

A Publication of the **Manitoba Society of Pharmacists Inc.**

COMMUNICATION

The Voice of Pharmacists in Manitoba



Continuing Education

**Therapeutic
Options
Focus on
Parkinson's
Disease**

The Last Word

**Investing:
Cash is King in
a Time of Crisis**

Feature

Solutions

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THIS ISSUE

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Positivity in the World of Pharmacy

Just as we have seen one of the best summer seasons in recent memory pass us by (for me personally and weather wise), I had to think of what to write for this editorial. I'll admit I am suffering a little writer's block. I went through various topics in my head and then decided that we have so many things to finally look forward to in the world of pharmacy that I shall target that.

First, we are finally on the verge of having the MPhA Legislation Proclamation Component Development Project completed. Yes that is a little bit of a tongue twister, but the best way to sum it up is that the re-drafted legislation component of the regulations that has been spearheaded through project manager Bayne Robertson and guided along with the help of MPhA Council and other various contributors, stakeholders and writers is almost complete. Now we only hope that this whole regulatory issue can be passed, and put to rest.

Second, the training programs initiated through the expanded scope of practice portion of the new legislation have begun. I was recently able to complete my certification in the immunization and injection training program that was developed by staff of MPhA, the Faculty of Pharmacy, and Nursing (if I have forgotten anyone I apologize). It was a very comprehensive and thorough educational program that combined the best of both worlds. There was a lot of prerequisite background material to review and the hands on, practical training was well done. It was a lot of work but well worth the time. The various contributors to this program did a great job and I hope we will see more training programs of the same quality.

Third, we have a new Executive Director at MSP. Dr. Brenna Shearer was recently hired to take the lead and help

carve out a bright future for pharmacy in this province. I have had a chance to meet Dr. Shearer and I can tell you that her credentials and knowledge base in the world of health care in

Manitoba are impressive. Also, we have begun discussions with Manitoba Health surrounding paid services for pharmacy. This was not even on the radar one year ago. Kudos to all those who contributed and helped draft the documents for this initiative. Someone that needs extra special

recognition for all that she has done is Jill Ell. She stepped up to the plate when asked after our Executive Director transition, held the office together and produced some phenomenal results. The comprehensive documents that were used to present our case for paid services to government were done via her hand. They were some of the best and most complete papers that I have seen put together by an advocacy body to date. We will be very lucky to have both Brenna and Jill working in the office. The future is bright at MSP.

Last, while there are many challenges in the business and profession of pharmacy, I am impressed by my colleagues' commitment to our joint efforts to sustain our economic viability. It is important during these challenging and ever changing times to come together and ensure the recognition of our profession. I am hopeful that our current efforts return much needed results.

ALAN LAWLESS
Chair, Communication



FEATURE ARTICLE

Update from your Public Relations Committee

Keep your eyes open for Manitoba's fall Pharmacy Awareness Campaign! The Public Relations Committee will be promoting pharmacists through a set of media advertisements as well as another four week pulse on Winnipeg transit buses using our tagline "Talk to Your Pharmacist, A Healthy Choice!"

We will kick off the pulse on Friday, October 12th by promoting the important role of pharmacists to the public at the Reh-Fit Centre's Annual Walk of Life and Health Fair. The transit advertisements will run from October 14th to November

AMY OLIVER
Chair, Public Relations



10th! The committee will be expanding our partnership with the Manitoba Institute for Patient Safety by participating in Canadian Patient Safety Week from October 29th to November 2nd, 2012. Stay tuned to the MSP e-blasts to find out how you can join in on the fun!



MSP Appoints New Executive Director



The Manitoba Society of Pharmacists is pleased to announce that Dr. Brenna Shearer has been appointed as its new Executive Director as of September 11th, 2012.

Dr. Brenna Shearer is an experienced Health Care Administrator with a PhD in Health Care Administration. She received her Bachelor of Medical Rehabilitation (Occupational Therapy) from the University of Manitoba in 1986. While working full time, she achieved her Masters in Health Care Administration from Central Michigan University in 1995 and her PhD in Health Care Administration from Capella University in 2010. Brenna's managerial and administrative experience spans more than 20 years and includes government, public, community, and educational settings.

Brenna has initiated and developed a number of successful provincial and national programs and networks. With strong collaborative management skills she has been responsible for policy development, agency and program strategic planning, as well as public and professional communication and team facilitation.

Most recently, Brenna worked at Manitoba Health as the Executive Director, Health Workforce Strategies. In this role she collaborated with internal and external stakeholders to sustain, promote, and develop recruitment and retention strategies for health care professionals in Manitoba. She has advised government on issues and opportunities related to health ser-

vice delivery, educational programming, and mechanisms to enhance and evaluate human resource capital for service delivery.

At CancerCare Manitoba, Brenna developed, evaluated, and expanded the Manitoba Cervical Cancer Screening Program. In collaboration with CancerCare Manitoba and Manitoba Health, she established a provincial Human Papillomavirus evaluation and surveillance committee. Extending her scope of administrative knowledge and expertise in cervical cancer screening, Brenna established the Canadian Network for Human Papillomavirus Prevention while working for the International Centre for Infectious Diseases. In addition, she led a Public Health Agency of Canada project on Influenza Pandemic Planning for Vulnerable Populations by engaging Canadian community members, health care providers, and government leaders in national forums.

Brenna's experience includes successfully leveraging public and private funds for research and professional education. In addition, she has initiated, participated in, and evaluated research projects on HPV, HIV, and influenza leading to reports and scientific papers for publication in scholarly journals.

Brenna enjoys identifying new opportunities, working collaboratively to achieve goals, and is looking forward to joining the Society and working with all the staff and members.



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Interest rates based on prime rate are variable and are subject to change without notice.

Save the Dates!

The 2013 Annual
Manitoba Pharmacy
Conference

will be held April 5th to 7th
at the Winnipeg Convention Centre.

Hotel accommodations are
at the Delta Winnipeg.



Solutions

Pharmacists are often asked to prepare extemporaneous solutions of medicines for pediatric patients or when commercial products are not available. A review of this important dosage form is presented here.

Solutions are liquid preparations that contain one or more chemical substances that are molecularly dispersed (dissolved) in a suitable solvent or mixture of mutually miscible solvents.

Solubility is the ability of a substance to form a solution with another substance. It is dependent upon factors such as:

- temperature,
- pH, and
- the attractive forces (van der Waals, hydrogen bonds) between molecules.

Solubility can be expressed as grams of solute that can dissolve in a given volume of solvent. For example, 1 g of sugar (sucrose) can dissolve in 0.5 mL of water. Sometimes solubility is expressed in descriptive terms as given in Table 1.

Solutions can be categorized according to the route of administration. For example:

- 1) Oral
- 2) Topical
- 3) Ophthalmic (eye)
- 4) Otic (ear)
- 5) Nasal (nose)
- 6) Irrigating
- 7) Parenteral (through the skin, boundary membrane, or directly into a blood vessel, organ or tissue).

Solutions may be classified according to the solvent system being used for example:

- 1) Aqueous systems use water as the solvent.
- 2) Spirits are alcoholic or hydroalcoholic (water and alcohol) solutions of volatile chemicals for example, Peppermint Spirit NE
- 3) Tinctures are alcoholic or hydroalcoholic solutions. They are less volatile than spirits. Tinctures may be prepared from vegetable materials (Sweet Orange Peel Tincture) or from chemical substances (Tincture of Iodine).

Descriptive term	Parts of solvent needed for 1 part of solute
Very soluble	Less than 1
Freely soluble	From 1 – 10
Soluble	From 10 – 30
Sparingly soluble	From 30 – 100
Slightly soluble	From 100 – 1 000
Very slightly soluble	From 1 000 – 10 000
Practically insoluble or insoluble	More than 10 000

Table 1 Solubility expressed in descriptive terms

Advantages of solutions include that they:

- are immediately available for absorption and distribution,
- offer a homogenous dose,
- can be used by any route of administration,
- are easily used by patients who cannot swallow tablets or capsules (children, older adults), and that
- doses can be adjusted using a calibrated measuring device (syringe, measuring cup).

Disadvantages of solutions are that they are:

- bulky and require the dose to be measured every time,
- less stable than solid dosage forms,
- more difficult to formulate for drugs having a foul taste or smell. These must be disguised with special additives or require special formulation to make them palatable, and
- harder to handle, package, transport and store.

