: caplets, capsules, tablets, granules, mixtures, powders for injection, creams, lotions, gels, suppositories, etc.²
- b.) liquids: solutions, suspensions, syrups, ampoules, etc.²
- c.) aerosol canisters: sprays and inhalers²
- d.) Novel dosage forms: strips, gums, patches, etc.²

Cytotoxic waste can be placed into the pail provided; it does not need to be separated.⁴



Who Pays for the Medications Return Program?

The Manitoba Medications Return Program (MMRP) was developed to provide a free, convenient program for consumers to return their unused or expired medications in order to promote the safe destruction of medications. In order to accomplish the task of disposing medications safely and properly, it is necessary to make the program free for participants, including pharmacies accepting the medications. Therefore, the program is free of charge to the public and the pharmacies involved. The program is funded by pharmaceutical companies that provide medications and health products for sale in Manitoba. It is required that 'brand-owners who sell, offer for sale or distribute medications in Manitoba under their own brandname, sponsor their portion of the costs of a Medications Return Program. . . Funding from the industry covers expenses incurred in the collection, transportation, storage, disposal, promotion activities and education in connection with the MMRP.'² The cost is based on previous amounts of medication dispensed and/or the sale of products in Manitoba during the previous calendar year.²

How Do I Register for MMRP?

Consult the FAQ'S and Operational Tips Handout for how to enrol in the program. Once you enrol, keep the original signed copy of the application on file at the pharmacy. Once your pharmacy has been entered into the system, the pharmacy will be listed at http://www.medicationsreturn.ca/manitoba_en.php, which advertises to the public that your pharmacy participates in the program.



Manitoba Medications Return Program FAQ'S and Operational Tips

Who provides this service to the Province of Manitoba?

The Post-Consumer Pharmaceutical Stewardship Association (PCPSA) oversees the Manitoba Medications Return Program which is provided at no charge to participating pharmacies. Stericycle has been contracted and will collect and dispose of the product. All pharmacy staff members should be aware of the program and are encouraged to promote it to the public.

What is the cost of the program?

There is no cost to the participating pharmacy or to the public. PCPSA is a not for profit association and is funded and governed by the pharmaceutical and consumer health products industries.

How do I enroll?

Enrolment is quick and easy. Fill out the form located at http://www.medicationsreturn.ca/manitoba_en.php. Fax or email the completed form to Stericycle and you will be notified of enrollment within a few weeks.

How do I order a container or arrange pick up?

Telephone: 204-697-4463 or 1-866-693-3330 **Fax:** 1-204-694-3158 **Email:** customercaremb@stericycle.com
Please note that there is a minimum of two containers per pick up.

What can I put into the med return pail?

All prescription drugs and oral dosage form nonprescription drugs and natural health products are acceptable. Dry contents should be emptied directly into the pail. Blister packs and wet product such as creams and liquids should be left in the original container and placed in the pail. Do not pour any liquid into the pail.

What is ACCEPTED for disposal?	What is NOT ACCEPTED?
Human and animal based pharmaceuticals	Sharps, syringes or needles
Patches	Anatomical or Biomedical waste
Antifungal cream	Antiperspirants
Antibacterial cream	Antiseptics
Inhalers (maximum of 10 full canisters per container)	Expired samples
All Rx drugs including patches and creams	Hazardous material
Throat lozenges	Mouthwashes
Vitamin and mineral supplements	Pharmaceuticals from farms, hospitals, doctors, dentists and institutions
OTC medications and NHP's including pills and liquids	Pharmacy waste

What about cytotoxic waste?

Place any cytotoxic waste returned by the public into the pharm-pail; it does not need to be separated.

Do I need to worry about confidentiality?

Yes. Encourage your patients to take responsibility to safeguard their personal health information by either blacking out their name or removing the label from the vial or product dispensed. You must do this if the patient has not.

Who do I contact if I have more questions?

