



## **ANNUAL REPORT**

**April 10th, 2010**



# Manitoba Society of Pharmacists, Inc.

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# Manitoba Society of Pharmacists, Inc.

## ANNUAL GENERAL MEETING

### AGENDA

Saturday, April 10, 2010

9:00 am

The Winnipeg Convention Centre, 375 York Ave., Winnipeg, MB

Chair – To be Announced

1. Minutes of the Annual General Meeting, April 18, 2009
2. Business Arising
3. President's Address ..... E. Kuber
4. Auditor's Report
5. Finance Report ..... M. Glass
6. Executive Director's Report ..... S. Ransome
7. MSP Committees
  - 7.1 Communications Journal Committee
  - 7.2 Membership Committee ..... J. Ell
  - 7.3 Economics Committee..... G. Harochaw
  - 7.4 Professional Relations Committee ..... G. Romanetz
  - 7.5 Government Relations Committee
  - 7.6 Pharmacare Committee ..... M. Glass
  - 7.7 Insurance Committee ..... E. Kuber
8. Liaison Reports
  - 8.1 Canadian Pharmacists Association Liaison..... K. Petrasko
  - 8.2 Student Liaison ..... G. Pidwinski
9. New Business
10. Closing Resolution



currently expired agreement re: NIHB. The committee will finalize its negotiating priorities and positions. Negotiations take place in Winnipeg, but the process is managed through headquarters in Ottawa which makes for a very time-consuming process. A further challenge is that other agreements elsewhere have lower fees than the \$10.05 limit in Manitoba.

- Pharmacy services in PCH – the agreement recently expired. Negotiations are to begin shortly, and when agreement is reached, retroactivity provisions are expected. A priority for the Economics Committee is that government not benefit from delaying the process.
- Pharmaceutical Act Regulations – MSP has attempted through its on-line newsletter and website to keep the membership up to date on progress on the Regulations. MPhA appointed six subcommittees to review our positions. In early 2009, 13 updated position statements were released. One noteworthy development is the engagement of PricewaterhouseCoopers to assist in gaining consensus. This is being funded by Manitoba Health and MSP is optimistic this consultation process will advance the process.
- Malpractice insurance - the cost was not increased by Encon for the second straight year and reflects CPBA's good claims history. CPBA accounts for 25% of MSP expenses.
- Dues were not increased this year, largely as a result of stable CPBA premiums and the introduction of a new corporate membership revenue stream. A new membership class was necessary to maintain a staff of 2.5 and provide members with the benefits they require.
- Wage and benefits survey was released to members today and Mr. Ransome thanked all who returned their completed surveys. Surveys for first time were not sent to every pharmacist. The survey went to 958 compared to 1260 the year before. Even though 300 less were distributed, there were only 36 fewer responses. The average hourly wage is now \$49.44, an increase of \$1.10 since last year.

Regarding the NIHB agreement, Don Bodnarchuk noted his experience with a number of jurisdictions and cautioned about reducing fees and markups. He said that government is polarizing pharmacies by offering different markups in remote markets and because these communities are not communicating, they are not aware of the variances. He predicts that the same thing will happen in Manitoba and when it occurs, the profession needs to stand as a united front. The \$10.05 maximum is not being accepted anymore for new pharmacies opening up.

Mr. Ransome noted that he was aware of the impact on new pharmacies and the move to pay less than the negotiated \$10.05 dispensing fee. In the past, Health Canada would simply issue a provider number. Now pharmacists are being asked to make concessions before the provider number is issued. As soon as independent negotiations take place, the master agreement is meaningless. The master agreement does provide a tradeoff. The agreement provides for certainty - MSP will not support members not living up to the terms of the agreement and MSP expects the same from Health Canada. The Economics Committee is identifying priorities and this is an issue that will be discussed as it undermines our agreement.

It was  
Moved by Mel Baxter  
Seconded by Brent Havelange

THAT the Executive Director's Report to the Annual Meeting be accepted as circulated.

CARRIED

## 7. MSP COMMITTEES

President Mel Baxter was asked to take the Chair. He called on Jay Rich to present the report of the Communications Committee.

### 7.1 Communications Journal Committee

Chair Jay Rich referred to his written report, and noted it had been a very successful year for the journal and for Communication Plus. If anyone is not receiving it, Jill Ell should be contacted. The Journal is produced six times per year, and Communication Plus is the tool for disseminating information on a timely basis.

It was  
Moved by Jay Rich  
Seconded by Nancy Remillard

THAT the Communications Journal Committee Report to the Annual General meeting be accepted as circulated.

CARRIED

Mel Baxter returned the chairmanship to Jay Rich.

### 7.2 Membership Committee

Jill Ell spoke to her report and gave a brief overview. The emphasis has been on increasing the value received, with a focus on communications. Information has been shared through the website and online newsletter and the development and launch of the new website has been important in keeping members informed.