Ophthalmic (eye), otic (ear), nasal (nose), irrigating and parenteral solutions are considered under the category of sterile dosage forms. These solutions must meet the requirements for pH, sterility, pyrogens, particulates and contaminants and require specialized equipment for their formulation. Pharmacists are required to become familiar with preparing these as part of their training (Figure 1). However, this review will focus on oral and topical solutions.

Oral solutions are liquid preparations that are administered orally. They consist of one or more drug(s) dissolved in water or a water-cosolvent system. For example, each pouch of NeoCitran® contains phenylephrine hydrochloride 10 mg, pheniramine maleate 20 mg, acetaminophen 325 mg and ascorbic acid 50 mg to be dissolved in water to make an oral solution.

Oral solutions

Oral solutions are liquid preparations that are administered orally. They consist of one or more drug(s) dissolved in water or a water-cosolvent system. For example, each pouch of NeoCitran® contains phenylephrine hydrochloride 10 mg, pheniramine maleate 20 mg, acetaminophen 325 mg and ascorbic acid 50 mg to be dissolved in water to make an oral solution.

Nonmedicinal ingredients in oral solutions preparation can include flavors, antioxidants, preservatives, sweetening and coloring agents. Oral solutions that contain a high concentration of sugar are called *syrops*. The sugar functions both as a sweetening agent and viscosity-inducing agent.

Elixirs are sweetened hydroalcoholic solutions intended for oral use. For example, Maltlevol® is a multivitamin preparation formulated in a viscous sherry wine base with a malt taste.

Topical solutions

Topical solutions are applied to the skin or mucous membranes. They are usually

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



Figure 1 Examples of an oral and ophthalmic solution



Figure 2 Example of a topical solution

aqueous but may also contain other solvents, for example, alcohol. Additives such as preservatives, antioxidants, buffers, colors and fragrances may also be used in their preparation. Hydrogen peroxide, 1.5 to 3 % aqueous solution, is an example of a solution that is used as a topical antiseptic (Figure 2).

Tinctures are alcoholic or hydroalcoholic solutions prepared from vegetable materials or chemical substances. For example, Vanilla Tincture, is made by extracting the vanilla bean by a process of either percolation or maceration. Tincture of Iodine USP has the formula:

Iodine	20.0 g
Sodium iodide	24.0 g
Alcohol	500.0 mL
Water qs	1000.0 mL

The term lotion used for a topical liquid preparation can be a solution, emulsion or suspension. For example, Calamine Lotion is an example of a suspension (Figure 3).



Figure 3 Calamine Lotion

Factors that affect the compounding of solutions

Solubility

Water is the preferred solvent. Alcohol (ethyl alcohol, ethanol or C_2H_5OH) is the most useful cosolvent, especially for many organic compounds. The mixture of water with ethanol forms a *hydroalcoholic* solution that can dissolve both water-soluble and alcohol-soluble substances. Water and ethanol can be used in oral solutions. Isopropyl alcohol on the other hand cannot be used internally because of its systemic toxicity. It is important to know whether the solution that is being compounded is intended for topical or oral use.

Solubility of the drug(s) to be incorporated into the solution can be found in standard textbooks such as the *Merck Index*, *Martindale* and *Remington's* to mention a few.

If a cosolvent system is being used the approximate volume fraction of each solvent needed can be found from the following equation.

$$\log S_T = v_{f_{\text{water}}} \log S_{\text{water}} + v_{f_{\text{sol}}} \log S_{\text{sol}}$$

where:

S_T = total concentration of the drug in solution

S_{water} = solubility of the drug in water

S_{sol} = solubility of the drug in the cosolvent chosen

$v_{f_{\text{water}}}$ = volume fraction of water in the solution

$v_{f_{\text{sol}}}$ = volume fraction of the cosolvent in the solution

Miscibility

It is important to know if cosolvents are miscible. Table 2 gives examples of cosolvent systems.

Note that:

- Mineral oil is miscible with many other oils but *not* with alcohol or glycerin.
- Castor oil is the only fixed oil that is *not* miscible with mineral oil.
- Castor oil is the only fixed oil that *is* miscible with alcohol.

Temperature

If possible dissolve the solute in a pure solvent. Once the saturation point is exceeded, the solute may precipitate out of solution. It is therefore important to consider the temperature at which the solution is going to be stored. Solubilities of drugs at specific temperatures are listed in the sources mentioned in the References.

Example 1

Prepare 100 mL Syrup NF. Syrup NF is 85 % w/v sucrose in water (that is 850 g sucrose, water qs to 1000 mL). Syrup BP is 66.7 %w/w sucrose in water (that is, 667 g sucrose, water qs to 1000 g).

The specific gravity of Syrup NF is 1.3 and it has the formula:

Sucrose	850 g
Water qs	1000 mL

Procedure:

The solubility of sucrose is 1 g in 0.5 mL of water; in slightly more than 0.2 mL of boiling water; 170 mL of alcohol. Therefore 85 g sucrose should dissolve in:

$$85 \times 0.5 = 42.5 \text{ mL of water at room temperature.}$$

On a Class A prescription balance, weigh the sucrose. Dissolve the sucrose (85 g) in water (45 mL) with continuous stirring in a beaker (100 mL) on a water bath. Note the volume of the resulting solution and add enough water to make 100 mL in the beaker.

Syrup is bacteriostatic because the concentration of sucrose (66.7% w/w or 85% w/v) is highly hypertonic and retards the growth of microorganisms. Syrup NF has a pH of 5 to 7. More dilute sugar solutions are ideal media for microbial

	Water	Alcohol (ethanol)	Glycerin	Mineral oil	Cottonseed oil	Castor oil
Water	Yes	Yes	Yes	No	No	No
Alcohol	Yes	Yes	Yes	No	No	Yes (1:1)
Glycerin	Yes	Yes	Yes	No	No	No
Mineral oil	No	No	No	Yes	Yes	No
Cottonseed oil	no	Slightly soluble	No	Yes	Yes	Yes
Castor oil	No	Yes (1:1)	No	No	Yes	Yes

Table 2 Miscibility of solvents

growth and require the addition of preservatives.

If heat is going to be used, care must be taken to prevent *inversion*. This is the hydrolysis of sucrose to D-glucose (dextrose) and D-fructose (levulose). This reaction is given in Figure 4.

Invert sugar is sweeter than sucrose, more readily fermentable and tends to darken in color when it is oxidized. The incorporation of invert sugar in a syrup helps to sweeten the syrup as well as to slow the oxidation of other substances in the formulation.

Example 2

Prepare the following potassium supplement:

Potassium citrate 2.5 g
Lemon flavor qs
Water qs 115.0 mL

Procedure:

The solubility of potassium citrate is 1 g in 0.65 mL water; very slowly in 2.5 mL glycerol; practically insoluble in alcohol. Lemon flavor can be added by using a small amount of lemon oil. Lemon oil is slightly soluble in water and 1 part in 3 parts of ethanol. Flavorings usually require only about 2 or 3 drops per 100 mL of solution.

On a Class A prescription balance, weigh the potassium citrate (2.5 g). Dissolve the potassium citrate in water (115 mL) with stirring. Add lemon oil (2 drops) and mix thoroughly. Place in an amber prescription bottle and label.

Example 3

Prepare the following elixir. The solubility of Drug X is 1 g in 120 mL water; 80 mL alcohol.

Drug X 0.50 g
Syrup BP 13.2 mL
Alcohol 20.0 mL
Cherry flavor qs
Water qs 100.0 mL

Procedure:

The solubility of Drug X is 1 g in 120 mL water; 80 mL alcohol. Therefore 0.50 g should dissolve in:

$120 \times 0.50 = 60$ mL of water

Syrup BP is 66.7% w/w of sucrose and 33.3% w/w water. This means 13.2 mL of syrup contributes:

$13.2 \times 33.3\% = 4.4$ mL of water (density of water is 1)

However, most of this water is involved with solute-solvent attraction to produce a near saturated solution of sucrose and is not available to dissolve Drug X. The formula requires sufficient water to be added for a total of 100 mL of solution. This amount of water can be approximately calculated from:

$100 \text{ mL (total volume)} - [20 \text{ mL (alcohol)} + 4.4 \text{ mL (Syrup BP)}] = 75.6 \text{ mL}$

It can be seen from the solubility of Drug X in water and alcohol that the amount of water in the formula (75.6 mL) will be sufficient to make the elixir without having to change the concentration of Drug X by the addition of more solvent.

