

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

COMMUNICATION

The Voice of Pharmacists in Manitoba

Events

**Run for
Diabetes**

KNOWLEDGE

is the best medicine

Updates

**Council of the
Federation**

Feature

**Nutritional
Supplements**



MANITOBA SOCIETY OF
PHARMACISTS

Oct/Nov/Dec 2013

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Editorial - Are you ready ... and willing?

A joint message from Scott McFeetors, President, and Brenna Shearer, Executive Director

The Manitoba Regulations have passed by a strong majority of voting pharmacists! The first milestone has been achieved. Our congratulations and appreciation goes out to all MPhA Executives and Council Members for organizing an open and consultative approach with pharmacists, ensuring that the Regulations would achieve their first step of approval. New scopes of practice are on the horizon and we must move forward with strategizing how these new regulations will be applied into clinical practice. The new clinical skills and services may be difficult to conceptualize and the advancement of the Regulations into practice may take some time to understand and implement as a practitioner.

MPhA feels confident that the new Regulations can be in place as early as January 2014. How do you plan to practice and respond? Are you encouraged or apprehensive about the new scopes of practice? Do you believe that as well trained medication experts you can have a positive impact on patient outcomes? The literature clearly identifies that for this transition to happen a shift in focus from distribution of medications to improving patient outcomes must occur. The literature also highlights that for pharmacists to embrace new scopes of practice a change within pharmacy culture is required; individually and with those we work -pharmacy work teams, pharmacy workplaces, and other health care providers we interact with to provide quality patient care. Professional culture change is also married to public culture change. Our patients will adapt and redefine their expectations of the pharmacists' roles and responsibilities concurrently with our own cultural adaptation and growth.

MSP works on initiatives and projects to advance the practice of pharmacy provincially and nationally and is recognized by Manitoba Health as the voice of pharmacists in the province.

- MSP has pharmacist representatives on each of four Pan Canadian Council of Federation Health Care Innovation Pharmacy Practice Working Groups to ensure we are up to date on best practices and have a voice in the national discussion about Medication Reviews, Immunization, Chronic Disease Management, and Treatment of Minor Ailments
- MSP's Executive Director Co-Chairs the Manitoba Reimbursement for Professional Pharmacy Services Advisory Committee; this joint committee with Manitoba Health enables our presentation for a Manitoba pharmacy compensation



*Brenna Shearer,
Executive Director*



*Scott McFeetors,
President*

framework to the Minister of Health and sets the stage for future discussions and negotiations with government

- MSP has been a leader in the development and coordination of a Pharmacist Initiated Smoking Cessation Program, achieving partnerships between Manitoba Government, MPhA, University of Manitoba, Canadian Association of Chain Drug Stores, and Manitoba Tobacco Reduction Alliance (MANTRA) for successful organization and implementation
- MSP is partnering with MPhA and the Faculty of Pharmacy to collaborate on anticipated professional development opportunities for Manitoba pharmacists, aligning synergies and resources
- MSP meets quarterly with Manitoba Health to discuss pharmacy practice issues and advocate for resolutions to issues
- MSP is finalizing a Medication Review Toolkit to guide pharmacists with the development, delivery, and reporting of professional services
- MSP has expanded Board of Director Liaison positions to include the Faculty of Pharmacy and Canadian Society of Hospital Pharmacists to improve communication and align our activities to address pharmacy practice concerns and opportunities

MSP is engaged in supporting all pharmacists to accept their own cultural beliefs for change and organizing activities to enhance the patient centred role of pharmacists. We work in partnership to ensure our activities meet stakeholder needs and incorporate the cultural beliefs that can be supported in Mani-

toba. We strive to identify and establish new partnerships to lead to new opportunities for our members.

Growing the services of a pharmacy program while simultaneously growing the skills of the pharmacists and work force requires partnerships and collaboration. We continue to lead, innovate, inspire, and lobby models of care where pharmacists are integral and central members of the team. Pharmacists can make great strides in patient care by enhancing their scope of practice and improving our impact. MSP is focused to align the culture of pharmacy with a strategic approach to supporting practice change and advancement.

We are always interested in hearing from our members and understanding how their professional development and advancement of pharmacy practice can further our mutual objectives and goals. Supporting Pharmacy Awareness Month to broadcast the professional pharmacy role to the public continues to evolve and is a great way to become involved. We are always open to those who would like to contribute to the Manitoba Pharmacy Conference through volunteering on the planning committee, assisting with sponsorship, or presenting as a Manitoba pharmacist leading change.

We invite you to connect with us and learn more about MSP's strategic activities and initiatives and how you can become more involved in establishing our pharmacy cultural beliefs in Manitoba. A strong membership is absolutely necessary in these uncertain times. We need to get the word out to all pharmacists that MSP is leading the charge in the profession and has their best interest front and centre in everything we do.

Manitoba Pharmaceutical Association Annual Golf Tournament

This year, the Manitoba Pharmaceutical Association's Annual Golf Tournament took place on Thursday, September 12, 2013 at their new Carman Golf & Curling Club location. Over 60 golfers made it out for an enjoyable day of competitive golfing, gaming, and prize-winning.

The Manitoba Society of Pharmacists proudly sponsored the 10th hole, where Jackie Doming (Member Relations & Com-

munication Representative, MSP) and Brenna Shearer (Executive Director, MSP) entertained participants with two fun games: *How Many Tees?* and *Chip and Win*.

The winner of "How Many Tees?" a brain-busting test to guess how many tees were placed in a bucket was Lita Hnatiuk (MPhA). She walked away with a basket filled with golf goodies donated by MSP, and a \$75 gift card donated by Sydney's at The Forks.

Steve Ollinik (McKesson) was the lucky champion of the *Chip and Win* contest, a challenge offering three attempts to chip a golf ball into a bucket. He claimed the practical golf club cover package donated by MSP.

MSP Board members Sharon Smith, Michael Didomenicantonio and Miro Cerqueti also represented MSP at the tournament and participated in the day's festivities.



Miro Cerqueti, Dean Gillert, Michael Didomenicantonio, Sharon Smith and Brenna Shearer at Hole #10



Sharon Smith, Lita Hnatiuk, Brenna Shearer, Miro Cerqueti and Michael Didomenicantonio with the How Many Tees? prize basket



Miro Cerqueti, Michael Didomenicantonio, Brenna Shearer, Sharon Smith and Steve Ollinik with the Chip and Win prize



Oguzhan Ozturk and Brenna Shearer





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Pharmacy Wanted!

Have you heard about Snow Lake? Your future could be here.

Our pharmacy closed earlier this year with the retirement of Dr. MacLeod who was the town's dispensing physician for the past 30+ years. Snow Lake is currently preparing for unprecedented long term growth due to the investment of a billion dollars in new mining developments, including Hudbay's massive multi-metallic Lalor mine.



The Town of Snow Lake knows a pharmacy is an essential need and a critical component of the overall health of our growing town. With this understanding, the Town is ready to help you build your business with some great incentives. For more information contact MaryAnn Mihychuk at mmihychuk.snowlake@mts.net or 1 204 299-4036.



Run For Diabetes - Assiniboine Park September 2, 2013

On September 2, 2013, runners, walkers, and pace bunnies set off from the starting line for the Canadian Diabetes Association (CDA) Run for Diabetes at Assiniboine Park.