At the request of the MSP executive, a new corporate membership category has been introduced and has been well received. It is open to pharmacies, chain drug stores and other pharmacy stakeholders acceptable to the Board of Directors.

An RFP for financial and legal member benefit programs was issued: Darcy & Deacon was selected for a further three year term and Assante's agreement has been extended for one more year.

The malpractice insurance continues to be the best available, and overall, the MSP insurance program provides comprehensive coverage for all insurance needs. MSP continues to pursue new member benefits and members were advised to watch for details on MTS Centre discounts for a variety of events.

The importance of a strong membership base was noted when advocating for the professional and economic interests of pharmacists.

As a potential membership benefit, Joseph Yuen suggested MSP look into a member credit card that would offer benefits to both MSP and its members.

It was  
Moved by Carey Lai  
Seconded by Mel Baxter

THAT the Membership Committee Report to the Annual General Meeting be accepted as circulated.

CARRIED

### 7.3 Economics Committee

Tim Pattern spoke to his report and thanked his predecessor Brent Havelange, who during his term had negotiated NIHB and PCH agreements.

The committee is aware of new compensation models in other jurisdictions. It remains a top priority to be compensated for services now provided for no fee. The profession needs to be compensated fairly for additional pharmacist services with new revenues and not simply have existing revenues redirected.

Another issue is the current \$6.95 fee paid by Manitoba Health for social assistance recipients. This fee has been in place for 15+ years and has been linked with the market driven fee available through the Pharmacare program. The Economics Committee is committed to finding an equitable solution and various options are under consideration. The PCH agreement is recently expired, and parties have been notified of our intention to begin negotiations at the earliest opportunity. A subcommittee has been appointed to negotiate the expired agreement. It was noted that several members have participated in previous negotiations.

Health Canada has agreed to begin negotiations on the expired NIHB agreement, and concerns about the provider audits will be raised by the Economics Committee.

Mr. Pattern thanked the committee members for their work in addressing economic issues on behalf of the entire membership.

In response to the call for questions, Ernest Stefanson noted the recently established fee for physicians for calling in refills, and asked what impact is expected on our profession. It was felt it was too early to tell but it could perhaps be discussed at the committee level. There has been some feedback that the pharmacist now has to sign the request. In response, it was noted our information is that the pharmacist does not have to sign, only provide the license number. Physicians require some form of documentation in the patient chart to support the fee claim.

It was	THAT the Economics
Moved by Tim Pattern	Committee Report to the
Seconded by Brent Havelange	Annual General Meeting be
	accepted as circulated.

CARRIED

### 7.4 Professional Relations Committee

Nancy Remillard spoke to some of the committee's initiatives. The "It's Safe to Ask" Medication Card was officially launched June 2, 2008. To date 10,000 copies have been distributed to 120 pharmacies across Manitoba. Ms. Remillard was encouraged by the pharmacies that are stocking the card and assisting their clients in completing it.

Ms. Remillard referred to the Emergency Response Information Kit. The intention is for the medication card to be inserted in the kit. Paramedics are aware that medications are listed on the card.

The Pharmacy Awareness Week was "Know and Show your Med Card. It could help save your life!" Air time was purchased to run the commercial produced in 2006 regarding the expanded role of pharmacists. An exit survey was conducted at the conclusion of Pharmacy Awareness Week and about 25 surveys have been completed. The pharmacy with the most interesting profile will be included in the Communications Journal.

It was	THAT the Professional
Moved by Nancy Remillard	Relations Committee Report
Seconded by Brent Havelange	to the Annual General
	Meeting be accepted as
	circulated.

CARRIED

### 7.5 Government Relations Committee

Bonnie Coombs referred to the report of the Government Relations Committee. She noted that the committee continued to meet on the regulations development process. Meetings were held with MPhA, the Assistant Deputy Minister, Health Canada, CSHP and CAPT. Committee members were encouraged to join subcommittees set up by MPhA last summer. When the subcommittee reports were released, the committee met again to review the reports against the MSP position statement released the previous year. MSP has been invited to sit on the consultancy project with PricewaterhouseCoopers.

Ms. Coombs thanked committee members and MSP staff for their commitment over the past year.

It was	THAT the Government
Moved by Bonnie Coombs	Relations Committee Report
Seconded by Michelle Glass	to the Annual General
	Meeting be accepted as
	circulated.

CARRIED

### 7.6 Pharmacare Committee

Michelle Glass reported it was her second year as chair and the committee has offered opportunities to discuss various issues with Manitoba Health regarding the Pharmacare program and issues facing community pharmacy.

She noted that many of the issues listed in the report have been forwarded to a newly struck committee that will be developing the "standard pharmacy contract" that all community pharmacies will be required to sign to participate in the Pharmacare program, arising from recommendations in the 2006 Provincial Auditor's Report. MSP and Manitoba Health are represented on the committee and Ms. Glass is pleased that a consultative approach is being taken on issues affecting community pharmacies.