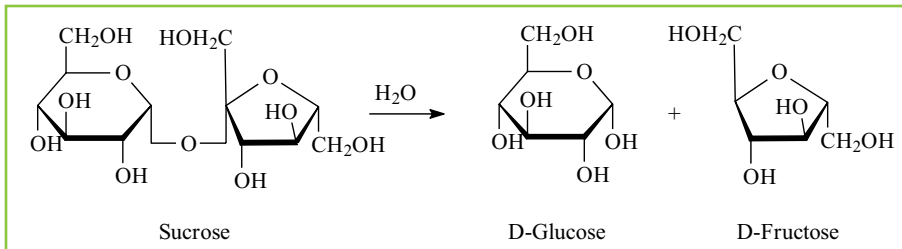


Figure 4 The hydrolysis of sucrose to glucose and fructose (invert sugar)

Dissolve Drug X in water (65 mL) with stirring. Add syrup (13.2 mL) to this solution. Add cherry flavor to the alcohol (20 mL) and record the amount used in the formulation. Add the aqueous solution to the alcoholic solution with stirring. Transfer this solution to a 100 mL graduated cylinder and make up to volume (100 mL) with water.

Aqueous solutions are added to alcoholic solutions. This keeps the highest possible alcoholic strength at all times to prevent separation of the alcohol soluble substances.

While this is a brief overview of solutions, it is a reminder of some important factors to be considered when formulating them.

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Report from your Public Relations Committee



**Go4Health Expo
Red River Exhibition
June 15–24, 2012**



Winnipeg was *in motion* at the Red River Exhibition and so was the Manitoba Society of Pharmacists. The Go4health Expo exhibit was free with gate admission and provided information, entertaining activities and giveaways all focused on the promotion of a healthy lifestyle. Some of the activities included:

- Fitness and cooking demonstrations
- Try out a sport and the “in motion” zone
- Visit Germ City
- Interactive displays
- Free pedometers, draws for prizes, and a variety of coupons and samples
- Personal pharmacist and nurse consultations

Margie Kvern, Tobacco Reduction, WRHA, chaired the Go4health Expo working group and invited Manitoba pharmacists to participate. Murray Gibson, Executive Director of Mantra, and pharmacist, Roger Tam were instrumental in getting MSP involved with this initiative and I'd like to recognize them for their continued work in respect to tobacco reduction.

GAYLE ROMANETZ
Past Chair, Public Relations; Past Co-Chair, Professional Relations; Chair, Government Relations



MSP worked with representatives from the Red River Ex, WRHA, Cancer Care Manitoba, the Lung Association, the Canadian Cancer Society, Mantra, S.T.A.N.D. (Sisler Teens against Nicotine and Drugs), Wal-Mart and Loblaw. Our goal was to increase awareness about the harm of tobacco use and

second hand smoke, promote a smoke-free lifestyle and support those thinking about quitting. With those objectives in mind, we participated in three events during the Exhibition:

1. Smoke Free Day – June 18

Our team met one on one with Red River Ex employees. Thank you to Amir Youssef who was our pharmacist volunteer.

2. Aboriginal Day – June 21

We worked with Mantra and the WRHA team and provided private counseling sessions. Thank you to the Loblaw team who provided QUIT trained pharmacist and students who worked collaboratively with the nurses and Mantra.

3. Seniors Day – June 24

We repeated the smoking cessation clinic on June 24. Thank you to Wal-mart for providing a pharmacist and student team under the leadership of Roger Tam.

Many pharmacists assisted with the preparation and execution of this three day event. As always, thank you for your continued commitment to tobacco reduction.





**Run for Diabetes
Assiniboine Park
September 3, 2012**



The Manitoba Society of Pharmacists was one of the sponsors of the **Run for Diabetes** on Sept. 3, 2012. Our continued partnership with the Canadian Diabetes Association provided us with another occasion to assume a highly visible role in the community. MSP and a team of volunteers set up two display booths and were able to add a creative touch to our station with some pharmacist flair. This was a great way to experience the excitement associated with the run and mingle with stakeholders, volunteers, participants and their families. Our pharmacist team took advantage of the event to share important information about how a pharmacist can support those new to diabetes as well as those already living with it. Financial resources are always a challenge and corporate sponsorship is very much appreciated. Thank you to Loblaw for donating the \$1000 sponsorship fee, the motivated volunteers who were not intimidated by the 7 am start on Labor Day and helped me set up and operate the booths. This was the 3rd year for the Run for Diabetes and we are extremely excited with the outcome. It was a great day and we look forward to attending many more.

**Talk to Your Pharmacist
A Healthy Choice** Manitoba Society of Pharmacists



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”

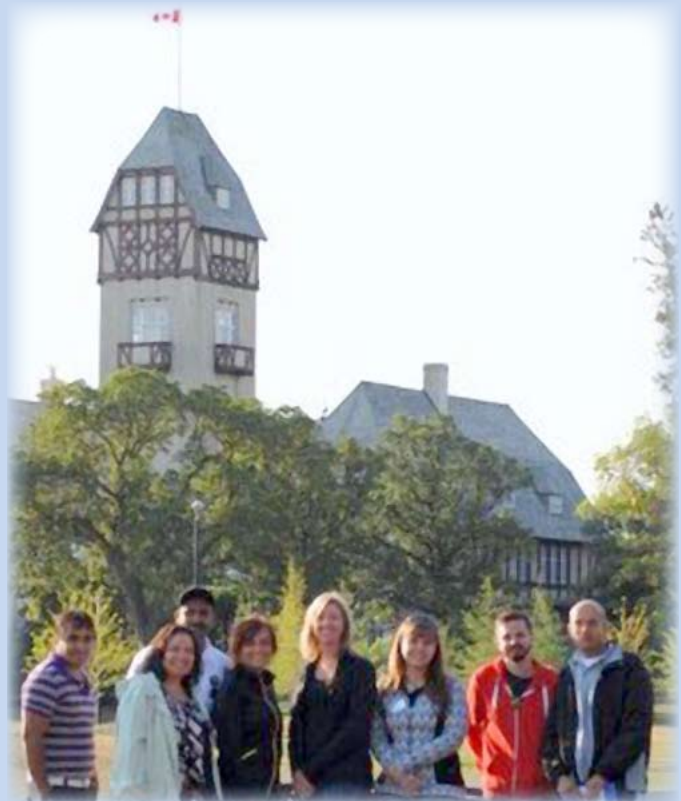
Volunteers are seldom paid; not because they are worthless, but because they are PRICELESS!

—author unknown

Volunteering is generally considered an altruistic activity, intended to promote good or improve human quality of life. It is considered as serving the society through own interest, personal skills or learning, which in return produces a feeling of self-worth and respect, instead of money. Volunteering is also famous for skill development, to socialize and to have fun. It is also intended to make contacts for possible employment or for a variety of other reasons. Volunteering takes many forms, and can be performed by anyone with their own set of skills.¹

After reviewing the definition of “volunteering”, I could not agree more. I’ve thoroughly enjoyed serving on the Public Relations and Professional Relations Committees over the last three years. We have excellent representation from board members and volunteers who have been dedicated to promoting our profession.

I believe in the value of the MSP and getting involved as a volunteer. It has opened doors with smiling faces on the other side that provide opportunities to those who are willing and able to take on a challenge regardless of their level of expertise. My advice is to get involved as a volunteer, serve on a committee or as a board member; you will not only meet remarkable fellow pharmacists from diverse backgrounds but you will be giving something back to a profession which is only as strong as its members and volunteers.



Pharmacist Volunteers

Chetan Patel, Abdalla Salih, Randa Istafanous, Gayle Romanetz,
Britt Kural, Pam Johnson, Grant Pidwinski, Medhat Geloia

References

1. Wikipedia http://www.google.ca/search?q=slogans+about+volunteering&rls=com.microsoft:en-us&ie=UTF-8&oe=UTF-8&startIndex=&startPage=1&redir_esc=&ei=e3IOUL6-J8e3ywGJkoDACQ



MPhA Annual Golf Tournament

The Manitoba Pharmaceutical Association Golf Tournament was held on Tuesday, September 11th with over 65 golfers attending.

MSP's participation included sponsorship of the 17th hole where Assistant Director of Conferences and Events, Bonita Collison welcomed golfers to the MSP station.

Bottled water was available and golfers could enter to win a Nike golf driver valued at \$369 or a golf package valued at \$100 donated by MSP. Chances to win these prizes were offered to those who entered their guess for the number of golf tees in a jar and for those who shot a golf ball into a bucket. The lucky winners were Peter Murray and Kyle MacNair.