Contact Stericycle Customer Service at 1-866-693-3330 or email customercaremb@stericycle.com or contact PCPSA at info@medicationsreturn.ca



**Courtesy of your MSP Professional Relations Committee,
The Manitoba Pharmaceutical Association, and MMRP**

Manitoba Medications Return Program FAQ'S and Operational Tips

The Manitoba Society of Pharmacists Professional Relations Committee, The Manitoba Pharmaceutical Association, and the Manitoba Medications Return Program have compiled an information sheet that is handy, useful, and accessible called 'Manitoba Medications Return Program FAQ'S and Operational Tips'. To print the handout, go to <http://www.msp.mb.ca/eventsview.php?eventID=144>. It is useful to print this form and use it in your pharmacy as a quick reference to the program.

How Do I Promote this Program to the Public?

The PCPSA has provided pamphlets, posters, and bookmarks to help promote the Manitoba Medications Return Program. You can order the promotion materials for free from the PCPSA. Pharmacies can request a copy of the order form at info@medicationsreturn.ca. You can put the promotional materials at drop off and pick up counters at the pharmacy, and/or use them as bag stuffers.



Summary

A medications return program is essential for the safety of both people and the environment alike. The Manitoba Medications Return Program is a free, accessible program for the appropriate disposal of public unused/expired medications, managed by the PCPSA. The program is designed to dispose of all prescription medications of all dosage forms, over-the-counter medications in oral dosage form, and natural health products sold in oral dosage form. Sharps, syringes or needles are not included in the program, nor is pharmaceutical waste from farms, hospitals, doctors, dentists, institutions, and personal pharmacy use. Registering your pharmacy is easy and can be done through the website www.medicationsreturn.ca, completing the appropriate form, and faxing the form to the PCPSA. Let's promote environmental and patient safety and participate in this free program!!

References:

- 1.) PCPSA – Return Expired Medications: Manitoba: Find Participating Pharmacies document. Website: www.medicationsreturn.ca/manitoba_en.php. Accessed August 4, 2011.
- 2.) Industry Stewardship Program Plan: Medications Return Program. Website: http://www.medicationsreturn.ca/manitoba_stewardship_plan.pdf. Written June 18, 2010. Accessed August 4, 2011.
- 3.) Proper Use and Disposal of Medication – It's Your Health. Website: <http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/med/disposal-defaire-eng.php>. Health Canada, 2011. Reproduced with the permission of the Minister of Health, 2011.
- 4.) Manitoba Medications Return Program: FAQ's and Operational Tips. Courtesy of MSP Professional Relations Committee, MPhA, MMRP.



PharmaCElink.ca

Can't find the CE resources you're looking for?

Whether you're looking to find a specific CE program or gathering resources for an all-inclusive learning project we're sure you'll find the links and information you need to complete your search efficiently.

Time is running out! October 31st is approaching fast!

Check us Out!



Helpful advice and practical banking solutions fill the prescription for this pharmacist's business.

At Scotiabank, we have experts that can help you get more money out of your business. They will show you how the *Scotia Professional*[®] Plan can be customized to provide a competitive banking package that will improve your business's bottom line. Financing at rates* as low as prime** and flexible payback plans are all included in one convenient package designed to meet your day to day business banking, financing and investment needs. It makes managing your money easy, so you can focus on your patients and grow your practice. **To learn more, speak to your Scotiabank Professional Banker today.**

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Understanding Flow-Through Shares and Limited Partnerships

Flow-through shares and flow-through limited partnerships (LP's) offer investors both a tax benefit and the potential for capital appreciation in the resource sector, typically in oil & gas and mineral exploration.

To encourage investment in resource exploration and development, the Canadian government allows corporations with eligible tax deductions to “flow-through” (pass along) these expenses to investors. Firms that issue flow-through shares are typically small-cap firms that do not expect to use their tax deductions because they are not yet profitable. Flow-through shares are common shares with a tax benefit. There are two types of flow-through investments that we will discuss in this introductory piece, flow-through common shares and flow-through limited partnerships.