It was	THAT the Pharmacare
Moved by Michelle Glass	Committee Report to the
Seconded by Nancy Remillard	Annual General Meeting be
	accepted as circulated.

CARRIED

### 7.7 Insurance Committee

Scott Ransome reported that Elmer Kulber could not attend today and referred to the Committee Report on page 20 of the Annual Report. Mr. Ransome noted that Mr. Kuber is currently chair of the CPBA and he acknowledged the work that is being done to improve the plan.



It was  
Moved by Brent Havelange  
Seconded by Mel Baxter

THAT the Insurance  
Committee Report to the  
Annual General meeting be  
accepted as circulated.

CARRIED

## 7.8 By-Laws Committee

Bonnie Coombs reported that there are a few housekeeping changes to by-laws which will be addressed during new business.

It was  
Moved by Bonnie Coombs  
Seconded by Tim Pattern

THAT the By-Laws  
Committee Report to the  
Annual General meeting be  
accepted as circulated.

CARRIED

## 8. LIAISON REPORTS

### 8.1 CPhA Liaison Report

Elmer Kuber was unable to attend the meeting but his report was included in the Annual Report. The Chair invited Dwight Ball, President-Elect of CPhA, to review CPhA activities over the past year.

Mr. Ball noted that it had been a busy year for MSP and commended the organization for its efforts. He extended greetings from CPhA and acknowledged Elmer Kuber's contributions to CPhA. There has been significant change in the profession and several provinces have seen progress. It is important that the CPhA voice is heard in building a sustainable profession. Certain initiatives are important in building a strong foundation for the future of pharmacy, including the Blueprint for Pharmacy, the HR study and the development of a financial model.

Mr. Ball noted that CPhA is recognized for the work done in its publishing department and he referred to the developments with and usage of e-Products. He commented on the importance of the membership and ensuring that CPhA understands the value proposition it needs to offer.

Joseph Yuen offered congratulations to Elmer Kuber for his comprehensive written report and for his dedicated service to the profession over the last eight years.

### 8.2 Student Liaison

Laura Kinsman, Student Liaison reported that it had been an exciting year and referred to the opening of the new building at the Bannatyne Campus. On behalf of the students, she thanked MSP for its support.

## 9. NEW BUSINESS

### By-Law Amendments

Bonnie Coombs was called upon to address the proposed amendments to the by-laws. The first change is intended to bring the by-laws in keeping with other organizations that indemnify their directors. The second change is to introduce another membership category.

It was  
Moved by Bonnie Coombs  
Seconded by Brent Havelange

THAT the following  
amendments to the MSP  
By-Laws be approved:

Section 37 – Indemnification  
of Directors – to include the  
following phrase after the  
last line ... foregoing  
indemnity “acting in good  
faith with a view to the best  
interests of the organization”.

Section 3 Members Part (2)  
In the first sentence, delete  
the number “six” and insert  
the number “seven”

Following – “Student  
Member . . . shall have no  
voting rights”, add:

CORPORATE  
MEMBERSHIP  
Is an independent pharmacy,  
chain drugstore, or pharmacy  
stakeholder who by  
application and by  
acceptance of the Board, and  
who shall have paid the  
appropriate fees established  
and who shall have no voting  
rights.

CARRIED

One member noted that when MSP started, there was concern about corporate influence and the Society was created to represent pharmacists. While there is merit in corporate membership to satisfy economic needs, it was questioned whether corporations will also wish to have a vote in the future.

Scott Ransome responded that this had been discussed by the Board in its review of this change. Representing the interests of pharmacists will continue to be MSP's mandate and this would be clear in any marketing for corporate memberships. If there is conflict between pharmacists and pharmacies, there is no question that MSP will continue to represent the interests of pharmacists and this is consistent with other organizations. Without the corporate membership revenue stream, general membership fees would have to be increased.

### Board Elections

Scott Ransome presented awards to four outgoing Board members – Bonnie Coombs, Nancy Remillard, Jay Rich and Brent Havelange and acknowledged their years of service and significant contributions to MSP.

He reported on the MSP Board elections and thanked the 12 candidates who had come forth to fill the nine Board openings. The following were elected to serve for 2009-11 on the MSP Board of Directors and thanked for their willingness to become involved with MSP: Carey Lai, Elmer Kuber, Michelle Glass, Tim Pattern, Mel Baxter, Alison Desjardin, Gayle Romanetz, Greg Harochaw, Darwin Cheasley.

## 10. CLOSING RESOLUTION

It was  
Moved by Joseph Yuen  
Seconded by Mel Baxter

THAT all acts, contracts,  
resolutions, proceedings,  
appointments, elections, and  
transactions made, done and

taken by the Board of  
Directors and Officers since  
the last Annual General  
Meeting in 2008 are hereby  
approved, ratified and  
confirmed.

CARRIED

It was  
Moved by Carey Lai

THAT the meeting adjourn.