The Manitoba Society of Pharmacists was once again a proud water station sponsor for this early morning family fun-run in support of diabetes research. Our organization's close partnership with the CDA has given us the opportunity to boost awareness of pharmacy services in our community, while underlining its importance to maintaining a healthy and active lifestyle. Our participation in the event also gave us the chance to show how pharmacists can support those who are living with, or know someone affected by, diabetes.

A team of dedicated volunteers participated in this year's event and helped contribute to our booth's success. Visitors of all ages had the opportunity to chat about *It's Safe To Ask* medication cards, learn about nutritious run recovery drinks, grab pharmacy-themed colouring books, or pick up an "I love my pharmacist" pin.

Special thanks to Professional Relations Chair Sheila Ng, Tara Maltman-Just, Florence Kwok and Mathilda Prinsloo for investing their energy towards making this a race to remember. With the successful of this year's event, the Manitoba Society of Pharmacists is looking forward to taking part in many more exciting runs in support of an incredible cause.



Professional Relations Committee Update

Sheila Ng

Professional Relations Committee Chair

One of the roles of the Professional Relations Committee is to support the development and provision of continuing education programs that encourage pharmacists to embrace an expanded scope of practice. The committee has been busy with a number of endeavours that promise to provide a wider breadth of resources that help pharmacists to deliver optimal care to their patients. We are very enthusiastic with the progress we have made this year. We have collaborated with a number of other organizations to offer quality continuing education programs to our members and have developed some valuable relationships.

A discounted rate for MSP members interested in participating in Ontario Pharmacists Association (OPA) Continuing Education Programs has been negotiated. The OPA is one of the leading providers of live continuing education programs for pharmacists in Canada. It is widely recognized for its high-quality, evidence-based educational programs, and has now expanded to include web-based education such as online certificate programs. MSP members can access these quality programs at a 10% discounted rate using the discount code found by logging onto the MSP website at www.msp.mb.ca/mo_announcements.php. Visit their website at www.opatoday.com to check out some of their online certificate programs, such as *Infectious Disease – Foundations for Pharmacy* and *Natural Health Products*, as well as their live programs. Some upcoming live programs include the *New and Expectant Mother Certificate Program* (October 20th, London) and *Minor Ailments: A Look Beyond OTC's* (December 14th, Toronto). Many of these programs can help you prepare to deliver the expanded services encompassed in our recently approved Pharmacy Regulations that will be enabled through the enactment of Bill 41.

In conjunction with the Canadian Pharmacists Association (CPhA), we are now able to provide our members with a discounted rate for the ADAPT program. The ADAPT program is a certificate-level program that takes your patient care skills to the next level. Keep your ear to the ground for our upcoming webinar that will provide you with more information about the ADAPT program and how it can help you integrate scope changes into daily practice. Registration for the next session of ADAPT will begin in October.

As many of you may have seen in the poster presentations at the Manitoba Pharmacy Conference this past April, we have also been developing a toolkit for phar-

macist to provide guidance and documentation forms to support the delivery of Medication Review services. This past year, our 4th year elective students worked hard at analyzing the current resources for medication review and putting together material that incorporated the most up-to-date information into a toolkit for Manitoba pharmacists. The toolkit has been piloted at a number of sites with very positive feedback. We are in the final stages of incorporating changes suggested from our pilot sites, and the toolkit will be available on the MSP website in the coming months.

Providing pharmacists with the confidence and tools they need to deliver comprehensive smoking cessation services to patients has always been a priority for our committee. We are pleased to have partnered again with CPhA to offer another live QUIT smoking cessation workshop. This full day, 6-CEU workshop will be held on Saturday, October 19th at the Faculty of Pharmacy Apotex Centre in Winnipeg. It is an interactive session that will enhance your ability to screen patients regarding tobacco use and to provide support when your patients are ready to QUIT.

We are also excited to be partnering with the MPhA, Faculty of Pharmacy, University of Manitoba and the Government of Manitoba, Department of Healthy Living, Seniors and Consumers Affairs along with CACDS, Manitoba Health and MANTRA in a Pharmacist Initiated Smoking Cessation Project. A Manitoba Steering Committee has been established and work has begun to define the project criteria and tools. Highlights of the pilot project include pharmacist led consultation and counseling services for eligible adults who identify as ready to quit smoking. Pharmacists who will be involved in the pilot project will receive remuneration for their cognitive services. Further information and details about the pilot project and mechanisms for pharmacist involvement are currently being developed and will be shared with MSP membership within the next few months. We are hopeful this project will help pave the way for the reimbursement of cognitive services for Manitoba pharmacists that is required for our profession to be able to embrace the full scope of expanded services that will be enabled once the new Pharmaceutical Act and Regulations are enacted.

We will continue to work hard in ensuring Manitoba pharmacists are provided with the tools needed to move forward in our ever changing practice environment. Please contact MSP with any feedback or suggestions you may have for the committee.



THE MANITOBA SOCIETY OF PHARMACISTS

IS CELEBRATING OUR
40TH ANNIVERSARY!

**COME JOIN US FOR
THIS HISTORIC EVENT!**

WHEN: FRIDAY, NOVEMBER 1ST

**WHERE: THE MANITOBA MUSEUM
190 RUPERT AVENUE
WINNIPEG, MB**

TIME: 5:30 PM TO 8:00 PM

**WHAT: A PROGRESSIVE EVENING
FEATURING HORS D'OEUVRES
WINE, HISTORY & GOOD COMPANY**

TICKETS: \$25.00 / PERSON



MANITOBA SOCIETY OF
PHARMACISTS

40 YEARS

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Update From Your Public Relations Committee

Fall marks a major transition for Manitobans as we move indoors and prepare for our world-famous winter. There is a renewed focus for many people on health and wellness as we all look to prevent colds and flu. This is an important time for MSP to again reach out to the public and promote our professional services. Through a variety of advertising avenues, public outreach events, and partnerships with other public health organizations, MSP will again be taking four weeks for our fall Pharmacy Awareness Campaign. We will be working with the Canadian Patient Safety Institute, the Manitoba Institute of Patient Safety, the Manitoba Medication Return Program and the Manitoba Pharmaceutical Association to maximize the effect of our message.

MSP will be reaching out to communities throughout the province. Speaking events in Winnipeg are already being booked with a variety of community groups and we will be participating in the Reh-fit Centre's annual Walk of Life with an informational booth to raise awareness of professional pharmacy services. Opportunities to explore guest editorial space in local publications are also being negotiated. Outreach in local schools and with parent groups is also planned, using hand washing, safety and allergy programs. To promote these efforts, a combination of transit, print and billboard advertising is booked. We will be reaching out to further media outlets closer to the launch of the campaign to pursue greater coverage.

Watch for our advertisements and volunteer events! If you are interested in volunteering, please contact me at bobbycurriemsp@gmail.com. We can accommodate most schedules and are more than happy to fit in your efforts! Keep an eye on the MSP email blasts for more opportunities to join in!



KNOWLEDGE
is the best medicine

talk to your
PHARMACIST



MANITOBA SOCIETY OF
PHARMACISTS



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As part of that mandate, **D'ARCY & DEACON LLP** is proud to provide legal services to Members of the Manitoba Society of Pharmacists ("MSP"). In consultation with the MSP, the Firm has developed a unique Legal Assistance Program to maximize advantages available to Manitoba Pharmacists. Written information regarding **D'ARCY & DEACON LLP** and the Legal Assistance Program is available to all Members from both the Firm and MSP.