How Flow-Through Shares are Originated

Flow-through shares issued by a corporation are originated from its treasury in a similar fashion to common shares. However, flow-through shares are typically offered at a significant premium to the price of the company's common shares at the time of issuance, often 25-30%. Purchasers of flow-through product are compensated for their premium paid with a significant tax benefit that common shareholders do not possess. For example, if company ABC's common shares trade on an exchange at \$10.00 per share, ABC may issue flow-through shares at \$12.50-\$13.00 per share. By paying a premium, investors are compensating the company for renouncing their tax benefits to them. Investors in flow-through shares receive a tax deduction which is 100% tax deductible against any source of income in the year that the eligible exploration costs are incurred. These deductions are available to the investor in the year that the shares are purchased. The investor's adjusted cost base (ACB) will be zero for the flow-through shares. Once an investor has purchased the shares from the corporation and the deal has closed, they are able to sell their shares in the market. However, since flow-through shares are actually common shares, an investor would only realize \$10.00 per share pre-tax, assuming the common share price has not moved from \$10.00 per share, for the shares that cost them \$12.50 to \$13.00 if they sold them in the market immediately. In the case of a private placement, there is usually a resale restriction of the lesser of the time it takes to file a prospectus or 120 days.

What are Flow-Through Limited Partnerships?

Flow-through product can be purchased in the form of either flow-through common shares (as in the above example of ABC Corp.), or as flow-through limited partnerships. Flow-through limited partnerships are entities that purchase a diversified portfolio of flow-through shares. Flow-through limited partnerships offer flow-through tax benefits to investors similar to flow-through shares, but are similar in structure to mutual funds. Limited partnerships will employ a General Partner to decide which investments will be included, develop the investment objectives, investment strategy and guidelines. The General Partner might work with a Partnership Advisor to help them with the evaluation of investment opportunities. A limited partnership differs from a mutual fund in that it invests in flow-through shares, not common shares. By purchasing limited partnership units, investors are buying into a “blind pool” offering, meaning investors do not know which flow-through shares the limited partnership will invest in. However, a limited partnership may mention anticipated investments in its prospectus.

Unlike flow-through shares which can be held indefinitely, flow-through limited partnerships have a finite life, typically between 14-24 months or over two calendar year-ends on a tax deferred basis. Investors must feel comfortable to hold their investment for the mentioned period of time and possibly beyond, depending on the issuer, as there is no secondary market for the units. At the end of the life of the limited partnership, the units are rolled on a tax-deferred basis into an open ended mutual fund to provide liquidity for unit holders, subject to the receipt of regulatory and other approvals. There may also be a mandatory period of time over which the investor is required to hold the mutual fund before it can be switched into another fund or liquidated. As liquidation of the mutual fund is considered to be a taxable event, an investor would have to pay taxes on disposition in that event.

Why and Who Would Consider Investing in Flow-Through Shares & LPs?

Investors invest in flow-through shares and limited partnership units to receive the tax benefit associated with these investments and to participate in the potential capital appreciation in the value of the shares or units. Investors in the top marginal tax-bracket will benefit more from flow-through investing as they would derive the largest tax benefit. Please consult your tax advisor to determine whether this might be advantageous for you. Investors who are considering a charitable donation may also want to consider investing in flow-through shares or flow-through limited partnerships.

Note that flow-through shares and flow-through limited partnerships are not eligible for RRSPs, RRIFs, RESPs, and Deferred Profit Sharing Plans. Also, only Canadian residents or Canadian businesses, excluding financial institutions will get the tax benefit from flow-through shares or limited partnerships. If you are a resident of Quebec, please consult your personal tax advisor as tax treatment of flow-through shares and LP's differs from treatment in other Canadian provinces.

Flow-Through Shares	Flow-Through Limited Partnerships
<p>Advantages:</p> <ul style="list-style-type: none"> Can be sold once deal closes Commodity risk exposure is for a shorter time horizon 	<ul style="list-style-type: none"> Portfolio Diversification (numerous flow through issues in the LP) Professional Money Managers deciding which flow-through issues to include in the LP Longer time frame to make investment decision
<p>Disadvantages:</p> <ul style="list-style-type: none"> Single security risk Client may have limited time frame to make investment decision Investor (not professional money manager) makes decision to invest in specific flow-through issue 	<ul style="list-style-type: none"> Longer time to liquidity (typically 14-24 months). No secondary market for LP units. Exposure to commodity risk for longer period of time Potential loss of limited liability in certain circumstances

Risks of Flow-Through Shares & Flow-Through Limited Partnerships

When investing directly in flow-through common shares the investor should be aware of several things. Flow-through shares are often offered on a “bought deal” basis. As such, an investor’s timeline for making their investment decision is much shorter versus an investment in regular common shares. Investors should feel comfortable holding the individual security irrespective of the tax benefits associated with the flow-through shares. If an investor owns a single flow-through share issue they have single security risk.