CARRIED

Meeting adjourned at 10:30 a.m.



**MANITOBA SOCIETY OF PHARMACISTS INC.**  
**FINANCIAL STATEMENTS**  
**DECEMBER 31, 2009**

**AUDITORS' REPORT**

To the Members of:  
Manitoba Society of Pharmacists Inc.

We have audited the Statement of Financial Position of Manitoba Society of Pharmacists Inc. as at December 31, 2009 and the Statements of Operations, Changes in Net Assets and Cash Flow for the year then ended. These financial statements are the responsibility of the Society's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Society as at December 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Winnipeg, Manitoba  
February 22, 2010

*F.H. P. L. & Co.*

Certified Management Accountants

**MANITOBA SOCIETY OF PHARMACISTS INC.  
STATEMENT OF CHANGES IN NET ASSETS  
AS AT DECEMBER 31, 2009**


	Net Investment in Property and Equipment	Internally Restricted Funds	Unrestricted Surplus	Total 2009	Total 2008
Beginning balance	\$ 8,902	\$ 6,453	\$ 298,373	\$ 313,728	\$ 332,377
Expenditures in excess of revenue	-	-	(46,503)	(46,503)	(18,649)
Professional relations committee, note 7	-	(139)	139	-	-
Amortization of property and equipment	(4,049)	-	4,049	-	-
Purchase of property and equipment	3,598	-	(3,598)	-	-
Amortization of deferred contributions	864	-	(864)	-	-
<b>Ending balance</b>	<b>\$ 9,315</b>	<b>\$ 6,314</b>	<b>\$ 251,596</b>	<b>\$ 267,225</b>	<b>\$ 313,728</b>

The accompanying Notes to Financial Statements are an integral part of these financial statements.

**MANITOBA SOCIETY OF PHARMACISTS INC.  
STATEMENT OF FINANCIAL POSITION  
AS AT DECEMBER 31, 2009**

December 31,	2009	2008
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash	\$ 112,469	\$ 150,148
Trust fund, note 2	6,751	5,646
Investments, note 3	302,891	304,181
Accounts receivable	10,255	11,368
Prepaid expenses	75,075	82,936
	507,441	554,279
<b>PROPERTY AND EQUIPMENT, note 4</b>	<b>8,030</b>	<b>8,482</b>
	<b>\$ 515,471</b>	<b>\$ 562,761</b>
<b>LIABILITIES</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable and accrued liabilities	\$ 15,963	\$ 14,901
Deferred membership revenue	213,692	211,935
Trust fund deposits, note 2	6,751	5,646
Current portion of long-term debt, note 5	3,847	3,847
Donations received	300	300
	240,553	236,629
<b>LONG-TERM LIABILITIES</b>		
Long-term debt, note 5	7,693	11,540
Deferred contributions related to property and equipment, note 6	-	864
	7,693	12,404
	248,246	249,033
<b>NET ASSETS</b>		
Net investment in property and equipment, note 8	9,315	8,902
Internally restricted funds, note 7 and 8	6,314	6,453
Unrestricted surplus, note 8	251,596	298,373
	267,225	313,728
	<b>\$ 515,471</b>	<b>\$ 562,761</b>

Approved on Behalf of the Board

  
Executive Director

The accompanying Notes to Financial Statements are an integral part of these financial statements.

MANITOBA SOCIETY OF PHARMACISTS INC.  
STATEMENT OF OPERATIONS  
FOR THE YEAR ENDED DECEMBER 31, 2009

	2009 Budget	2009 Actual	2008
<b>REVENUE, schedule 1</b>	\$ 511,000	\$ 496,162	\$ 491,923
<b>EXPENDITURES</b>			
Accounting and audit	11,000	10,130	9,480
Amortization of tangible assets	5,000	4,049	4,490
Bank charges	1,500	1,609	1,649
Communication journal	58,000	51,465	63,573
Computer	1,000	1,333	238
Conferences and meetings	25,000	24,188	27,596
Credit card charges	7,300	8,504	7,288
Donations	1,500	3,105	526
Government relations	5,000	20,708	7,110
Honoraria	13,000	12,390	10,333
Insurance	2,500	2,285	2,341
Investment management fees	6,800	6,568	7,583
Memberships and dues	6,000	3,286	3,371
Members' benefit program	1,500	451	281
Members' malpractice insurance	115,000	130,535	132,368
Office	13,500	15,427	10,251
Postage and delivery	5,000	4,775	2,005
Printing	6,000	8,073	5,087
Professional relations committee	10,000	10,139	10,116
Rent and occupancy	20,000	20,542	17,929
Salaries, wages, and benefits	175,000	185,382	172,768
Telephone	8,500	7,440	8,544
Vehicle	3,800	3,348	3,394
Website	6,000	6,933	2,251
	507,900	542,665	510,572
<b>EXPENDITURES IN EXCESS OF REVENUE</b>	\$ 3,100	\$ (46,503)	\$ (18,649)

The accompanying Notes to Financial Statements are an integral part of these financial statements.