A Message from your Member Services Committee

If you stay up to date with the many “Communication” articles and the important weekly email messages circulated by MSP, you will know there have been many changes within the organization in the past year. It is also hard to ignore the changes in the pharmacy profession that are sweeping across the country. In Manitoba, these changes will become more apparent and accelerate as the new *Pharmaceutical Act* and Regulations are enacted. As they say, the only constant is change.

Change is constant

With that in mind, the Member Services Committee will continue to evolve in an effort to provide the best possible services for our members. Since the beginning of the year, new membership benefit programs have been introduced with St. John’s Ambulance for training in Emergency First Aid with Level C CPR (a requirement for injection and immunization training programs), a discount for access to Raymond Humphrey’s Continuing Education Virtual Bookstore, and a discount for members and their families at Anytime Fitness. The Membership Services Committee will continue to seek out and develop benefit programs to provide added value to membership.



Support MSP, support your profession

Strong membership representation is imperative, and once again Manitoba pharmacists have stepped up and provided MSP with their support. Our membership numbers have remained constant and the Member Services Committee would like to thank all members for their continued support. A call for donations for the Public Relations Committee was included with the membership renewal, and thanks to the generosity of our members, \$10,280 was raised for the 2014 Pharmacist Awareness Month Campaign. The importance of educating the public and others about the professional services pharmacists currently provide and will be able to provide under the new *Pharmaceutical Act* and Regulations cannot be expressed enough. It is wonderful to see that so many pharmacists value the work undertaken on your behalf.

MSP – it’s about you

All member benefits are posted on the MSP website (www.msp.mb.ca) and members are encouraged to visit the site regularly for updated information. Benefits continue to be circulated to members via online email blasts. Current member benefits are available from the follow providers:



Drive MSP, strive for your profession

If you missed the opportunity to donate to the Public Relations fund during membership renewal and would like to contribute, you can still donate by contacting the MSP office at info@msp.mb.ca or by visiting the Public Relations area of the MSP website and downloading the donation form at <http://www.msp.mb.ca/PRIlist.php>.

Support for the Friends of Pharmacy Fund was also excellent this year, with \$2,145 raised to pursue certain special issues concerning pharmacy in Manitoba. The committee would like to thank all pharmacists who contributed to both the Public Relations Committee Fund and the Friends of Pharmacy Fund. Your support ensures MSP has the resources required to successfully represent pharmacists' interests.

Membership receipts were mailed out in late July. Insurance certificates are processed by the Canadian Pharmacists Benefits Association and mailed directly to each individual member. Please watch the mail for your insurance certificate.

The work of the Member Services Committee does not end now that member renewals are complete. The mandate of the Member Services Committee is to ensure the Manitoba Society of Pharmacists maximizes benefits for its members,

and addresses the needs of current members while attempting to attract new members, both on corporate and individual levels. The Member Services Committee is responsible for policy guidance related to MSP membership, insurance programs and operations, membership benefits and services.

Development and circulation of a member survey will take place in the near future and we hope each and every member will complete the survey and let MSP know how we are doing and what you as a member would like to see from your Society. When the survey is circulated, please take a moment to respond. It is important to know that the Society is working for our members and this is not possible without your feedback.

The Committee is currently in need of volunteers. If you are interested in joining the Member Services Committee, please contact the MSP office at info@msp.mb.ca for more information or to put forward your name to serve on the Committee.

The Society is only as strong as our members, and we thank each and every member for their continued support. As the profession of pharmacy changes, the Manitoba Society of Pharmacists will be there to support our members while embracing the expanded scope services.



MANITOBA SOCIETY OF PHARMACISTS CONFERENCE

*Save the Dates for the
2014 Annual Manitoba Pharmacy
Conference*

April 25th to 27th

Winnipeg Convention Centre

Hotel accommodations at the Delta Winnipeg



Nutritional Supplements

Meera Thadani, M.Sc. (Pharm.)



What is a nutrient? It is defined as a substance that provides nourishment essential for growth and maintenance of life. A nutritional supplement, also called a dietary supplement is intended to provide nutrient(s) that may otherwise not be consumed in sufficient quantities. Nutritional supplements

include amino acids, fatty acids, fibre, minerals, vitamins and other nutrients that are needed to prevent deficiency, reduce the risk of chronic conditions (osteoporosis) and contribute to good health.

Is there a need for nutritional supplements? Supplements are not necessary for people who consume a balanced diet and have a healthy lifestyle. In some cases some supplements may not have any value. For instance, glucosamine is promoted to relieve joint pain. It has not been shown to regenerate cartilage and its benefits may be explained by the concurrent use of pain relievers that are used in the treatment of osteoarthritis. In other words, glucosamine is being used as a complementary medicine. Some supplements can do harm if used in excess. For example, Vitamin C in excess of 1000 mg, consumed without sufficient fluid intake, can precipitate in the kidneys resulting in back pain.

Who is at risk for nutritional deficiencies? The following populations may be at risk for deficiencies.

- Calorie reduced diets, either planned (crash diets) or unplanned (disease states, recovery from surgical procedures).
- Diets that exclude foods, for instance vegetarian diets can predispose to anemia (iron and B12 deficiency)
- Lactose intolerance (food allergies)
- Alcoholism or substance abuse (water soluble vitamins, C, B and folic acid)
- Older adults (dentures, isolation, malabsorption of nutrients or other health conditions such as stroke or dementia)
- Those who take medications to manage chronic conditions such as hypertension, may need to avoid certain foods or need supplementation as a result of the interaction between drugs and nutrients in foods (for example some diuretics)
- Prenatal, postnatal and nursing mothers often require supplements during this period to ensure a healthy nutritional status for both mother and child
- Economic status (poverty)

In all of these cases, physical assessment that includes dietary considerations can help to identify deficiencies so that steps can be taken to tailor diets and add supplements if needed. There is an important role for pharmacists to address drug-nutrient interactions when considering the needs of these patients.

What are dietary reference intakes for nutrients (DRI)? DRI is the general term for a set of reference values used to plan and assess nutrient intakes of healthy people. These values, which vary by age and gender, include:

- Recommended Dietary Allowance (RDA). This is the average daily level of intake sufficient to meet the nutrient requirements of nearly all (97%-98%) healthy people.
- Adequate Intake (AI). This is established when evidence is insufficient to develop an RDA and is set at a level assumed to ensure nutritional adequacy. The AI is based on experimental data or determined by estimating the amount of a nutrient eaten by a group

of healthy people and assuming that the amount they consume is adequate to promote health.