MSP Board members Greg Harochaw, Alison Desjardins and Alan Lawless played through the cool, windy weather with their colleagues.



Ron Guse (MPhA Registrar) and Kyle MacNair (MPhA President)



L-R: Rick Thurmeier, Rob Sitarz, Greg Harochaw and Scott Jackson



L-R: Alan Lawless, Jay Rich, Kerri Rotzein and Graeme Green



L-R: Neena Oberoi, Bonnie Coombs, Alison Desjardins and Sherry Mikolash

Canadian Pharmacists Association Conference

The Canadian Pharmacists Association Conference was held on June 1st to 4th in Whistler BC. MSP President Mel Baxter and Acting Executive Director Jill Ell attended on behalf of the Society. MSP Board members Alan Lawless and Britt Kural also attended the conference as did Marnie Hilland, MSP Director of Conferences and Events. There was a large contingent of Manitoba pharmacists in attendance and the conference provided excellent educational and networking opportunities. The Provincial Pharmacy Advocacy Organizations also met during the conference.

MSP student liaison, Lucy Vuong attended the

conference as a recipient of the CPhA Centennial Award. This award is given in recognition of a CPhA student member in the third year of a four-year program who has actively promoted the profession of pharmacy and his/her faculty and has achieved good academic standing. Congratulations Lucy!



Acting Executive Director Jill Ell with CPhA Centennial Award Recipient and Student Liaison to the MSP Board of Directors, Lucy Vuong



MSP Board member, Alan Lawless, MSP President Mel Baxter and his wife Yvonne, MSP member Joyce Marozas, MSP Director of Conferences and Events, Marnie Hilland, MSP Board member, Britt Kural

Membership Committee Update 2012

Everyone is well aware of how busy the summer is and just how fast it goes by. This is very true for the MSP office as vacation schedules coincide with the administrative task of processing membership renewals. The development of the membership renewal package begins in February and ends in mid-May when the package is mailed to individual members. Fortunately, almost as soon as the members receive the package, the office begins to receive the first renewals.

Much of June and July is spent updating the membership database, processing memberships and preparing the receipt mail out. The MSP Membership Committee would like to thank all pharmacists who show their support for the Society and the profession through membership. It is through a strong membership base that MSP is recognized as the voice of pharmacists in the province of Manitoba and this membership base is imperative to be able to advocate on your behalf.

The MSP Membership Committee is happy to report that the 2012/2013 membership drive was very successful. You will recall that the basic amount of malpractice insurance offered with MSP membership increased from \$2 Million to an amount of \$2 million per occurrence/ \$4 million aggregate. MSP made this change in order to ensure that our members will have the required amount of insurance if and when Bill 41, the new *Pharmaceutical Act* is enacted.

The regulations as developed by MPhA and passed by the membership in 2010 included this level of insurance and ongoing meetings with MPhA, MB Health and stakeholders have indicated that this level of insurance will be the requirement for licensure when Bill 41 is enacted. MSP continues to offer members the option to upgrade their insurance coverage to \$5 million per occurrence/and aggregate and this option continues to be popular with members.

For the second consecutive year, the MSP Public Relations Committee has used the membership renewal process to reach out to members to support their fund raising efforts through voluntary donations. Once again this year 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 is used to consistently promote a strong, positive image of pharmacists to the public and stakeholders through the design, marketing, promotion and

delivery of communication campaigns that are developed in partnership with stakeholders. All practice settings find themselves in an economically challenging environment and the expansion of the pharmacist's role to include adaptation, continued care, administration of injections, treatment of minor ailments, and specialized consultative services must occur in tandem with new compensation models. The Public Relations Committee has been focused on developing a communication strategy that embraces emerging practice trends and educates the public about the valuable services that pharmacists provide today and ultimately will provide, under the authority of the new *Pharmaceutical Act* and Regulations. The Public Relations Committee would like to thank all those members that donated to this vital cause.

If you missed out on the opportunity to donate to the Public Relations fund during membership renewal and would still like to contribute you can still do so by contacting the MSP office or by visiting the Public Relations area

of the MSP website and downloading the donation form at <http://www.msp.mb.ca/PRList.php>.

The Friends of Pharmacy Fund was also well supported this year. Proceeds from the Friends of Pharmacy Fund are used to pursue certain special issues of concern to pharmacy in Manitoba. Some of the initiatives that have been supported in the past include CPhA's Blueprint for Pharmacy, legal opinions in regards to third party payer agreements, and opinion polls conducted by Probe Research. The Membership Committee would like to thank all members who donated to this very important fund and remind everyone that donations for the Friends of Pharmacy fund are also accepted by contacting the MSP office at any time throughout the year.

Membership receipts have been mailed out and included brochures and information on a wide variety of member benefits. A brochure for the Winnipeg Winter Club has also been included with this issue of *Communication*. All member benefits are posted on the MSP website. Benefits continue to be circulated to the members via "Connected Communication Plus", our online email blast, to keep members informed about what products and services are offered and to introduce new member benefits.

MSP would like to thank all members for their ongoing support and for their commitment to the profession of pharmacy. It is our members' support that allows us to successfully represent the economic and professional interests of pharmacists in Manitoba.

SCOTT McFEETORS
Chair, Membership



Reminder: Bill 17 – the Non-Smokers Health Protection Amendment Act comes into force on May 31, 2013

Does your pharmacy comply with the Act? Will you be ready on May 31, 2013? A copy of Bill 17 has been provided to assist MSP members make the transition.

1st Session, 40th Legislature,
Manitoba,
61 Elizabeth II, 2012

BILL 17

THE NON-SMOKERS HEALTH PROTECTION AMENDMENT ACT

Honourable Mr. Rondeau

EXPLANATORY NOTE

This Bill amends *The Non-Smokers Health Protection Act* to prohibit the sale of tobacco products in health care facilities and pharmacies. It also prohibits the sale of tobacco products in establishments such as retail stores if a pharmacy is located on the premises, unless the pharmacy is accessible to customers only by a separate entrance.

The Bill also prohibits the use of vending machines to sell tobacco products.

Consequential amendments are made to *The Tax Administration and Miscellaneous Taxes Act* and *The Tobacco Tax Act*.

BILL 17

THE NON-SMOKERS HEALTH PROTECTION AMENDMENT ACT

(Assented to)

HER MAJESTY, by and with the advice and consent of the Legislative Assembly of Manitoba, enacts as follows:

C.C.S.M. c. N92 amended

1 *The Non-Smokers Health Protection Act* is amended by this Act.

2 Subsection 1(1) is amended by adding the following definition:

“**pharmacy**” means a facility used for any aspect of the practice of pharmacy, and includes a satellite facility and every other facility, wherever located, used in the practice; (« pharmacie »)

3 *Section 5.1* is amended by striking out “or” at the end of clause (a), adding “or” at the end of clause (b), and adding the following after clause (b):

(c) a person from supplying or offering to supply tobacco or a tobacco-related product to a person described in clause (a) or (b);

4 *The following is added after section 6.2:*

Supplying tobacco in specified places prohibited

6.3 No person shall supply or offer to supply tobacco or a tobacco-related product in any of the following places or premises:

(a) a health care facility;

(b) a pharmacy;

(c) an establishment where goods or services are sold or offered for sale to the public if

(i) a pharmacy is located within the establishment, or

(ii) customers of a pharmacy can enter into the establishment directly or by the use of a corridor or area used exclusively to connect the pharmacy with the establishment;

(d) a place or premises or a class of places or premises prescribed by regulation.

Vending machines prohibited

6.4 No person shall cause or permit a vending machine for selling or dispensing tobacco or a tobacco-related product to be in a place or premises that the person owns or occupies.

5 *Subsection 7.3(3) is repealed.*

6 *Subsection 9(1) is amended by adding the following after clause (f):*

(f.1) for the purpose of clause 6.3(d), prescribing a place or premises, or a class of places or premises;

Consequential amendment, C.C.S.M. c. T2

7 *Clause 80(2)(g) of The Tax Administration and Miscellaneous Taxes Act is amended by striking out “subsection 4(3) or (5)” and substituting “subsection 4(5)”.*

Consequential amendments, C.C.S.M. c. T80

8(1) *The Tobacco Tax Act is amended by this section.*

8(2) *The following is added after subsection 4(2):*

Licence does not authorize contravention of Non-Smokers Health Protection Act

4(2.1) For greater certainty, a licence under this section does not authorize a person to sell or offer to sell tobacco in contravention of section 6.3 of *The Non-Smokers Health Protection Act*.