While not exhaustive, here are some of the risks of investing in limited partnerships:

- As there is no secondary market for units of flow-through limited partnerships, investors will need to wait until it rolls into a mutual fund to liquidate their position. Most limited partnerships have terms between 14-24 months before they roll into a mutual fund, and there may be a short hold period once in the mutual fund. While unusual, there can be no assurances that the rollover of the limited partnership to a mutual fund will take place, in which case the limited partnership may be sold, and the partnership dissolved on a taxable basis.
- Proceeds of units issued by limited partnerships are invested into publicly-traded and private corporations; as such there can be no guarantee that investors will not incur a loss on their investment after the tax-derived benefit. Because limited partnerships will be investing in the natural resource space in primarily junior stocks, the volatility level of the overall investment will likely be higher than a larger cap investment.
- Investors in flow-through limited partnerships have limited liability, in that the most that they can lose is the amount of their initial investment. However, in certain circumstances it is possible that an investor could lose their limited liability.

Things to Consider When Investing in a Limited Partnership

Here are some things an investor should consider prior to investing in limited partnerships:

- While past performance is no guarantee of future performance, investors may want to consider management’s track

record of past performance, just as one might check a mutual fund’s previous performance before investing.

- Investors should consider how long their funds will be locked up in the limited partnership. Once the units of the limited partnership are exchanged into mutual fund units there may be a mandatory hold period before an investor can divest or switch out of their units.
- Investors should consider the investment merits of investing in a particular sector, irrespective of the tax credits generated. Just as one would consider the outlook for a sector before investing in a company, one should do the same for limited partnerships.

Options To Consider Upon Rollover of a Limited partnership

Upon rollover of the limited partnership into a mutual fund, an investor has several options including; making an RRSP contribution; switching between mutual funds (possibly on a tax free basis); investing into a new limited partnership; or donating the mutual fund units “in kind” to a registered charity.

Donations to Charity

With a change in legislation, donations of publicly-listed securities made “in kind” after May 1, 2006 will have a capital gains inclusion rate of zero. Thus, an investor will not have to pay capital gains taxes on a donation of publicly traded shares as was previously the case. By donating flow-through shares or mutual fund units after the LP rollover to charity investors can significantly reduce their cost of making a donation. Consider the following transaction:

After-tax Costs of Flow-Through Common Share Gifts and Cash Gifts			
Flow-Through Common Shares “In Kind” Gift		Cash Gift to Charity	
Initial Investment into FTS (100 shares @ \$12.50)	\$1250	Cash Gift to Charity	\$1000
Less: Tax benefit of FTS (46.41% of \$1250)	(\$580)		
Less: Tax benefit of “In Kind” Gift (46.41% of \$1000)	(\$464)	Less: Tax Benefit of Cash Gift (\$464)	
After-tax Cost of the Gift	\$206	After-Tax Cost of the Gift	\$536
<small>Assumptions: Ontario marginal tax rate of 46.41%. Flow-Through Shares (FTS) are purchased at (\$12.50 per unit) a 25% premium to common shares @ \$10.00. Common shares subsequently sold at \$10.00.</small>			

For more information on the suitability of flow-through shares or flow-through limited partnerships please consult with your ScotiaMcLeod Advisor.



Professional Wealth Management Driven by Personal Service

The Blando Group is the preferred Wealth Management partner of the Manitoba Society of Pharmacists and its members. We offer a comprehensive approach to building and protecting your wealth.