- Tolerable Upper Intake Level (UL). This is the maximum daily intake unlikely to cause adverse health effects. As intake increases above the UL, the risk of adverse effects increases.¹

The United States Department of Agriculture (USDA) has a useful interactive tool on the food and nutrition information centre website for health professionals. This tool is helpful to calculate daily nutrient recommendations for dietary planning based on the Dietary Reference Intakes (DRIs). These represent the most current scientific knowledge on nutrient needs. The tool was developed by the National Academy of Science's Institute of Medicine. Individual requirements may be higher or lower than the DRIs.²

Health Canada has a complete listing of DRI tables on their website <http://www.hc-sc.gc.ca/fn-an/nutrition/reference/table/index-eng.php#rvv> in printable pdf format.³

Pregnancy and lactation

Expecting mothers and nursing mothers who are followed by their physicians will have increased requirements for:

- A multivitamin with folic acid (0.4 to 1.0 mg per day)
- Calcium (up to 1300 mg per day either from diet or a combination of diet and supplementation depending upon the age of the mother)
- Vitamin D (up to 2000 units per day in winter months from foods such as milk, cheese, fish, cereal, butter and exposure of skin to sunshine)
- Iron (27 mg per day)



What are macronutrients? There are three classes of macronutrients (fats, proteins and carbohydrates). They are chemical compounds humans consume in the largest quantities to provide energy. Health Canada has a very useful downloadable book called *The Nutrient Value of Some Common Foods* that lists the composition of 1000 of the most commonly consumed foods in Canada.⁴

What are micronutrients? It is a chemical element or substance required in trace amounts for the normal growth and development of organisms. These include:

- Minerals (calcium, chloride, magnesium phosphorous, potassium, sodium, sulphur)
- Organic acids (lactic acid, citric acid)
- Trace minerals (iron, zinc)
- Vitamins (fat soluble, A, D, K, E and water soluble, C, B complex)

The tables below provide useful information on micronutrients, their food sources, deficiency and toxicity symptoms.



Fat-soluble Vitamins

<i>Nutrient</i>	<i>Source</i>	<i>Deficiency Symptoms</i>	<i>Toxicity Symptoms</i>
A	Liver, fish, shrimp, milk, eggs, butter, spinach, broccoli, carrots, endives, pumpkins, squash, cantaloupes, apricots	Poor night vision, damage to cornea, dry skin, hearing, taste and nerve damage, susceptibility to respiratory damage	Vomiting, headaches, joint pain, appetite loss, constipation, hair loss
D	Exposure to sunshine, liver, salmon, tuna, cod liver oil, fortified milk, margarine, eggs	Rickets, osteomalacia, osteoporosis	Weakness, headaches, nausea, vomiting, loss of appetite, liver damage
E	Wheat germ, margarine, cabbage, sunflower seeds	Rare	Stomach upset, fatigue, diarrhea, dizziness,
K	Liver, oats, cheddar cheese, brussels sprouts, spinach, cabbage, cauliflower	Rare, dietary supplements high in vitamin K can antagonize oral coagulants	Generally non toxic

Water soluble Vitamins

<i>Nutrient</i>	<i>Source</i>	<i>Deficiency Symptoms</i>	<i>Toxicity Symptoms</i>
B ₁ (thiamine)	Wheat germ, whole grains, enriched flour, lean beef/pork, organ meats, soy beans, nuts	Gross deficiency – beri beri. Marginal deficiency – weakness, nausea, vomiting, fatigue	Considered non-toxic
B ₂ (riboflavin)	Organ meats, chicken, beef/pork, milk, cheese, eggs, enriched flour, spinach	Gross deficiency (rare) – anemia. Marginal deficiency – red eyes, loss of facial color, sores around mouth, sore throat, skin rash on face	Considered non-toxic
B ₃ (niacin)	Lean beef, liver, turkey, tuna, salmon, milk, eggs, legumes, whole grains, peanuts	Gross deficiency – pellagra, nausea, vomiting, skin rash Marginal deficiency – diarrhea, headaches, swollen red tongue	Niacin flush, upset stomach, cramps, nausea Severe toxicity – hepatic damage, rash, arrhythmia, gouty arthritis
B ₅ (pantothenic acid)	Lobster, eggs, blue cheese, corn, peas, soy beans, sunflower seeds	Symptoms are rare, nausea, numbness in extremities, sleep disturbances, muscle cramps, fatigue, headache	Considered non-toxic when obtained from food sources
B ₆ (pyridoxine)	Lean beef and pork, fish, eggs, whole grains, carrots, sunflower seeds,	Symptoms are rare, rash, confusion, irritability, numbness in extremities	Considered non-toxic when obtained from food sources
B ₁₂ (Cyanocobalamin)	Lean beef, liver, fish, shellfish, sardines, eggs, camembert, blue and gorgonzola cheese	Pernicious anemia, megaloblastic anemia	Considered non-toxic when obtained from food sources
H (biotin)	Liver, butter, eggs, soybeans, sunflower seeds	Symptoms are rare, waxy appearance, loss of appetite, rash, fatigue, muscle aches	Considered non-toxic when obtained from food sources
Folic acid	Liver, barley, leafy green vegetables, soybeans, beans, lentils	Megaloblastic anemia	Considered non-toxic when obtained from food sources
C (ascorbic acid)	Citrus fruits, broccoli, brussels sprouts, spinach, green peppers, black currants	Gross deficiency –scurvy Marginal deficiency – bleeding gums, bruising, swollen joints, nose bleeds, slow wound healing	Considered non-toxic, can cause stomach upsets. Megadoses can cause kidney stones and gout

Minerals

<i>Nutrient</i>	<i>Source</i>	<i>Deficiency Symptoms</i>	<i>Toxicity Symptoms</i>
Calcium	Cheese, milk, yogurt, sardines, nuts, sesame seeds	Osteomalacia, osteoporosis, rickets, muscle spasms	Relatively non-toxic, kidney stones in severe cases
Iodine	Seafood, seaweed, milk	In childhood, slowed growth, mental retardation, deafness and cretinism	Rash, headache, metallic taste, iodine goiter
Iron	Liver, beef, egg yolks, nuts, seafood, whole grains, seaweed, pumpkin seeds	Anemia, weakness, pale skin, swallowing difficulty, cracked lips or tongue	Vomiting, diarrhea, cramps, weak pulse, exhaustion
Magnesium	Molasses, nuts, fish, whole grains	Convulsions, tremors, confusion, delirium, muscle spasms	Toxicity is rare, diarrhea, fatigue, weakness, reduced heart and breathing rate
Phosphorous	Found in almost all foods, fish, meat, dairy, pumpkin seeds, almonds	Deficiency is rare, bone pain, loss of appetite, weakness	Toxicity is rare, brittle bones due to calcium loss
Zinc	Meats, poultry liver, eggs, seafood, whole grains	Diarrhea, hair loss, slowed growth, loss of appetite, skin lesions	Vomiting, stomach pains, tiredness, poor co-ordination

Trace Minerals

<i>Nutrient</i>	<i>Source</i>	<i>Deficiency Symptoms</i>	<i>Toxicity Symptoms</i>
Chromium	Oysters, eggs, whole grains, wine and beets	Very rare, disturbance in fat, sugar and protein metabolism	Industrial exposure can lead to lung cancer
Copper	Shellfish, fish, organ meats	Deficiency is rare, anemia, impaired bone and hair formation, retarded growth	Nausea, vomiting, muscle aches, stomach pains, hemolytic anemia
Fluoride	Seafood, liver, kidneys, tea	None known in humans	Destruction of teeth and bones
Manganese	Whole grains, seeds, vegetables, fruits	Very rare, skin rash, change in hair color	Nerve disorders, mimics Parkinson's disease
Molybdenum	Meats, legumes, whole grains	Very rare, rapid breathing, night blindness	Megadoses are toxic to the nervous system
Potassium	Bananas, raisins, potatoes, tomatoes, apples, oranges, beef	Lethargy, weakness, poor reflexes, muscle cramps, spasms, arrhythmias	Muscle weakness, pain, arrhythmias, possible heart failure
Selenium	Seafood, organ meats, whole grains	Very rare, heart problems	Tooth decay, nerve problems, hair and nail loss
Sodium	Dried beef, margarine, milk, sardines, cabbage, bread, a wide variety of foods	Muscle and stomach cramps, nausea, fatigue	Increased chance of high blood pressure, water retention, bloating



When to supplement? Pharmacists are often asked to recommend supplements. In patients with a diagnosed deficiency, the supplements are often prescribed. In patients simply wanting to add these to their diet, it is prudent to determine whether they are necessary and the RDAs for their age and gender. This information is available, updated and can be printed from the suggested resources. A point to emphasize is that taking too much can cause problems and that the upper limits should not

be exceeded without first talking to their pharmacist or physician. Be wise, be safe, eat a balanced diet, exercise and enjoy good health is by far the best advice!