8(3) *Subsection 4(3) is repealed.*

Coming into force

9 *This Act comes into force on May 13, 2013.*

ARE YOU A QUITTER YET?

Every year, thousands of Canadians want to **QUIT** smoking. It's not easy and quitting is one of the best things you can do to improve your health and quality of life. Manitoba now has over 200 **QUIT** and **CATALYST** trained pharmacists in the province who are prepared to assist when their patients are ready.

Why don't you **QUIT** or **CATALYZE** and join the growing number of pharmacists nationally who have taken advanced training and can help their patients on this journey. Please contact MSP for more information about these training programs.



To Pharm. D. or not to Pharm. D. – that is the question

Over the past 2 years, I have had several pharmacy students, physicians, nurses, friends, family or even pharmacists in passing that have all asked me the same question about a thousand times – why are you doing a Pharm D (or what is it for that matter)? I thought writing an article about the facts and controversies about the Pharm D program could provide some guidance to those pondering the thought of a Doctorate of Pharmacy.

Currently, in Canada, there are four universities that offer the Pharm D program; University of Montreal, University of British Columbia, University of Toronto and starting in September of 2013, University of Alberta. However, both Montreal and Toronto have now moved to an entry-level Pharm D program. I was fortunate to be part of the last cohort at the University of Toronto who were accepted for the part-time Pharm D program, which means the coursework is spread over a longer timeframe which allows students to work and support their families while completing coursework by distance education. Unfortunately, the part-time program is not offered anywhere in Canada at the present time.

Below is a brief synopsis of the programs currently offered in Canada.¹⁻⁴

As depicted by the table at right, the traditional 2-year Pharm D program is arguably the longest accumulation of education (6 years). However, some universities require 2 years of pre-requisite courses in basic sciences before the student can apply to the Faculty of Pharmacy where as other universities only require 1 year.

Are all of these programs equivalent to one another? Probably not. There has been a huge uproar regarding the relative equivalency of the “entry-level” Pharm D program being introduced at the University of Toronto. Technically, the students are completing both degrees in a condensed timeframe, but it has been announced that certain courses have been abbreviated or cut from the program to lessen the course load for both students and instructors. In addition, it is also rumored that the tuition fees are lessened considerably due to the program condensation. Lastly, the rotation schedules have not been abbreviated substantially per se, but students will be spending more time in one clinical area versus less time in several different clinical areas due to increased placement demands. The University of Alberta is proposing a 1-year program to don the title of Pharm D but is this really enough?

Another concern is the “watering down” of the title of Pharm D. A practicing Pharm D with 20 years of experience who completed the Pharm D with a total of 7-8 years of university education can hardly be compared to an inexperienced “entry-level” student completing a degree in 5 years. Yet, both of these candidates have the title of “Doctor of Pharmacy” and can apply for the same position in the workforce.

Of particular concern, with the growing market saturation especially in Ontario, pharmacist wages have begun to diminish. Graduating 40-50 Pharm Ds per year could significantly impact hospital pharmacist wages as well as job vacancies. More importantly, what about all the pharmacists without a Pharm D? Where will their job security stand?

Before all Manitoba pharmacists start to panic, I will share my views on the good, the bad and the ugly about the Pharm D program.

GRACE FRANKEL
B.Sc.(Pharm.)
(PharmD Student)



The Good

The most advantageous part of this program are the pharmacy doors that would open with this degree. From community health teams to teaching, research, consult services, specialized hospital practice, clinics (and the list goes on), the Pharm D sets the practitioner up for new and exciting avenues for pharmacy practice. Arguably, these positions could be achieved by B. Sc. Pharm pharmacists, but it would be much more difficult due to competition and clinical experience. Another advantage to the Pharm D program is the advanced critical appraisal skills and practical application of them. By the end of the course work, Pharm Ds are able to critique a clinical trial from its design, statistics and outcomes and take away only what is strictly relevant to the patient. Finally, the opportunity to practice in specialized clinical areas that are virtually untouched in undergraduate programs such as paediatrics and immunocompromised patients is extremely valuable. The depth and breadth of the topics presented go beyond what you ever wanted to know, but for those curious minds that crave constant intellectual stimulation, this program is invigorating!

The Bad

This program is not for the faint-hearted, sink or swim. From researching clinical trials to out-of-province license application requirements, do not expect any help. All of your work will be criticized and scrutinized including seminar presentations, reports, statements on discussion boards and you will start to doubt your professional competence because you are constantly being challenged by experts in their clinical areas.

The Ugly

Not only is the Pharm D a huge financial undertaking (\$60-\$80,000), but it is also an emotional, physical and mental challenge. Expect to put in at least 4 hours for every 1 hour of instruction/discussion per day. Assignments take *days* to complete. Some instructors deliberately set you up for failure to promote self-reflection. You will likely miss out on many important social or family events. This program makes you sacrifice 2 entire years of your life which can put a large strain

on marriages, friendships and family relationships as well as mental and physical well-being. Be prepared to be away from your family and loved ones for months at a time which, in my opinion, is the most difficult part.

One thing we can all agree on is the fact that the entry level Pharm D is coming whether we like it or not. The question is the impact it will have on practicing pharmacists and if the influx of Pharm Ds will affect wages or pharmacist positions. Honestly, I don't think it will because practical experience often speaks louder than credentials. Pharmacists who have completed hospital residencies or have taken the Board of Pharmacy Specialties courses (BCSP certified) would not benefit from the Pharm D program and may actually find it very frustrating due to the lack of coursework "real world" circumstances. Also, to have to spend another 9-12 months on clinical rotations would be redundant to those pharmacists who have done a residency or possess years of hospital experience. Those who *should* consider the Pharm D program are

those pharmacists who have either recently graduated, are looking to expand their practice capabilities, or undergraduate students. Plus, don't forget that there are also Masters and Ph.D. programs offered at the Faculty if research might be your forte.

In conclusion, the Pharm D program is a great opportunity, but personal/professional goals and values should be evaluated and considered before an overwhelming commitment is made.

References:

1. University of Toronto – Leslie Dan Faculty of Pharmacy Website [Accessed Sept 7, 2012] Available at: <http://www.pharmacy.utoronto.ca/oe/pharmd>
2. University of Alberta – Faculty of Pharmacy and Pharmaceutical Sciences [Accessed Sept 7, 2012] Available at: http://www.pharm.ualberta.ca/en/Prospective_Students/Doctor_of_Pharmacy_Program.aspx
3. University of Montreal –Faculty of Pharmacy [Accessed Sept 7, 2012] Available at:http://www.pharm.umontreal.ca/etudes_cycle1/pharmd.html
4. University of British Columbia – Pharmaceutical Sciences [Accessed Sept 7, 2012] Available at:<http://www.pharmacy.ubc.ca/programs/degree-programs/PharmD>

University of Montreal	University of British Columbia	University of Toronto	University of Alberta (Starting Sept 2013)
<p>4-year full-time program (Pharm D but no undergraduate degree)</p> <p>This program is completed over 4 years and combines undergraduate as well as Pharm D topics.</p> <p>Each term, the student follows a set of courses and workshops related to each other and designed to provide integrated education. Instructional activities are grouped into six modules, covering all the knowledge and skills required for the practice of pharmacy:</p> <ol style="list-style-type: none"> 1. Life sciences, pharmacology, pathophysiology 2. Medicine and society (communication and management) 3. Laboratories 4. Labs/Practice Skills 5. Internship 6. Electives 	<p>Offers undergraduate degree (4 years) separate from the 2-year full-time program (Pharm D)</p> <p>8 months of didactic course work followed by 12 months of clinical rotations</p> <p>Coursework focuses on pharmacotherapeutics, pathophysiology, physical assessment, pharmacokinetics, critical appraisal, statistics, pharmacy management and immunopathology.</p>	<p>Combined-Degree Program (Graduates will end up with a B.Sc.Pharm and a Pharm D)</p> <p>This program begins in the fourth year of the BScPharm program, where students continue the requirements for the BScPharm program in the fall term while simultaneously beginning coursework for the Doctor of Pharmacy (Pharm D) program. Then, in the winter term, students continue their Pharm D program for the remainder of the fourth year and through the fifth year with course work interspersed with experiential education.</p> <p>Coursework focuses on foundations of advanced pharmacy practice, pharmacotherapeutics, advanced pharmacokinetics, critical appraisal/statistics, health systems and seminar presentations</p>	<p>Offers undergraduate degree program (4 years) separate from the Pharm D program. However the first cohort of 13 students will be selected from the previous years' graduating class and the program will only last 12-14 calendar months.</p> <p>The plan is to run this as a pilot, and then if successful, in the following year, 10 practicing pharmacists can apply for a spot in the program in addition to the new graduates.</p> <p>Courses described for this program include:</p> <ul style="list-style-type: none"> • Critical analysis of evidence in practice • Advanced patient care skills and health assessment • Advanced pharmacotherapy • Frameworks for teams, collaboration and education in pharmacy practice • Pharm D Seminars
Total 4 years	Total 6 years= 4 years undergraduate + 2 years post-graduate	Total 5 years	Total 5 years = 4 years undergraduate + ~1 year post-graduate