For a personalized review of your portfolio, please contact:

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Executive Director Update

I knew if I was patient eventually someone on the *Communication* Committee would “invite” me to submit articles for the *Communication* magazine. Now that that day has finally arrived it has proven to be a bit of a struggle. I need to develop some type of format for these articles, and make sure that my writings do not somehow negatively impact on the Society and/or our members which always has to be my main focus.

It may not be obvious to everyone that I should have any concerns with what should be a fairly straightforward task. However, I place a great deal of importance on communications and am appreciative of the reality that written words can sometimes cause harm in many different manners.

MSP is an advocacy organization, and this means that we are constantly focused on our mandate to represent the best interests of Manitoba pharmacists. There are similar organizations representing other health professionals, there are licensing bodies, government departments, and all kinds of other special interests groups, all of whom may have interests that conflict with the best interests of Manitoba pharmacists, which is my only concern.

Certainly I intend to be careful with the information contained in my articles, but the danger then becomes that I am not being as transparent as I need to be to the MSP membership. I am sure the solution is no more complicated than finding the right balance of keeping members up to date on the work their Society is doing on their behalf. This is my challenge and with time it will become easier to find the balance between being as transparent with the membership as possible and ensuring that information shared does not negatively impact the best interests of the same membership.

For now please consider the format of future articles is up in the air. I do believe that these articles should include a summary of the work of the Board of Directors. This will allow members to better understand the many issues the Board is involved with and the status of certain initiatives. I think it may be beneficial to focus in greater detail on one or more of the specific issues currently occupying MSP’s attention.

The recent provincial election provides a fortunate opportunity to highlight some of MSP’s efforts over the past several months.

Introducing fixed election dates in Manitoba has brought certain benefits and from the Society’s perspective knowing

the date of the election years in advance is clearly an advantage. The Provincial Government is the most important level of government. It is the Manitoba Government that is responsible for both the funding and delivery of healthcare. The election date essentially sets a deadline for the incumbent government to finalize their work.

When pharmacists voted 84% in support of the Regulation Policy Document – October 8th, 2010, the Society realized that it may a real challenge for the Provincial Government to finalize the regulations before facing the electorate. Over the months that followed the Society received updates on the regulations progress from the Manitoba Government and MPhA. As the election date approached, it became clearer the new Pharmaceutical Act Regulations would quite surely become the next government’s responsibility.

The Government Relations Committee managed this past election on behalf of the MSP, and was able to develop a plan to increase public awareness of the new services pharmacists will be able to provide once the legislation has been proclaimed. In addition every elected Member of the Legislative Assembly received correspondence from the Society on the new *Pharmaceutical Act*. The Government Relations Committee was also able to secure written assurances from the NDP that the implementation of Bill 41 remains a priority for this government.

The MSP was more active in this past campaign than in other previous elections. There were lessons learned which need to be considered when the Society prepares for “Manitoba Decides 2015”. When the Government Relations Committee gets together next, a debriefing on this past election needs to take place so that in four years MSP is able to build upon these most recent efforts.

In addition to the provincial election there is a remarkable amount of work being done by the Professional Relations and Economic committees. Both have been active and this is essential given these two committees carry out the functions which are central to the Society’s mandate to represent the professional and economic interests of Manitoba pharmacists.

Prior to concluding this article I want to first provide the membership with the following sampling of issues the Board of Directors has been involved with over recent weeks:

Generic Drug Pricing Reform

At this time the following Provincial Government’s have implemented at a minimum some price reductions: BC, AB, SK, ON, QUE, NS. Both NB and NFLD are in discus-

SCOTT RANSOME



sions about generic drug pricing. PEI is likely not going to address generic drug pricing in the immediate future. The government in British Columbia has exercised its contractual right to reopen the agreement.

The MSP has for many months and in a variety of different ways, attempted to get the Provincial Government to commit to a transparent and comprehensive consultation process in advance of introducing changes to generic drug pricing.

MSP Pharmacare Committee

Bernadette Preun, Acting ADM, MB Health has responded positively to MSP's request to schedule quarterly meetings. These meetings generally are very important to MSP as they allow for direct discussion with one key decision maker. The MSP Pharmacare Committee uses these meetings to raise concerns, discuss initiatives and problem solve in relation to specific areas of Provincial Drug Programs. By meeting on a quarterly basis progress can be monitored and momentum sustained.