References:

- http://ods.od.nih.gov/Health_Information/Dietary_Reference_Intakes.aspx
- <http://fnic.nal.usda.gov/fnic/interactiveDRI/>
- <http://www.hc-sc.gc.ca/fn-an/nutrition/reference/table/index-eng.php#rvv>
- http://www.hc-sc.gc.ca/fn-an/nutrition/fiche-nutri-data/nutrient_value-valeurs_nutritives-eng.php



Your Professional Malpractice Insurance

As you know, your Professional Liability Insurance is managed by the Moore-McLean Insurance Group. This coverage, sometimes referred to as 'Errors and Omissions Insurance', or 'E&O', provides protection in the event that a mistake or omission in the provision of service results in financial harm to a third party.

Most CPBA members are aware of the overall E&O coverage details, but many are unclear about the specifics of coverage. In previous newsletters, we addressed what is covered and why there is an increasing need for coverage. Today, we are living in a very litigious environment; the general public needs someone to blame and is quick to initiate a lawsuit. CPBA members need to be aware of what types of claims are being reported to their insurance carrier.

The following list of claims is not exhaustive, but outlines some of the incidents that have occurred and subsequently triggered claims.

INCORRECT DISPENSING

One of the most common types of claims relates to incorrect dispensing. This can include a wide range of errors. E.g., the error occurred in the dosage noted on the prescription bottle; the bottle is incorrectly labeled; improper instructions were provided. Just imagine what could happen to a client if they received either too much of the proper dosage, or not enough of the proper dosage. Too much, and someone can get seriously injured, however not enough and someone will likely not be getting better which could result in even more serious problems.

MISSED PRESCRIPTION

A missed prescription can often lead to claims when patients are under the impression that the pharmacist fully completed an order but in fact did not. An accurate review of all prescriptions is necessary to prevent this mistake from occurring.

DRUG INTERACTION

What about drug interaction? It is not uncommon for seniors to take upwards of 7 or 8 (or more) medications at a time. These clients need to know that the interaction with not just a new medication but all 8 in combination will not result in any adverse effects. Many pharmacists provide a written overview of medications that details the important facts about the drugs being dispensed. This overview can be of more value to the client than relying upon internet searches for bits and pieces of information as it gives as much information as possible about the specific drugs they have been prescribed.

DISCIPLINARY ACTIONS

Disciplinary actions brought by the college could also result in claims. The Errors and Omissions policy will cover a pharmacist for up to \$50,000 of disciplinary defense expenses should the college name you in a discipline action.

SEXUAL HARASSMENT

Many of you may not realize it, but the E&O policy could also defend pharmacists on sexual harassment claims.

These last two claims examples represent topics that I can address at a later date through future newsletters.

YOUR RESPONSIBILITY

As a critical player in the risk management partnership, it is your duty to be well informed about what constitutes a claim. Today,



MANITOBA SOCIETY OF PHARMACISTS

with the sophistication of health care and the increased expectation of clients, it not uncommon to find yourself in a claims situation that you never would have dreamed would occur. However, should you be at all in question about what comprises a claim, you are encouraged to contact us without delay so that we can assist you in the claim process.

Gerry Olsthoorn, BA
Vice President, Business Development
Moore-McLean Insurance Group
48 Yonge Street, Suite 900
Toronto, ON M5E 1G6
T: 416-364-4000
TF: 888-404-0000, Ext 291
F: 416-364-5708
E: gerryolsthoorn@mooremclean.com
www.mooremclean.com

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”



For a better retirement plan, start planning now

To create an effective retirement plan, it's first necessary to plan your retirement. What do you see yourself doing once you're no longer tied to a work schedule?

You might be surprised to learn that many people continue to work or even return to work. In fact, according to a recent Scotiabank survey, 69% of affluent Canadian retirees are currently working part time.

For some, working in retirement is a conscious decision, and simply the next stage in a comprehensive life strategy. However, according to the survey, of the main driving forces for the decision, 72% of respondents stated a desire to remain mentally active, 57% cited the need for social interaction and only 38% reported financial necessity.

Many people who are in a monetary position to retire comfortably simply haven't taken the time to set up alternate ways to meet their mental and social needs. Of the retirees surveyed, 40% claimed to have done very little or only some retirement planning. The key to avoiding financial or psychological disconnect is to think ahead.

Step by step

Now is a good time to start thinking deeply about what you'll need to do in retirement. Here are some helpful techniques:

Break it down. Planning for a retirement that spans 30 years can seem daunting. To make the process more manageable, break it down into shorter planning periods of, say, five years. This gives you a more manageable time scale, and also recognizes that your lifestyle is likely to change as you get older. For example, you might plan to work part time for the first five years as you "ease" into your retirement, then you might plan to travel extensively for the next five-year period.

Rate your priorities. Things that are important to you now will continue to be important to you – for example, spending time with your family.

Consider health issues. Your health is likely to influence your retirement lifestyle decisions. For example, you may want to spend the winter months in a climate less physically challenging than Canada's.

Learn from others. Since retirement is uncharted territory for you, it can help to look at the plans others have made. Review the retirement strategy of friends and relatives and consider how these would work for you, in terms of both lifestyle and money. But remem-

ber that retirement is very personal – what works for your best friend may not necessarily be the right decision for you.

What will it cost?

By knowing what you want to do in retirement, you can estimate how much income you'll need and when you'll need it. For example, starting a business involves start-up costs, and travel carries a hefty price tag. If your retirement plans include costly items, you may need to adjust your strategy.

Also consider how your needs may change throughout your retirement years. If you're planning to work part time for the first five years, you may be able to preserve your registered assets by using your earnings to cover living expenses. Then you can draw on these assets to sustain you through the second five-year stretch.

Your retirement

Some expenses are likely to escalate as you grow older. Among retirees surveyed, rising health-related costs were the second-biggest concern. And some expenses might go down – perhaps substantially if you are like the 41% of survey respondents who plan to downsize their homes.

Planning for retirement involves more than setting aside money. It means thinking about what you want to achieve and how you want to live.

The parameters of your plan will change over time, as your personal and financial situations change. A ScotiaMcLeod advisor can work with you to understand your goals and help create a financial plan that helps you achieve your retirement vision.