MANITOBA SOCIETY OF PHARMACISTS INC.  
STATEMENT OF CASH FLOW  
FOR THE YEAR ENDED DECEMBER 31, 2009

	2009	2008
<b>CASH PROVIDED BY (USED IN)</b>		
<b>OPERATIONS</b>		
Expenditures in excess of revenue	\$ (46,503)	\$ (18,649)
Amortization of tangible assets	4,049	4,490
Amortization of deferred contributions	(864)	(864)
Changes in non-cash working capital items	12,899	(1,366)
<b>CASH USED IN OPERATIONS</b>	<b>(30,419)</b>	<b>(16,389)</b>
<b>INVESTING</b>		
Additions to capital assets	(3,598)	(1,202)
<b>FINANCING</b>		
Payments on long-term debt	(3,847)	(3,847)
<b>INCREASE (DECREASE) IN CASH</b>	<b>(37,864)</b>	<b>(21,438)</b>
<b>CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR</b>	<b>459,975</b>	<b>481,413</b>
<b>CASH AND CASH EQUIVALENTS, END OF YEAR</b>	<b>\$ 422,111</b>	<b>\$ 459,975</b>
<b>CASH AND CASH EQUIVALENTS COMPRISED OF:</b>		
Cash	112,469	150,148
Trust fund	6,751	5,646
Investments	\$ 302,891	\$ 304,181
	\$ 422,111	\$ 459,975

The accompanying Notes to Financial Statements are an integral part of these financial statements.

**MANITOBA SOCIETY OF PHARMACISTS INC.  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2009**

**1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

- (a) Organization and Significant Accounting Policies  
Manitoba Society of Pharmacists Inc. (herein after referred to as the "Society") is a professional society incorporated to provide leadership to its members in the best interest of the public and the profession.
- (b) Financial Instruments  
The Society's financial instruments consist of cash, funds held in trust, investments, accounts receivable, accounts payable and accrued liabilities. Unless otherwise noted, it is management's opinion that the Society is not exposed to significant interest, currency, or credit risks arising from these financial instruments. The fair value of these financial instruments approximates their carrying value, unless otherwise noted.  
Financial instruments also include long-term debt. The carrying value of the loan payable to the Canadian Pharmacists Benefits Association is considered by management to be fair value.  
**Interest Rate Risk**  
The Society is exposed to interest rate risk arising from fluctuations in interest rates on its cash and investments. The Society has considered, but does not use, derivative instruments to reduce its exposure to risk.  
**Credit Risk**  
The Society is exposed to credit risk on the accounts receivable from its customers. The Society does not have significant exposure to any individual customer.
- (c) Revenue Recognition  
The Society follows the deferral method of accounting for contributions. As such, restricted contributions designated for specific periods or purposes are deferred and recorded as revenue in the designated period or when the applicable expenditures are made. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.  
Contributions restricted for the purchase of property and equipment are deferred and amortized into revenue on a straight-line basis, at a rate corresponding with the amortization rate for the related property and equipment.  
The advertising fees and publication costs related to the Society's published magazine are recognized as revenue and expenses in the period that the magazine is published and distributed to its members.

**MANITOBA SOCIETY OF PHARMACISTS INC.  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2009**

(d) Investments

The Society follows the cost method of accounting for its investments. The cost method records the initial investment at cost and recognizes all investment income (losses) to the extent received or receivable less management fees incurred.

When the total market value of the investments is less than the total cost and the decline is considered to be other than temporary, then the recorded value is reduced to market.

(e) Property and Equipment

Property and equipment are stated at cost. Contributed property and equipment are recorded at fair value at the date of contribution. Amortization is provided annually at rates calculated to write-off the assets over their estimated useful lives on a straight-line basis as follows:

Furniture and fixtures	5, 10 years
Computer equipment	5 years
Leasehold improvements	5 years

(f) Measurement Uncertainty

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reporting amounts of assets and liabilities at the date of the financial statements and sales, direct costs and operating expenses for the period reported. Actual results could differ from those estimates.

(g) Income Taxes

No provision for income taxes has been recorded in the accounts as the Society is non-taxable under section 149(1)(f) of the Income Tax Act.