Canadian Pharmacists Benefits Association (CPBA)

The CPBA Board of Directors annual meeting was held in September at which time Mel Baxter was formally appointed to the CPBA Board of Directors. The operation of CPBA and sustainability has been achieved in recent years and perhaps the next issue it needs to focus on is the potential to attract other provincial pharmacy organizations which are operating in isolation.

Currently the Provincial Pharmacy Advocacy Association is working with insurance consultants in relation to bringing all provincial pharmacy advocacy associations together to be part of one association which will provide professional liability coverage for the majority of Canadian pharmacists.

Standard Pharmacy Contracts

Manitoba Health is currently developing a question and answer (Q & A) document which may address to some degree the three outstanding issues related to the current draft. CACDS and MSP have both formally raised the same issues of concern and Manitoba Health is fully aware of these issues.

Outstanding Issues:

- Ability for provider to challenge audit findings
- Third Party drug cost support
- FirstPayer/SecondPayer inconsistencies

The recent election restricted Manitoba Health's ability to proceed. Following the election MSP expects to meet with the Government to try to work out the few remaining issues. The goal is to address concerns at this time and build support for the contract so the implementation process is successful.

Practice Direction Policy Documents

MPhA appears to be progressing through their committee process and several meetings have been held. The MPhA and MSP Executives have discussed specifically the development of practice directions relating to standards of practice. MPhA wants to be able to proceed on the basis that existing standards of practice would be transitioned to Practice Directions and at some later date after Bill 41 has been implemented there will be a review of the standards of practice.

It appears the request is an attempt to prevent further delays in moving forward with the implementation of the entire legislative package. It is unclear if the Standards of Practice can proceed as MPhA has suggested and further attention in this area is needed.

CPR Certification

PPAO has identified recent developments relating to pharmacists needing to successfully take CPR training in advance of being able to provide specific professional services such as administering injections. This is also an issue that has been discussed at the Joint Executive Meetings. This issue is emerging across Canada and in Manitoba, so some initial consideration should be given by the Board.

Announcement



The MSP staff would like to announce that Sara Gusta has accepted the full time position of Administrative Assistant/Assistant to the Executive Director. Sara has recently graduated from the Herzing College Administrative Assistant Program and her skills and training will serve the organization well. Members will have an

opportunity to become familiar with Sara as she is your first contact when calling the office. We would like to welcome Sara and look forward to working with her.

Mark Your Calendar!

The 2012 Annual

Manitoba Pharmacy Conference

will be held April 20th to 22nd

at the Winnipeg Convention Centre.

Pharmacist Membership Update 2011

As all of our members are aware, the 2011/2012 membership drive once again took place in June and July. The MSP Membership Committee would like to thank all members who renewed their memberships and all new members for their commitment and support to the Society and to the profession.

A strong membership base has established the Manitoba Society of Pharmacists as the recognized voice of pharmacists on a wide range of issues including reimbursement for services, employment issues, managed care and other drug utilization initiatives.

MSP is happy to report that the 2011/2012 membership drive was very successful. This is the first year that the voluntary donation to the Public Relations Committee was included in the renewal/application process. The initiative raised just under \$10,000 thanks to the generosity of MSP members and their willingness to promote the profession and raise public awareness.

This fund will be used to consistently promote a strong, positive image of pharmacists to the public and stake-

holders through the design, marketing, promotion and delivery of communication campaigns that are developed in partnership with stakeholders. The Public Relations Committee would like to thank all those members that donated to this vital cause.

The Friends of Pharmacy Fund was also well supported this year and experienced a marked increase in the number of donations received. Proceeds from the Friends of Pharmacy Fund are used to pursue certain special issues of concern to pharmacy in Manitoba.

Membership receipts were mailed out over the summer and included brochures and information on a wide variety of member benefits. All member benefits are posted on the MSP website. "Connected Communication Plus", an online email blast featuring member benefits, is now being circulated to keep members informed about what products and services are offered and to introduce new member benefits.