MSP Meet and Mingle and CPhA Presentation

The Manitoba Society of Pharmacists Meet and Greet was held on Sept. 24th, 2012 at the Winnipeg Winter Club. The event was well attended and offered members and stakeholders who registered a unique opportunity to meet MSP's newly appointed Executive Director, Dr. Brenna Shearer. Those in attendance had a chance to make Brenna's acquaintance, mingle with the MSP Board members, staff and colleagues and partake of light refreshments.

Members who would like to know more about Brenna and her background are encouraged to review her bio on the MSP website. It can be found under the 'About MSP' button on the Board of Directors page.

The second part of the evening featured a presentation by Conrad Amenta, Project Director for the Blueprint for Pharmacy National Coordinating Office.

The presentation, accredited for 1.5 CEU's, was informative and provided an update on the CPhA's Blueprint and Vision for Pharmacy. Highlights of the session included:

- Exploring new and emerging practice models in community pharmacy that result from expanded scope of practice and regulated pharmacy technicians.
- Exploring continuing education and professional development opportunities, as well as online resources and knowledge translation tools, for pharmacists and pharmacy managers.



MSP Members Stephen Younger and Allan Lytwyn with MSP Executive Director, Dr. Brenna Shearer (centre)

- Providing an understanding of some of the national and regional challenges to integrating new services and establishing optimal human resources in community pharmacy.
- Explaining how the Blueprint for Pharmacy fits in the policy and advocacy landscape and its progress in driving practice change.

MSP would like to thank Conrad for his presentation and contributing to the success of the event.



Conrad Amenta addresses the audience.

Finding Calm in the Eye of the Storm

For anyone who is following or is invested in the financial markets, it is pretty evident that the volatility in the markets has been and continues to be unprecedented.

As the pace of change continues to accelerate, it should come as no surprise that capital markets would reflect this. Interestingly, in 1970, Alvin Toffler wrote a book entitled Future Shock, which suggested that the harrowing acceleration of technological progress in the new millennium would cause increased confusion and disorientation within society.

While there is no doubt that the pace of technological change in our world today is creating tremendous opportunities and enhancements to people's lives, it is also leaving even the experts in the investment community scrambling to understand its implications to the financial markets. Bill Sterling, Global Strategist with C.I. Global Advisors has suggested that much of this confusion is related to what he calls the "evolution of evolution." This evolution is still in its infancy, involving multiple revolutions, with each revolution dramatically accelerating. Furthermore, the scope of these revolutions is becoming increasingly global. Technological innovation is not merely about computing power, but about its application to the gamut of how people work, play and live. Examples of areas that have been greatly influenced by technological change include telecommunications, genomics and of course, entertainment.

The increase in market volatility can, in part, be traced to the acceleration of change and people's adoption of this change. Sterling cites the example that it took 50 years after commercial introduction before 25% of households adopted new technologies like electricity and cars, while it has only taken 7 years for 25% of households to adopt the Internet. Effectively, venture companies that would have historically remained venture for years are now going public before they have longer earnings records.

Many investors invest in such companies without an understanding of what they really do, taking on undue stock-specific risks. So, as an investor who is wondering what this all means to your RRSP, what can you do to partake in the opportunities that this storm of innovation is creating? You could throw yourself into the whirlwind, following and responding to every bit of information and opinion by which investors are persistently bombarded. Or, you could attempt to chart a calmer course through the eye of the storm and stay that course for the longer term.

As change drives the markets in which we invest, the more important it is that we remain focused on investment fundamentals.

1. Have a plan

Most of us typically invest with certain goals in mind, be it retirement, children's education or a new home. Charting out a course toward these goals will help you select investments that will meet these goals within your time horizon and risk tolerance.

2. Diversify your investments

Regardless of how you choose to construct a portfolio, be it through direct equity or bond investment or mutual funds, diversify by asset class, investment styles and internationally.

Diversification can help you capture much of the market opportunities, while potentially reducing the risks you are taking.

3. Stay invested

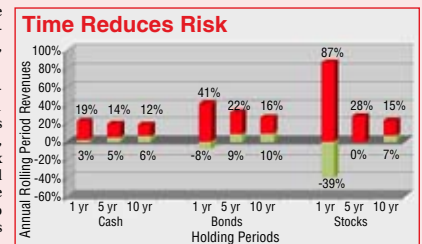
Market timing requires that you can successfully time when to get in and out of the market.

With large market moves occurring within shorter and shorter time periods, market timing without missing much of the market's upside is more difficult than ever. For example, during the 5 year period between July 1, 1994 and June 30, 1999, if you had missed the best 30 days for the S&P 500 Index, your returns would have been 8.99% versus the 27.66% you would have had if you had been fully invested through the entire period¹.

4. Invest for the long term

The chart below² illustrates that time invested can significantly reduce risk, particularly for equity investments. With the speed of change accelerating at such an unprecedented rate, the volatility in the financial markets will continue to be a factor with which all investors need to be concerned. However, we feel that the markets will favour those investors who focus less on the whirlwind around them and more on the long-term fundamentals.

1. Returns are \$ US annual average returns, assuming reinvestment of dividends. Source: Fidelity Investments, Standard & Poor's and Bloomberg.
2. This chart is a graphic representation of the historical, annual rolling 1 year, 5 year and 10 year period returns for the TSE 300 Index (stock proxy), ScotiaMcLeod Bond Universe Index (bond proxy) and ScotiaMcLeod 91-day T-Bill Index (cash proxy) for the period between December 31, 1979 to August 31, 2000. Source: AGF Funds Inc. and Globe HySales.



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For a personalized review of your portfolio, please contact:

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Faculty of Pharmacy White Coat and Student Recognition Ceremony

A new school year has begun and on September 17, 2012 the Faculty of Pharmacy hosted the annual White Coat and Student Recognition Ceremony. The ceremony and lunch reception was held at the Frederic Gaspard Theatre in the University of Manitoba. Dr. Neal Davies, Dean of the Faculty of Pharmacy spoke briefly to welcome everyone. MPhA Registrar Ron Guse gave a brief introduction informing and encouraging the up and coming pharmacists as well as reminding them of the value of pharmacy.

The 2011 – 2012 Student Awards were presented and the following students were recognized for their achievements.

Entering Year 1

- | | |
|---------------|--|
| Jenna Hawkins | • William G. Eamer/Manitoba Pharmaceutical Association Scholarship |
| Jacy Howarth | • Marguerite Hulme Scholarship in Pharmacy |

Year 1

- | | |
|-------------------|--|
| Stephanie Gautron | • Dean's Honour List
• Doreen O'Donnell Memorial Scholarship
• Sanofi-Aventis Canada Scholarship |
| Ruth Habte | • Dean's Honour List
• Pharmacy Class of 1966 Scholarship |
| Amanda Mazinke | • Marguerite Hulme Scholarship in Pharmacy |
| Ryan Persaud | • Dean's Honour List
• William G. Eamer/Manitoba Pharmaceutical Association Scholarship |
| Kristen Poncsak | • Dean's Honour List |
| Dustin Reimer | • Dr. D. McDougall Memorial Scholarship |
| Antonio Sacco | • Procurity Inc. Award |
| Amanda Wallack | • Procurity Inc. Award |

Year 2

- | | |
|-----------------|--|
| Morgan Albisser | • Dean's Honour List
• Procurity Inc. Award |
|-----------------|--|

Year 2 cont...