MANITOBA SOCIETY OF PHARMACISTS INC.  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2009

2. TRUST FUND

The Society administers the A. Langley Jones Leadership Award trust fund which awards scholarship money to a selected University of Manitoba pharmacy student. The funds under administration are summarized as follows:

	2009	2008
Receipts		
Donations	\$ 1,628	\$ 2,134
Other	2	2
	<u>1,630</u>	<u>2,136</u>
Expenditures		
Scholarship	(500)	(500)
Bank charges	(25)	(50)
	<u>\$ (525)</u>	<u>\$ (550)</u>
Excess of receipts over expenditures	1,105	1,586
<b>Trust fund, beginning of year</b>	<b>5,646</b>	<b>4,060</b>
<b>Trust fund, end of year</b>	<b>\$ 6,751</b>	<b>\$ 5,646</b>

3. INVESTMENTS

The Society has investments which consist of fixed income and equity securities. The percent of fixed income investment to total investment based on cost as at December 31, 2009 is 55% (2008 - 54%). Investment income earned is considered unrestricted income, to be used for the general benefit of the Society's members. The total market value of the investments at year end represents an unrealized loss of \$16,550. This value decline (loss) is not considered a permanent impairment of value and therefore has not been recorded in the Statement of Operations.

	2009		2008	
Investment	2009	Market Value	2008	Market Value
Fixed income	\$ 166,046	\$ 140,120	\$ 164,351	\$ 137,409
Equity	114,272	116,956	115,368	99,374
Real estate	22,573	29,265	24,462	24,166
<b>Total</b>	<b>\$ 302,891</b>	<b>\$ 286,341</b>	<b>\$ 304,181</b>	<b>\$ 260,949</b>

MANITOBA SOCIETY OF PHARMACISTS INC.  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2009

4. PROPERTY AND EQUIPMENT

	Cost	Accumulated Amortization	2009 Net Carrying Amount	2008 Net Carrying Amount
Computer equipment	\$ 15,327	\$ 10,475	\$ 4,852	\$ 2,873
Furniture and fixtures	22,427	19,249	3,178	5,609
<b>Total</b>	<b>\$ 37,754</b>	<b>\$ 29,724</b>	<b>\$ 8,030</b>	<b>\$ 8,482</b>

5. LONG-TERM DEBT

	2009	2008
Loan payable to the Canadian Pharmacists Benefits Association, non-interest bearing, repayable at \$3,847 annually, due July 2012.	\$ 11,540	\$ 15,387
Less: Current portion	3,847	3,847
	<u>\$ 7,693</u>	<u>\$ 11,540</u>

Principal repayment due over the next three (3) years is as follows:

2010	\$ 3,847
2011	3,847
2012	3,846
<b>Total</b>	<b>\$ 11,540</b>

6. DEFERRED CONTRIBUTIONS RELATED TO PROPERTY AND EQUIPMENT

Deferred contributions relate to contributed property and equipment. The change in the deferred contribution balance is as follows:

	2009	2008
Contributions to property and equipment	\$ 8,640	\$ 8,640
Amounts amortized to revenue	(8,640)	(7,776)
	<u>\$ -</u>	<u>\$ 864</u>

**MANITOBA SOCIETY OF PHARMACISTS INC.  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2009**

**7. INTERNALLY RESTRICTED FUNDS - PROFESSIONAL RELATIONS COMMITTEE**

The Board of Directors of the Society has set aside general surplus funds for the development and operations of the Professional Relations Committee. The role of the committee is to foster greater awareness and acceptance of pharmacists as members of the primary health care team. During the year, the committee disbursed \$139 of these internally restricted funds (2008 - \$NIL).

**8. NET ASSETS**

The by-laws of the Society provide that net assets of the Society cannot be divided among the members individually. Any surplus (revenue in excess of expenditures) of the Society must only be used in promoting the Society's objectives.

Should the Society dissolve or wind up, the remaining assets of the Society must be distributed to an association or associations with similar objectives to the Society or to such charitable organizations as may be determined by the Board of Directors of the Society.

**9. PROVINCIAL CONFERENCE**

The results of the Society's Provincial Conference are summarized as follows:

	2009 Budget	2009 Actual	2008 Actual
Sponsorship revenue	\$ 60,000	\$ 57,000	\$ 58,500
Ticket sales revenue	25,200	34,108	24,962
Displays revenue	5,000	4,300	5,000
Awards and gifts	(5,300)	(3,838)	(4,649)
Entertainment	(4,500)	(11,140)	(7,522)
Facility	(35,000)	(49,841)	(35,218)
Photographer	(1,950)	(1,583)	(1,846)
Salaries and benefits	(12,450)	(12,382)	(12,492)
Speakers and recorders	(9,300)	(12,539)	(3,785)
Supplies	(6,600)	(4,361)	(6,161)
Website	(700)	(1,926)	(682)
Printing and postage	(11,200)	(12,515)	(10,936)
Conference expenses	(1,200)	-	(1,192)
<b>Conference revenue in excess of expenditures (expenditures in excess of revenue)</b>	<b>\$ 2,000</b>	<b>\$ (14,717)</b>	<b>\$ 3,979</b>

**MANITOBA SOCIETY OF PHARMACISTS INC.  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2009**

**10. COMMITMENTS**

The Society entered into a five year lease agreement on the premises for which it leases office space. This lease expires February 28, 2010. Subsequent to the December 31, 2009 year end, the Society exercised its option to renew this lease for an additional five years. Annual base rent is \$8,300. Additional rent on common area costs and certain utilities approximates \$700 per month and is payable on a monthly basis. This lease renewal expires February 28, 2015.