MSP would like to thank all of those individuals who contributed to the Public Relations Fund and the Friends of Pharmacy Fund. A partial list of donors has been included below:

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Specialization in Pharmacy

– The Trend to Board Certification

There is a movement to recognize specialties within pharmacy. If successful and widely adopted, it would give to pharmacists what physicians have had for a century - board certification of specialty practice.

Already in the United States, the American Pharmaceutical Association, the American Society of Consultant Pharmacists and the American Association of Managed Care Pharmacy have recognized residencies and fellowships in such things as critical care, ambulatory care, geriatrics, oncology, nuclear pharmacy and psychiatry. Numerous programs are available in such areas of practice as patient safety and program evaluation and pharmacoepidemiology. These fields bring a heavy dose of statistical research to the chemistry and clinical practice in which general pharmacy is embedded. The question for Canadian pharmacists is – is it time for Canada to join the bandwagon of recognition of specialization?

In a sense, the bandwagon is already rolling and gaining a following. The European Association of Hospital Pharmacists notes that 12 member EU nations that serve 72% of the total population of the European Union already recognize specialization in hospital pharmacy. Specialized training and residencies in hospital pharmacy take a year in Belgium, 3 years of Austria, Croatia, Hungary and Ireland, 4 years in the Czech Republic, France, the Netherlands and 5 years in Spain and Portugal.

Although the periods for training in specialties vary, one may ask why Europe has formalized the specialty of hospital pharmacy. The answer, of course, is necessity. Formalization and certification increases mobility for hospital pharmacists who have the training and documents to show it. It means that a hospital pharmacist with Irish certification can get a job and go to work in France with no more than language issues to deal with. The bias, of course, is movement from the periphery of Europe to the centre. Few French hospital pharmacists speak Croatian, though quite a few Croatian pharmacists might be expected to speak French or German.

In the United States, pharmacists are joining the movement to specialty certification. The Board of Pharmacy Specialties in Washington, D.C., reports that the number of board certified pharmacists doubled to 10,500 practitioners in the five years ending in 2010.

The rationale for the adoption of board certification is illuminating. According to William Ellis, a pharmacist who heads the organization, “interest in board certifica-

tion is growing rapidly because there is increased national emphasis to document and hold healthcare professionals accountable. One way to do that is through certification, which attests to a certain level of experience and knowledge among providers.”

The concept is accountability. In legal issues, specialization with paperwork to show it is a demonstration of competence. In research, documented specialization supports grants. And in clinical care, pharmacists specialized in oncology or nuclear medicine are arguably well prepared to participate in the delivery of a high standard of patient management.

At the University of Chicago Medical Center, all recently hired clinical pharmacy coordinators and clinical specialists are either board certified and residency trained or agree to become certified within 18 months, says Heath Jennings, Pharm.D., Director of Pharmacy Acute Care Service and Pharmacy Education at the university's

600 bed hospital. “Physicians understand residence training and board certification” he says. “It speaks their language.” That language is a document universally recognized that the holder trained in a specialty and met its practitioners’ standards. More than a diploma that attests to surviving several years of classes and passing of exams, board certification speaks to currency of training, meeting standards of the specialty, and to others’ recognition of the holder’s competence.

In Canada, the move to recognition of specialized pharmacy practice is moving forward, though slowly. Regulators support the process, but with caution.

Bev Zwicker, president of the Board of Directors of the Canadian Council on Continuing Education in Pharmacy and Deputy Registrar of the Nova Scotia Council on Pharmacy is cautious on the meaning of recognition of specialization. “The overall issue that needs to be addressed is how the public is impacted by certification and specialization,” she says. “If pharmacists promote themselves by saying they have a certification or specialization in a particular area – oncology or diabetes, for example - then the public may think that the person has more knowledge than the average pharmacist. So, from a regulatory perspective, it is important that if pharmacists promote themselves as specialists, there has to be criteria.”