- | | |
|-------------------|---|
| Heather Bourns | • Dean's Honour List
• Bletcher Memorial Scholarship
• Dr. A. W. Hogg Undergraduate Scholarship
• Petrasko Award of Excellence for Clinical Pharmacy 1 |
| Kristjana Britton | • Dean's Honour List |
| Ashley Ewasiuk | • Dean's Honour List
• William G. Eamer/Manitoba Pharmaceutical Association Scholarship
• Joseph and Sylvia Lavatt Award in Pharmacy
• Doreen Ash Memorial Prize |
| Jillian James | • Marguerite Hulme Scholarship in Pharmacy |
| Ryan Kusiak | • Dean's Honour List
• Procurity Inc. Award |
| Amanda Li | • Pharmacy Class of 1966 Scholarship |
| Amelia MacDougall | • Dean's Honour List |
| Samantha Maryk | • Manitoba Pharmacists' Women's Auxiliary Scholarship |
| Heidi Marschall | • Dean's Honour List
• Stewart G. Wilcox Award
• Sanofi-Aventis Award in Law & Ethics
• Sanofi-Aventis Canada Scholarship |
| Corina Martens | • Mrs. Ethel Roberts Memorial Prize |
| Adriana Muc | • Dean's Honour List
• Donald J. Forsyth Memorial Scholarship
• Mary & Joe Zeal Prize |
| Kenzie Nemez | • Manitoba Pharmaceutical Association Scholarship |
- ## Year 3
- | | |
|--------------------|--|
| Jaden Brandt | • Mike Kupfer Memorial Award |
| Magkie Cheung | • Dean's Honour List
• Procurity Inc. Award |
| Jennifer Dannefaer | • Novopharm Ltd. Scholarship |
| Christopher Dupont | • David M. Collins Scholarship |
| Daniel Kyrzyk | • Dean's Honour List |
| Dennis Le | • Marguerite Hulme Scholarship in Pharmacy |

Year 3 cont...

- Stephen Lewis
- Dean's Honour List
 - Bonnie Schultz Memorial Scholarship
 - Harry Singer Memorial Medal
 - Natural Medicines Comprehensive Database Prize in Pharmacy
 - Procurity Inc. Award
- Justine Manulak
- Professional Development Week Award
- Jordan Nash
- Dean's Honour List
 - William G. Eamer/Manitoba Pharmaceutical Association Scholarship
- Devin Ross
- Dean's Honour List
 - Isbister Scholarship in Pharmacy
 - MPhA Silver Medal in Third Year Pharmacy
- Lesley Worsnop
- Dean's Honour List
 - Sheppy I. Adler Memorial Scholarship
 - Flexon Silver Medal
 - Novopharm Ltd. Award in Biopharmaceutics/Pharmacokinetics
 - Dr. Roman (Roy) Bilous Scholarship

Outstanding Teacher Awards

- Ms. Nancy Kleiman • 1st Year
Dr. Lean Chee • 2nd Year
Dr. Sheryl Zelenitsky • 3rd Year

Preceptor of the Year Awards

- Ms. Danuta Bertram • Hospital Preceptor of the Year
Loblaws #1512 • Pharmacy Team of the Year
Ms. Bobbie Currie • Community Preceptor of the Year
Dr. Heather Dean • Electives Program Preceptor of the Year

Summer Student Research Awards were presented to Nathan Baart, Alicia Dash, Amelia MacDougall, Heather MacPhee, Jordan Nash, and Lucy-Rose Vuong.

Members of the 1952 and 1962 graduating class were on hand to 'drape' the students with white coats. These coats and the recitation of the "Oath of a Pharmacist" symbolize professionalism and demonstrate the student's commitment to serving as future health care professionals.

The ceremony concluded with closing remarks and Stick Ceremony. Ceremonial 'sticks' used since 1908 were retired. New 'sticks' were given to Scott Andresen and Jillian James (Sticks of 2013).

The graduating class of 2016 was introduced and the event was followed by a reception for the students, their families and guests.

MSP would like to congratulate all the award winners on their achievements.



Acting Executive Director's Update

I am pleased to write this last update in my role as Acting Executive Director. As MSP members are aware, Dr. Brenna Shearer started with MSP as the Executive Director on Sept. 11, 2012. It has been my pleasure to serve in the Acting Executive Director role for the past eight months and I look forward to continuing to work in the role of Assistant Executive Director. Due to the transition in staff functions, this joint report will provide members with an update on the initiatives assumed by the office and Board of Directors on your behalf over the last three months.

A meeting request to discuss reimbursement for professional pharmacy services was sent to the Minister of Health in May 2012. The Minister's office indicated a meeting with Manitoba Health to discuss the role of pharmacists in primary health care, Manitoba's generic drug price reform and reimbursement framework for professional pharmacy services would follow. An initial meeting was held with Manitoba Health in August and at the time of writing this report a follow up meeting is being planned. MSP will continue to work collaboratively with stakeholders and Manitoba Health to ensure pharmacists are recognized and compensated in a manner similar to other members of the primary health care team. Pharmacists deserve the opportunity to strive for excellence and demonstrate their value and commitment to achieving a sustainable and universal health care system and MSP is working on your behalf to ensure this takes place.

For much of the summer, the MSP staff, Board of Directors and stakeholders focused efforts on preparing for our initial meeting with Manitoba Health. Primary care delivery is evolving at a fast pace and there is an immediate need to review the current pharmacy services framework and reimbursement model to align Manitoba with the rest of the country. Community pharmacists, practicing in neighborhoods, towns and cities across the province, are the most accessible health-care professionals. Pharmacists are integral members of the primary care infrastructure and with the expanded scope of practice that will be enabled through the proclamation of Bill 41, *The Pharmaceutical Act*, they will become an even larger provider of primary care.

MSP is committed to promoting and supporting pharmacist engagement with expanded services and has already begun encouraging pharmacists to participate in educational programs developed by the Canadian Pharmacists Association including QUIT and ADAPT (Adapting pharmacists' skills and approaches to maximize patients' drug therapy effectiveness). MSP has offered six QUIT training sessions to date. MSP has just begun promoting ADAPT as the initial sessions are off the ground and there are now more opportunities for pharmacists to enroll.

MSP has also partnered with Pfizer to offer CATALYST training sessions. CATALYST is a comprehensive and flexible, continuing health education program tailored to augment the knowledge and skills of Canadian pharmacists on how to manage tobacco dependence using a standard approach and practical tools in their everyday practice. MSP has offered two CATALYST training programs. Pharmacists are eager to provide these services and a commitment from government is necessary to move forward with a new reimbursement framework.

The MSP Public Relations Committee is focusing on developing a communication strategy that embraces emerging practice trends and educates the public about the valuable services that pharmacists provide today and ultimately, under the authority of the new Act and Regulations. Member donations to the Public Relations Fund are instrumental in ensuring the campaign is successful and all member donations are greatly appreciated.

Bill 41 and the regulations continue to be a top priority for the Government Relations Committee although opportunities to make progress over the summer were limited. The bulk of the workload currently lies with the Legislative Drafting Unit. MSP is expecting to receive an update shortly and the membership will be kept up to date via "Communication Plus".

The Economics Committee has been particularly busy over the summer and has been actively involved in discussions with Manitoba Health in regards to the Standard Pharmacy Contracts and Health Canada for the NIHB Coordination of Benefits. There have been numerous teleconferences held and all information and developments have been made available to the membership through "Communication Plus".

Members should have received their membership packages including receipts and membership cards over the summer months. We are pleased to report that membership numbers are up this year. Strong membership numbers are crucial when advocating on behalf of members. If you are aware of a colleague who is not a member we encourage you to reach out and inform them of the important role MSP assumes for pharmacists in the province. They are welcome to contact the MSP office and speak to a staff member who would be more than happy to explain the many benefits of becoming a member.

I encourage all members to read through the entire issue of "Communication" as it includes articles and updates from a number of committees. As you read through these articles you will see the effort put forth by MSP volunteers to increase public awareness of pharmacists as frontline primary care providers and to provide support for pharmacists to assume this role as the expanded scope of practice becomes a reality. It is through these efforts that change will be accomplished.

JILL ELL
Assistant Executive Director



Administration of Injections Practical Skills Workshop



L-R: Amir Youssef and Kim McIntosh

The Manitoba Society of Pharmacists would like to extend a thank you to MPhA, the University of Manitoba, and other stakeholders who were involved with the development and delivery of the Administration of Injections Practical Skills Workshop on Sept. 5 and 7, 2012. Including the pilot, a total of 105 pharmacists have fulfilled the entrance requirements and successfully completed the training. Further education sessions will be held in 2013.