MANITOBA SOCIETY OF PHARMACISTS INC.  
 SCHEDULE OF REVENUE  
 FOR THE YEAR ENDED DECEMBER 31, 2009

	2009 Budget	2009 Actual	2008
Membership fees	\$ 465,000	\$ 467,036	\$ 441,922
Communication journal	34,000	25,923	30,001
Investment income	9,000	5,740	13,080
Provincial conference (net), note 9	2,000	(14,717)	3,979
Continuing education	-	76	29
Friends of Pharmacy	1,000	11,240	2,048
Amortization of deferred contributions	-	864	864
	\$ 511,000	\$ 496,162	\$ 491,923

Manitoba Society of Pharmacists Inc.  
 Budget 2010

	Budget 2010	Budget 2009
<b>Revenue</b>		
Memberships fees	490,000	465,000
Communication Journal	30,000	34,000
Investment Income	22,000	9,000
Provincial conference, net	270	2,000
Continuing Education	0	0
Friends of Pharmacy	1,000	1,000
Miscellaneous Income	0	0
Amortization of deferred contributions	0	0
<b>Total revenue</b>	<b>543,270</b>	<b>511,000</b>

**Expenses**

Accounting and Audit	11,000	11,000
Amortization	4,500	5,000
Automobile and Mileage Allowance	3,500	3,800
Bad Debt	0	0
Bank Charges	1,600	1,500
Communication Journal	55,000	58,000
Computer	1,000	1,000
Conferences and Meetings	25,000	25,000
Credit Card Charges	8,500	7,300
Donations	1,000	1,500
Government Relations	5,000	5,000
Honoraria - Directors	12,500	12,500
Honoraria - Other	500	500
Insurance	2,500	2,500
Internet/website	2,500	6,000
Investment Management Fee	7,500	6,800
Members' benefit program	300	1,500
Members' Malpractice Insurance	135,000	115,000
Memberships & Dues	3,500	6,000
Office	15,000	13,500
Postage and delivery	5,000	5,000
PR Committee	10,000	10,000
Printing	8,000	6,000
Rent and Occupancy costs	21,000	20,000
Salaries	193,000	175,000
Telephone	8,000	8,500
<b>Total expenses</b>	<b>540,400</b>	<b>507,900</b>
<b>Excess of revenue over expenditures</b>	<b>2,870</b>	<b>3,100</b>





**ELMER KUBER**  
President

## **President's Report To the Annual General Meeting April 10, 2010**

It is my honour to welcome members of the Manitoba Society of Pharmacists (MSP) to the 2010 Annual General Meeting. I am pleased to inform the membership that your Society has been very busy this past year representing your professional and economic interests.

The President's Report is an opportunity to highlight some of the more notable activities over the past year. The Committee Chair Reports which are also enclosed in the MSP Annual Report can be reviewed for a more detailed account of the endeavours of the MSP.

With respect to professional interests, in addition to the work of the Professional Relations Committee, MSP has been actively engaged along with MPhA, MB Health and PricewaterhouseCoopers LLP (PwC) in addressing the outstanding issues related to the Bill 41 Regulations, as identified by MSP. The consultation process is now largely concluded. PwC released the Option and Analysis documents this past September, and the one remaining report which relates to Distant Care Pharmacy is expected to be released shortly.

MPhA and MSP have formed a Working Group which is reviewing the outstanding issues and utilizing the PwC reports as a valuable resource in finding consensus. To date a number of outstanding issues have been resolved by the Working Group indicating progress has been made. It is hoped that the Working Group will enable the two organizations to eventually recommend the passage of new draft regulations to their respective memberships.

The next MPhA Council will be significantly changed as a number of incumbents are not seeking re-election. This could possibly delay further progress being made on the Bill 41 Regulations as it will take both time and commitment for the new Council to become completely familiar with the outstanding issues. MSP will make every effort to work with the new Council and I maintain optimism that MPhA will put their energies to developing a new set of Bill 41 Regulations which have the support of the vast majority of Manitoba pharmacists.

MSP has spent the past several years developing an improved relationship with both the Provincial and Federal government. Sometimes this means having to accept compromise. I am pleased to say that MSP has not been forced to engage in any public disputes with either level of government for several years and this is a reflection of the Society's approach to government relations. MSP does its lobbying directly with the parties concerned and not through mass communications.

Our current approach involves recognizing that change is occurring in pharmacy across Canada, and the best that can be achieved is managing the change in our members' best interests. This means demonstrating the ability to work with government officials. I would especially like to acknowledge the co-operation of the Director of the Drug Management Policy Unit, Corporate and Provincial Program Support. Over the past year the Society has been consulted for input on many decisions. In other provinces this past year government unilaterally made similar policy decisions and the pharmacy organizations were informed after the fact. Our consultative relationship is envied by many of our counterpart organizations across the country and we cherish this relationship.