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Manitoba Pharmacare Program

Drug Formulary Lookup

Since November of 2009 Manitoba’s Pharmacare Program has made available an online drug formulary look-up function at <http://web6.gov.mb.ca/eFormulary/>. The Manitoba Drug Formulary details which drugs are considered eligible under the Manitoba Pharmacare Program. The Pharmacare Drug Benefits Formulary Lookup can be searched by Brand Name, Active Ingredient or Drug Identification Number (DIN). The

information on the website is provided as a convenience only and should not be relied on as authoritative. For the authoritative sources, please refer to the text of the Drug Benefit Formulary and the Manitoba Drug Interchangeability Formulary. For information on drugs that are benefits under Exception Drug Status please refer to the Part 3: Exception Drug Status (EDS) document.

Council of the Federation, Health Care and Pharmacy

CPhA Update - August 2013



Council of the Federation (CoF)

The Council of the Federation (CoF) was created in 2003 under the leadership of then Quebec Premier Jean Charest. It is comprised of Canada's 13 provincial and territorial Premiers. Its original mandate was to provide Premiers with a forum to work collaboratively to strengthen the Canadian federation by fostering a constructive relationship among the provinces and territories, and with the federal government. The CoF meets at least once annually in late July, in a location that rotates between the provinces. Although it is meant to foster a stronger relationship with the federal government, Prime Minister Harper has never joined the CoF at a meeting since he assumed power in 2006.

CoF and the Health Care Innovation Working Group (HCIWG)

Health care has often been a central issue for discussion at CoF meetings, although it took on a heightened importance following a special CoF meeting in January 2012. This meeting followed on the heels of an announcement by federal Finance Minister Jim Flaherty in December 2011 of a new federal funding transfer arrangement for health care that

would see federal transfers for health care to the provinces reduced by 2017, and that the federal government was not going to renew the 10-Year Health Care Accord first negotiated in 2004, and set to expire in 2014. That Accord set forth a list of health-care objectives agreed to by the federal and provincial governments that have never been fully met.

In January 2012, the Premiers announced that with the absence of a new Health Accord forthcoming in 2014, the CoF would create a new forum that would allow for pan-Canadian discussions on ways to improve the Canadian health care system. This new forum, called the Health Care Innovation Working Group (HCIWG), was comprised of 12 Health Ministers (Quebec has backed out), the Canadian Medical Association (CMA), Canadian Nurses Association (CNA), and the Health Action Lobby (HEAL), a coalition of 42 health care associations which includes CPhA. It was Chaired by Premiers Wall of Saskatchewan and Ghiz of PEI. Following several months of work, the HCIWG released its first report in July 2012 where it identified best practice models in team based models of care, Clinical Practice Guidelines, and health human resources, with the idea that jurisdictions could learn from each other, and imple-

ment best practices in their own jurisdictions. It also announced that the provinces and territories were looking at ways to use their collective bargaining powers to obtain better prices for generic drugs.

In an update released at the conclusion of the July 2013 CoF meeting, the HCIWG furthermore announced it was pursuing reductions in brand name drug prices, it wanted to explore seniors and home care, and the appropriateness of certain diagnostic tests. They also announced that Premiers Wall and Ghiz would be replaced as Co-Chairs by Premiers Wynne of Ontario, Redford of Alberta, and Pasloski of Yukon (a pharmacist).

The HCIWG, Pharmacy, and CPhA

The HCIWG has paid particular attention to pharmacy and pharmaceuticals. Following their announcement in July 2012 to look into reducing generic drug prices, the HCIWG, on behalf of all provinces and territories announced in January 2013 that provinces and territories were reducing the amount paid for six specific generic pharmaceuticals to 18% that of brand. This pricing came into effect April 1, 2013 for the six molecules (atorvastatin, ramipril, venlafaxine, amlodipine, omeprazole and rabeprazole), which represent approximately 20% of publicly funded spending



on generic drugs in Canada. This announcement was expected to save provinces and territories \$100 million. The Province of Alberta subsequently announced that it was lowering the price for all generic drugs in Alberta to 18% effective May 1, and Quebec also announced the same 18% pricing for all generic drugs effective July 15.

Subsequent to that announcement, CPhA and other pharmacy stakeholders, including the Canadian Association of Chain Drug Stores (CACDS), began calling on the HCIWG to look at pharmacy services, and how pharmacists could play an expanded role in the delivery of health care in Canada. This request was agreed to in March 2013, and confirmed by Premiers at the CoF meeting in July 2013,

when the premiers announced that “Premiers asked the working group to examine opportunities within the team-based model framework to increase the important role paramedics and pharmacists play in the provision of front line services.”

In order to respond to this request, CPhA is in the midst of creating and leading working groups to explore Canadian best practices in the use of pharmacists in four key clinical areas: minor ailments, medication reviews, immunization, and chronic disease management (focus on diabetes and hypertension). These clinical service areas were identified based on various provincial and national advocacy documents released in 2013 identifying where pharmacists could have the greatest impact.

CPhA is currently partnering with provincial pharmacy associations and CACDS to identify how all jurisdictions can make better use of pharmacists in the delivery of these services, and has engaged with CMA and CNA to make those associations aware of our efforts. The objective is to convince all provinces and territories to make optimal use of pharmacists in the delivery of these four services by learning from those jurisdictions that currently employ best practices in the use of pharmacists.

In addition, the CoF announced in July 2013 that it had collectively reached agreements to lower prices on 10 brand name drugs, with 17 more under negotiation. At this point in time, details on these negotiations are unknown, although CPhA is attempting to gather more details.



MSP Member Discount – Save \$500 ADAPT Patient Care Skills Development



Elevate Your Practice to the Next Level of Patient Care

The MSP Professional Relations Committee is excited to announce that they have partnered with the Canadian Pharmacists Association to provide MSP members with a substantial discount on the ADAPT Program. The registration fee for MSP Members is \$1,399 - a **discount of \$500** on the 2014 non-member fee. As an added incentive, MSP registrants will also receive a one year complimentary CPhA membership if they are not already members of CPhA. With the passage of the new Regulations and the pending enactment of Bill 41 the new Pharmaceutical Act which will enable the expanded scope of pharmacy practice, there has never been a better time to “Elevate your practice to the next level of patient care” by enrolling in the ADAPT Program.

Information on registration will be provided to members through email updates and will be posted on the MSP website at www.msp.mb.ca. For more information on the ADAPT Program please visit the Canadian Pharmacists Association website at www.pharmacists.ca/adapt-msp.





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Health

Provincial Drug Programs Penny Discontinuance Information

As you are not doubt aware, the Federal Government announced discontinuation of the penny in their Economic Action Plan 2012. As of February 4, 2013 the Royal Canadian Mint ceased distribution of pennies. As noted in the attached Department of Finance, Canada document, "on this date, businesses will be encouraged to stop using pennies and begin rounding cash transactions in a fair and transparent manner. The document also notes that payments made using non-cash methods such as cheques and electronic payments—debit, credit and other payments cards such as gift cards and prepaid credit cards—do not need to be rounded, because they can be settled electronically to the exact amount. They should be calculated in the same manner as before. For any cash payment, only the final amount (or equivalently, the change owed) should be subject to rounding. Individual items, as well as any duties, fees or taxes, should be tabulated in their exact amount prior to rounding."

Here are examples of rounding:

- A sale of \$1.01 or \$1.02 would be rounded down to \$1.00.
- A sale of \$1.03 or \$1.04 would be rounded up to \$1.05.
- A sale of \$1.06 or \$1.07 would be rounded down to \$1.05.
- A sale of \$1.08 or \$1.09 would be rounded up to \$1.10.