Those criteria are anticipated in amendments that have been proposed to Manitoba’s Pharmaceutical Act. The supporting policy document refers to specialization as

ANDREW ALLENTUCK



“extended practice” and expresses the view that the licenses of those that have such specialization will have this fact noted on their licenses. For now, the document anticipates Board Certification from the American Board of Pharmacy Specialties in ambulatory care, nuclear medicine, nutrition support, oncology, pharmacotherapy and psychiatry.

How board certification will be achieved is a question, says Ron Guse, Registrar of the Manitoba Pharmaceutical Association. “There is special knowledge that pharmacists can obtain in defined areas of practice. But it is important to ask when a body of practice becomes a specialty. Some pharmacists are knowledgeable in specialized areas, but we have to define what specialization means and what it takes to get to specialized status. We want to say that our regulations clarify what specialization is and what it would take to practice it and maintain it.”

One may ask if all this is needed. After all, a resume shows what a pharmacist has done in his or her career. Advanced study with a Pharm.D. or another doctorate in chemistry, microbiology or other fields speaks to qualifications beyond the first degree in pharmacy. Thus a pharmacist who has spent a dozen years at a hospital specializing in children’s illnesses could be expected to have a good training in pediatric pharmacy. And a pharmacist who spent years at a cancer institute could be expected to be well versed in drugs used in oncology.

The flaw in the argument that familiarity breeds acceptability is that it is local rather than portable. Canada, by population, is a small country and who knows who works well enough. That easy sense of acquaintance does not travel well to the United States and certainly not to Europe. Board certification is coming, Ms. Zwicker says. “In a few decades, it will be done in Canada.”

Pharmacists for their part can be expected to support the process of certification of specialization. Those with board certification will be more employable in other jurisdictions, may be able to avoid re-examination in some jurisdictions, and will surely be able to command higher salaries.

Institutionally, pharmacists who do not have board certification may find that, as now, much of their work will be in community pharmacy with eventual certification in that field, much as physicians can now be board certified in family medicine.

Complexity and formality go together. It is, Ms. Zwicker says, inevitable that the partnership will be recognized. Manitoba pharmacists have approved specialization in principle.

When the Minister of Health accepts the proposed regulations, then Manitoba pharmacists will have the ability to obtain a specialty practice designation on their licenses. That recognition will not only create an opportunity for pharmacists to seek specialized training, but will also confirm that the specialist has met and continues to meet defined criteria for the field.

Q&A: GETTING TO KNOW YOUR MANITOBA PHARMACISTS



Name: Grace Frankel

Place/Year of Graduation: University of Manitoba, 2009

Years in Practice: 2

Currently Working: St. Boniface Hospital - NICU & Instructor at the Faculty of Pharmacy - University of Manitoba

Accomplishments in pharmacy:

- Published first article in “Drugs” on Ceftaroline, a fifth-generation cephalosporin in 3rd year undergrad.
- Currently working on PharmD by distance education out of the University of Toronto.
- Guest lecturer at Robertson College for pharmacy technicians.
- Involved in writing articles for the Manitoba Society of Pharmacists quarterly “Communication” magazine.

Family: Josh (husband), Kahula (kitty), Malibu (kitty), Ozzie (Australian Shepherd puppy).

Hobbies: When I have time: scrapbooking, painting, ballroom dancing.

Community activities: Play community soccer, volunteer at the pet store with Ozzie for special events, entering community obedience trials with Ozzie.

Favorite thing about Manitoba: Wide open space! I like to be able to see the sky and open prairie.

Most relaxing vacation choice: At a cabin with my family.

Pet peeves: People who don’t wave when you let them into your lane in traffic, littering and throwing lit cigarette butts out the car window.

Favorite fictional character and why: Gill Grissom (CSI Las Vegas) - he’s cultured and seems to know a little bit about everything and I think he would be a really interesting person to apprentice with.

What could you do without forever: War/racism.

What couldn’t you do without for even a day: My puppy! (Oh, and my husband, haha).

What you love about pharmacy: Seeing what a difference even one person can make and receiving sincere “thank you’s” from patients and their families.

Do you know someone who is making a difference in the pharmacy community? We would like to highlight them in this article! Please contact the MSP office at (204) 956-6681 or info@msp.mb.ca.



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