Pharmacists are recognized as drug therapy experts and across Canada they are providing innovative and enhanced services including comprehensive medication reviews, administering injections, extending existing prescriptions, and prescribing. Administration of flu vaccines has been publicly funded in both Alberta and British Columbia and this has helped to increase immunization rates. Between the beginning of October and mid-November of 2011, pharmacists in BC administered more than 83,000 publicly funded flu vaccinations.¹ In Alberta the number was close to 80,000. The pharmacists of Manitoba understand that immunization rates must increase if we are to reduce the occurrence of disease in the community. We are committed to patient education, increasing accessibility, and reducing the burden on other health care professionals.

Thank you for providing us with the tools to continue to strive for excellence and demonstrate our value and commitment to patient care.

References

1. <http://www.newswire.ca/en/story/894227/bc-pharmacists-give-patients-more-than-83-000-flu-shots> Accessed July 9, 2012



Name: Louise Cooney

Place/Year of Graduation: 1985

Years in Practice: 27

Currently Working: Super Thrifty Ste. Rose du Lac

Accomplishments in pharmacy: Certified Diabetes Educator (2010)
Adapt Certificate in Patient Care Skills (2012)
Certified Asthma Educator (2000)

Family: Married for 28 years to my wonderful husband Frank (I know sappy!)

Very proud of our 3 children: Mathieu, Stephani, Mylène

Hobbies: Reading, Films, Hiking

Community activities: Canadian Diabetes Association
Past board member of L'Entre-temps women's shelter
College Louis Riel Parent Committee
Past member of la Federation des Comites de parents

Favorite thing about Manitoba: The diversity of the people (and their cuisine)

Most relaxing vacation choice: Riding Mountain National Park

Pet peeves: The Highway 5 traffic light near Ste. Rose (what???)

Favorite fictional character and why: Anne Shirley (of Anne of Green Gables) for her indomitable spirit

What could you do without forever: Mosquitoes of course

What couldn't you do without for even a day: Chocolate

What you love about pharmacy: Being able to help someone every day even if it's in a small way

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.

Investing: Cash is King in a Time of Crisis

You have to forgive an investor for wondering if there is any way to make money in stocks or bonds these days. The recent trends are nothing to cheer about. Canadian stocks were down 7.22% for the 12 months ended July 31, 2012. Government of Canada bonds due in 10 years pay 1.79% which, given that the rate of inflation is 2.0% at present means that you are guaranteed a loss in real terms even before taxes are collected.

There are always some stocks performing well and the astute bond buyer can pick up bargains such as the Canadian Tire Corp. 6.25% issue due April 13, 2028 recently priced to yield 5.04% to maturity. The return is not a fortune, but at least you beat inflation with this bond. Of course, if interest rates rise, this 16 year bond will drop like a rock as new bonds with higher interest rates entice buyers. What's a careful investor to do? On the one hand, it's possible to keep investing in your business, but that is still concentrating your risks. Diversification is fine – if you can afford it.

There are two philosophies about investing. One, because one cannot time markets, that is, estimate when stocks will rise or fall, one should be fully invested and just take the ride with all the bumps. Over the long run – periods of 20 or more years – markets usually show gains. This view is akin to religious faith, for the time of darkness when stocks are below the price you paid can be long and painful. The second view is that one must attempt to time markets and apply sense more than faith to investments. This means that you do not buy into stocks when their valuations are excessive nor into markets when they are being swept into frenzies of enthusiasm. The implication of view two is that there are times when you should be on the sidelines holding cash and sleeping well at night.

The pertinent question today is whether one should buy stocks in a time of peril or keep money intact until the skies clear. The skies are indeed dark: China's rate of growth has slowed, Europe has no clear path out of its debt crisis, and the U.S. remains mired in recession with high unemployment, a large stock of foreclosed homes, massive public and private debt and at least one war yet to be settled.

The case for holding cash is very strong. If you have cash and get 1.0% at a bank, your rate of loss before tax is 1% per year. After tax, it might be 1.25% per year. That amounts to a transactional charge if you buy stocks from a full service stock broker. If you buy a GIC with a 2.0% yield for an RRSP, you will pace inflation and neither win or lose.

It is really new money for investments that should be of greatest concern. The China story will sort itself out. After all, if China's housing sector is overbuilt, as many indicators suggest, then the builders will order less plumbing, copper pipe stocks will decline – as they have done – and, eventually,

the pipe companies will order more metallic copper from Canadian producers and the prices of exported copper will rise again. Likewise, the U.S. will eventually sort itself out. The country has recovered from two World Wars, the Great Depression, the dot com implosion, the 2008-2009 crash and more than a few quickie crises like presidential heart attacks, flash crashes caused by computer glitches and, of course, bankruptcies that tear into the hearts of investors.

What the market has not yet sorted out and may not be able to fix is the crisis in the value of money itself, which is the real meaning of the European debt debacle. In every other crisis, a buck remained a buck and that, for U.S. and Canadian and Australian dollars, is still true. But the Euro, touted as a replacement for the U.S. dollar as a global currency for trade, is now an unwanted orphan. The countries on the Euro cannot be rated, as they once were, in their own currencies. So

the sovereign bonds of the countries take the heat. German 10-year federal bonds called Bunds trade to yield 1.46% per year and 2-year German Bunds have slightly negative nominal returns. If the Euro dissolves, which could happen, the German replacement currency would rise in value

above the old Euro and the low interest or negative interest state bonds would be likely to soar. That is the only reason to be holding bonds that will be worth less at maturity than at purchase.

The issue is therefore whether the Euro will survive. Germans say that they do not want to subsidize Mediterranean countries with unproductive economies and citizens who do not pay their taxes. Greece, the clearest flop in the 17-nation Euro-using community, has promised lots of reforms but failed for the most part to implement them. The Greek government promised as a part of getting emergency loans to avoid outright bond default to privatize 3 billion Euros worth of state properties this year. It has done only a tenth of that so far. Greece has shed only a third of workers on its bloated payrolls. Of course, with unemployment now at nearly 23%, firing people is clearly cruel.

Germany is the key to the future of the Euro. Germans confuse fairness with good economics. They say it is unfair that German taxpayers have to bail out unproductive economies. They are right about that as a matter of morality. But vendor finance, which is what happens when a producer loans money to customers to buy its goods, keeps German factories humming. Note that China buys the debt of the United States, helping the U.S. government to spend as though it need never repay its loans. That, too, is vendor finance and few Americans complain about it.

There is a quickie solution to the debt crisis that would be likely to fix everything and then, perhaps, let loose a financial tsunami. The solution is inflation; that is creat-

ANDREW ALLENTUCK



ing enough money through central bank operations such as buying crummy loans from banks. Banks so far are hoarding money, but they could be forced to lend to all comers with good credit or bad (as American banks did in the years leading up to the mortgage crisis of 2008). All that money would generate spending, produce factory orders, generate taxes and get bills paid. It would be inflationary, which is loath to Germans who recall the hyperinflation of 1919 to 1923 when the Mark fell to one six-billionth of its 1914 value. Germans therefore do not favour inflation as a European policy. Inflation is, after all, a tax on savings. Wrecking the finances of the middle class, the good citizens who put their faith in banks, is the last thing any German government will do.

And so it may come to pass that the belief that the Euro must be saved at any cost will turn into the belief that it cannot be saved at any cost. German state bonds will be prized for the currency to which they will revert, call it the New Mark. Investors who buy these potential survivor bonds today accept a low current return for security and potential future gain.

For now, the wise investor should hold tight to cash, regard financial markets as patients on a drip line, and wait for the signs of a resolution or recovery of the Eurocrisis, the American economy itself, and Chinese economic growth. Faith in the future is fine, but if ever there were a case for trying to time markets, it is now.

MSP Insider Benefits

**Connected
Communication *Plus***
A Message from the Manitoba Society of Pharmacists Inc.
Insider Benefits



MSP MEMBER BENEFITS

The Manitoba Society of Pharmacists would like to remind members that we continue to offer a variety of discounted services in addition to the benefits offered with your membership. Please check out our preferred providers on the MSP website under the Pharmacist Membership button and watch for discounts that are sent out through the *Connected Communication* email blasts. The MSP Membership Committee is always on the lookout for new member benefits. If you have an idea for a potential new member benefit that you would like to see offered by MSP please email them to CommunicationsOfficer@msp.mb.ca

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