Concerns have been raised regarding the Prescription Drugs Cost Assistance Act Section 8, which states:

False receipt

- § Every person who issues a receipt, or submits a claim for benefits on behalf of an eligible person,
 - (a) for the cost of a specified drug, without dispensing the specified drug; or
 - (b) for the cost of a specified drug, in excess of the amount actually paid for the specified drug;
 is guilty of an offence and is liable, on summary conviction, in the case of an individual to a fine of not more than \$5,000 and in the case of a corporation to a fine of not more than \$50,000.

Manitoba Health has determined to accept rounding as an administrative standard at this time.

It should be noted and explained to clients that the rounding up or down for cash paying customers will not affect the amount that goes towards the client's deductible. The amount that goes towards the client's deductible will be based on the actual cost to the penny. A client's deductible will be processed to the penny, as usual, when paying by debit or credit card.

Questions

Pharmacists should continue to contact the DPIN Help Desk at 786-8000 in Winnipeg; or toll free 1-800-663-7774.



Frequently Asked Questions: Businesses

Why is the penny being phased out?

The Government is phasing out the penny due to its rising cost of production relative to face value, the increased accumulation of pennies by Canadians in their households, environmental considerations, and the significant handling costs the penny imposes on retailers, financial institutions and the economy in general.

The estimated savings for taxpayers from phasing out the penny is \$11 million a year.

When will the Government stop distributing the penny?

The Royal Canadian Mint will cease distribution of pennies to financial institutions on February 4, 2013. On this date, businesses will be encouraged to stop using pennies and begin rounding cash transactions in a fair and transparent manner. As financial institutions will no longer be receiving pennies from the Mint, they may not distribute pennies to consumers and businesses after February 4, 2013.

When will the supply of pennies run out?

The Government expects the existing supply of pennies available for circulation to be sufficient to supply cash transactions through to February 4, 2013.

Are businesses required to accept pennies after February 4, 2013?

While businesses do not have a legal obligation to accept any particular Canadian coins or bank notes in a retail transaction, the penny will continue to be legal tender like all other Canadian coins, and businesses may accept the coin as a means of payment if they so choose.

After February 4, 2013, are businesses allowed to make change in pennies if they wish?

This is an individual business decision.

Are businesses obligated to follow the symmetrical rounding guideline proposed by the Government of Canada?

Businesses are expected to round the final amount (or equivalently, the change owed) of any cash payment in a fair, consistent and transparent manner.

Symmetrical rounding will be adopted by all federal government entities for cash transactions with the public.

Experience in other countries that have phased out low-denomination coins, such as Australia and New Zealand, has shown that fair rounding practices have been respected.

Should businesses round the prices of individual items?

No. Only the final amount in a cash transaction (or equivalently, the change owed) should be subject to rounding. Individual items, as well as any duties, fees or taxes, should be tabulated in their exact amount prior to rounding. This includes the Goods and Services Tax/Harmonized Sales Tax (GST/HST).

How will accepting foreign currencies, government cheques, gift cards and split payments be affected by rounding?

Payments made using non-cash methods such as cheques and electronic payments—debit, credit and other payments cards such as gift cards and prepaid credit cards—do not need to be rounded, because they can be settled electronically to the exact amount.

They should be calculated in the same manner as before. For any cash payment, only the final amount (or equivalently, the change owed) should be subject to rounding. Individual items, as well as any duties, fees or taxes, should be tabulated in their exact amount prior to rounding.

In all cases, businesses are expected to round final totals in a fair, consistent and transparent manner.

When a consumer requests a refund, is the amount subject to rounding?

As is the case now, businesses can set their own policies regarding refunds. However, if a refund is paid out in cash and pennies are not used, businesses will be expected to round the final amount in a fair and transparent manner.

Will businesses need to update cash registers for rounding?

This is an individual business decision.

Rounding for cash payments occurs after any tabulation of duties, fees or taxes. Businesses may choose to update their cash registers to automatically calculate rounding for cash transactions and to provide greater transparency and clarity to their customers by showing the rounding on receipts.

How will the GST/HST be calculated without a penny?

The GST/HST should be calculated in the same manner as before. For any cash payment, only the final amount (or equivalently, the change owed) should be subject to rounding. Individual items, as well as any duties, fees or taxes, should be tabulated in their exact amount prior to rounding.

Again, payments made using non-cash methods such as cheques and electronic payments do not need to be rounded, because they can be settled electronically to the exact amount.

Where can I find more information on the impact of phasing out the penny on GST/HST and income taxes?

Businesses should consult the Canada Revenue Agency website.

How will rounding resulting from phasing out the penny be affected by provincial law?

Provincial laws, as well as existing federal acts that relate to currency, consumer rights and protections, continue to apply.

Will businesses be able to redeem pennies with their financial institutions?

Businesses can continue to deposit pennies at their financial institutions. Some financial institutions may require large amounts of pennies to be rolled or wrapped for deposit. Businesses should consult their financial institutions in advance to determine how best to make deposits in large volumes.

My question isn't answered here. Who should I ask?

Phasing out the penny is part of Economic Action Plan 2012. For more information on this and other Economic Action Plan measures, call 1-800-O-Canada (1-800-622-6232); TTY: 1-800-926-9105.

Getting to Know Your Manitoba Pharmacists - Trevor Shewfelt

Name: Trevor Shewfelt

Place/Year of Graduation: University of Manitoba, Faculty of Pharmacy (old Fort Garry Campus-not the snazzy new building); 1997

Years in Practice: 16

Currently Working: Dauphin Clinic Pharmacy

Accomplishments in pharmacy:

- Got a job at the Dauphin Clinic Pharmacy (not a given in 1997);
- Participated in the 1998 Pharmaceutical Care Pilot Project run out of U. of M. by Lavern Vercaigne, Ruby Grymonpre, Colleen Metge et al. where we recruited patients, did complete work ups on them, sent recommendations to their physicians and actually got PAID for our efforts;
- CAE (Certified Asthma Educator) 1999;
- Participated in Health Outcomes Pharmacies, a group of independent pharmacies from across Canada looking to provide and get paid for cognitive services in late 1990's and early 2000's;
- received training and became a member of PCCA (Professional Compounding Centers of America) in 2001;
- Accidentally used a real EpiPen instead of a trainer on my own leg –forever becoming a cautionary tale for pharmacy students at the Dauphin Clinic Pharmacy;
- participated in CRIMP (Cardiovascular Risk Intervention by Manitoba Pharmacists) in 2005-2006;
- CRE (Certified Respirator Educator) 2007;
- Nycomed Magnum Opus Award 2011;
- Convinced a radio producer to underscore one of my radio "Pharmacy Health Feature" spots with the Tragically Hip's song "New Orleans is Sinking" to make it sound like I was singing along;
- Became a Field Instructor for the U. of M. Faculty of Pharmacy because of all the training we've done and continue to do for pharmacy students in Manitoba.

Family: Dog – Sheldon - a Cavalier King Charles Spaniel – picture a Cocker Spaniel, shrink it and give it back its tail. Also, son Eric, daughter Emily and wife Doris.

Hobbies: Hockey parent, soccer parent, Science Fair parent, attempting to play hockey myself, cycling (you should really come up and do the MS Bike tour from Dauphin to Clear Lake. It is way better than Biking to the Viking), fishing, and 14.7 oz Guinness curls.

Community activities: President of the Kinsmen Club of Dauphin, Board Member of Multiple Sclerosis Society of Manitoba Parkland Chapter (really just go to www.msbiketours.ca and sign up for the Dauphin Ride), Jersey Mom's helper, and hockey time keeping aficionado.

Favorite thing about Manitoba: Dauphin. Why don't you live here?

Most relaxing vacation choice: Cabin at Crescent Cove on Lake Dauphin. Again – Why don't you live here?

Pet peeves: People who don't identify themselves when they phone me at the pharmacy and expect me to know them, phone



calls that start with "What is this round white pill I'm on?"; and spouses who are quiet during commercials and talk to me during TV shows.

Favorite fictional character and why: Homer Simpson. Homer and I share a few unfortunate physical similarities. I grew up next to a Nuclear Reactor, and Homer works at one. I feel Homer is a kindred spirit. Homer has so much wisdom to share. How to get along at work- Homer: "I want to share something with you: The three little sentences that will get you through life. Number 1: Cover for me. Number 2: Oh, good idea, Boss! Number 3: It was like that when I got here." How should we deal with Continuing Education- Homer: "Every time I learn something new it pushes old stuff out of my brain! Remember when I took that beer making course and forgot how to drive?" Marge: "You were drunk!" Homer: "And how." Homer on parenting-"Marge, quick, how many kids do we have. No time. I'll have to estimate. Nine!"

What could you do without forever: Audits from Non-Insured Health Benefits.

What couldn't you do without for even a day: If I say beer that might imply an alcohol problem. If I say hugs from my kids, that is kinda sappy. So I'm going with oxygen.

What you love about pharmacy: As corny as it sounds, I learn something new every day.



The Last Word

As interest rates rise, costs and benefits of professional education need to be weighed

By Andrew Allentuck

What is the cost of becoming a pharmacist? The tab for a four year B.Sc. degree varies with province and institution. If the student borrowed money to pay tuition, then interest, the time he or she takes to pay off the loan and, finally, the value of income foregone while studying will add to total cost.

The degree is a capital investment for it establishes a career. Yet its cost has to be seen as a decision that affects money available to buy a home and the money available for retirement. If bringing up children is added to the costs, it means less money for housing and retirement.

These four major investments – education, children, home and retirement - each affect each other. The pharmacy degree or any other professional certification or, indeed, any diploma or training can produce revenue which can be seen as paying the cost of the training. The Royal Bank uses a figure of \$80,000 as the gross annual earnings of pharmacists across Canada in making its student loan decisions. That figure does not take into account ownership of a pharmacy and the financial return to the capital investment in the pharmacy nor to salaries of supervisory pharmacists. But it's in the ballpark, so we'll use it.

If the cost of the pharmacy degree in terms of tuition and living expenses while studying is \$100,000 and if the student is financing it with a student loan with an overall interest rate of 3.5% per year, then the cost would compound to \$115,000 before payback begins in the first year of work as a pharmacist. If the new pharmacist pays \$20,000 per year on the loan, about \$16,000 on average would be written down each year. The balance would be interest which would decline with the loan's paydown and would be eliminated in five to eight years, depending on frequency of payment, tax rates, and province of residence.

Now let's work through the cost of a home. Assume that a house or condo with a \$300,000 price tag is conventionally financed with a 25% or \$75,000 down payment on the loan, then the \$225,000 borrowed will have a lifetime interest cost over the 25 year period of amortization assuming a 3.34% interest rate of \$106,330. That sum would require a monthly payment of \$1,104. If interest rise to 6%, the total financing cost of the mortgage moves up to \$206,870 and the monthly payment ascends to \$1,440.

People put what money they have left after paying for groceries, debt service, housing and other necessities into Registered Retirement Income Funds and Tax-Free Savings Accounts. There is no standard for what a retirement should cost. People may retire in their 50s or 80s, have defined benefit pensions or annuities, either of which specifies an amount of money to be paid by an insurance company for a pension or defined contribution plans that set what is paid. Pensions in the public sector tend to be many times richer than what equal payroll deductions in the private sector produce in defined contribution plans. In any event, what the pension will pay is based on the rate of accumulation, often set at 7% in defined benefit plans in projecting what the plans will pay retirees years or decades in the future. 7% is a moderately aggressive figure, but with higher interest rates setting returns, equities, which historically pay 3% over bonds, will have to produce richer yields.

We are in a period of rising interest rates. The removal of quantitative easing by the U.S. Federal Reserve, projected to begin in 2014, will allow interest rates to rise. A base for the structure of interest

rates is the yield on 10-year U.S. or Canadian government bonds. If it rises to 4.5%, which is close to post-World War II average, then student loan rates and mortgage rates will also rise.

There is no simple way to put all these variables on a spreadsheet, but we can say that rising interest rates will 1) increase the cost of getting a pharmacy or any other degree, 2) increase the total sum of money foregone by studying rather than working at a full time job for four years, 3) increase the cost of buying a home, and, with a bit of relief, 4) increase the value of a bond-fuelled retirement.

It is not an either/or calculation, however. It may cost more to pay for a professional degree if the total cost, including financing costs, rises, but higher cost of admission to the profession will tend to discourage applications. Fewer pharmacists in future implies more bargaining power for pharmacists who will be more scarce than they would be if pharmacy degrees were less expensive.

The total cost of a house may rise if increasing interest rates make it more expensive to buy shelter, however, once in a house or condo with some accumulated equity, buying another home is just a parallel shift of assets with some transactions and moving costs. If the home is large, the owners may choose to downsize when they retire, thus shifting money to capital available for retirement.

Retirement costs fuelled by bonds or dividend-paying stocks will also decline if yields rise. Whether the funds available for retirement will be adequate depends on each individual. One may think a modest cottage in the country will be a good retirement home, another person may fancy life on the French Riviera.

What we can say about rising interest rates is that higher returns to capital in the form of interest brings the future closer. It means that investments have to pay off sooner, that costs incurred to make investments have to be more wisely or profitably invested. And in terms of paying for professional education in pharmacy, medicine or law for that matter, it means that training has to have a near rather than distant payoff.

The problem of financing professional education is far more acute in the United States, where tuition costs are four to ten times the cost in Canada for similar training.

Using the 3.5% figure for interest on a student loan, then a four year program at an American private university at \$50,000 per year would be \$200,000 and would have a total cost with interest of \$229,500. That degree would take fourteen years to pay off, assuming that the pharmacist makes a \$20,000 annual paydown of which \$16,000 would be interest.

In the end, although one can generate various outcomes by changing assumptions, rising interest rates will be a heavier burden on students and new university graduates than older persons. Higher interest rates raise the hurdle for entry into a profession, but, once there, the practitioner may have less competition and therefore command a higher wage or salary. A house will be more expensive to buy if there is a mortgage, but the house will be a ticket to horizontal shifts to other more expensive houses. If sold to finance a retirement, the house will be worth more. Most of all, higher interest rates predict higher bond and other fixed income returns, implying for any level of comfort, less money will be needed to generate income. You could say that higher interest rates will make the club of professional attainment harder to enter. But once there, the benefits of membership may be greater.





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