At the time of writing this report, it appears that the average wage for a pharmacist in Manitoba has broken through the fifty dollar barrier. MSP continues to believe that Manitoba leads Canada with respect to wages, and certainly some of the credit has to be related to the work of the Society over the past decade.

The Society also once again has to increase the membership fees as we have incurred a deficit in 2009. I will leave it to the Secretary Treasurer to explain the details for the deficit, but I can assure you that the Board carefully manages its financial resources. The fundamental challenge is that the Society has approximately 800 fee paying members supporting the work of the organization. About one quarter of the total fees pay for the comprehensive professional liability coverage our practising members receive. Most of the remainder of MSP's revenues are dedicated to maintaining an office and employing two full time and one part time staff. Several hospital members resigned during that past year stating that our goals did not match with theirs. It is ironic that just a few years ago their wages were supplemented with retention bonuses based on the economic gains made in the community sector. Every pharmacist and every pharmacy in Manitoba directly benefits from the hard work done by MSP.

The corporate membership class was introduced in 2008, and generated in excess of \$40,000 in revenue in 2009. The support MSP has received from Manitoba pharmacies and stakeholders is much appreciated and has allowed MSP to represent pharmacist interests to current levels.

Over the past number of years unique challenges have surfaced which required the Board to make certain non-budgeted expenditures. The changes to pharmacy currently being discussed and considered are unprecedented and require additional resources. Financial decisions have been made prudently and it is foreseeable that MSP will return to having a small surplus in the near future. As a not for profit organization, we do not intend to generate significant profits, but we also want to ensure that we maintain reasonable reserves to protect against unforeseen challenges.

Bill 18 went through the legislative process this past June, and resulted in pharmacists now being the only health professionals in Manitoba which continue to have the legal right to vote on regulatory changes. This was a huge accomplishment for MSP members, but it came at a cost. MPhA, the Canadian Society of Hospital Pharmacists, and pharmacists teaching at the University of Manitoba argued passionately that pharmacists should not maintain this voting right.

MSP attempted to reach agreement with these pharmacy stakeholders as it was understood that debating this issue in front of the Minister of Health and numerous members of the Legislative Assembly could only damage pharmacists' reputation and demonstrate the profession's inability to achieve agreement. On the morning of the Committee Hearings the Deputy Minister called a meeting in hopes of preventing this public dispute, but the stakeholders who intended on advocating for removing pharmacists voting rights were not prepared to accept MB Health's advise and abandon their efforts.

Once again MSP was placed into a position of having no choice but to engage in a process which only produces losses. MSP although in the minds of some came out on top, believes the entire issue could have been managed much better and hopes that should a similar event occur in the future, lessons learned from the Bill 18 process are not lost. Nothing positive is achieved through these unnecessary public disputes.

I would like to thank Mel Baxter for his good work as President of MSP. Mel always had the best interests of pharmacists in mind when carrying out his responsibilities as President and made many personal sacrifices.

I would also like to thank the MSP board and staff of MSP for their hard work during this past year. The entire Board has been dedicated and enthusiastic. Their responsiveness and availability, often at a moments notice, has allowed MSP to be nimble and to meet the challenges we faced head on. I have appreciated the valuable information we have received from the Board Liaison members and look forward to their continued input.

None of our success could have been reached without an extremely dedicated staff who have made themselves available whenever and wherever they were needed. Bonita Collison, our Administrative Assistant, has assumed additional duties in event planning and support. Jill Ell our Assistant Executive Director has spent many long evenings in meetings this past year and seems always ready with that detailed answer to our questions.

The profession of Pharmacy in Manitoba today would not be where it is without the hard work and dedication of our Executive Director, Scott Ransome. Scott is the longest serving CEO of any provincial pharmacy advocacy organization in Canada. His knowledge of our provincial government and his vast understanding of the complexity of the past and current issues facing Pharmacy guides and supports the Society well. I am extremely appreciative and grateful for his service. We are indeed fortunate to have him at the helm.

Lastly, a sincere Thank You to the MSP members. Your timely input and responsiveness to issues has enabled us to represent your views. I look forward to working with you in the upcoming year.

Respectfully submitted,  
Elmer Kuber  
President



**SCOTT RANSOME**  
Executive Director

### **Executive Director's Report To the Annual General Meeting April 10, 2010**

#### **Opening Remarks:**

For several years I have used my annual report to cover developments during the first two months of the New Year. I do this so my report includes recent developments and is as up to date as possible when the membership attends the annual meeting. Technically this report should not comment

on any activities after December 31st however, because the AGM provides an excellent opportunity to communicate directly with members, I want to include the most recent events in the discussion.

Having one third of the MSP Board of Directors resign in February to seek election to the MPhA Council certainly qualifies as a noteworthy development. *Communication Plus* attempted to provide some explanation for the three Board Members' decision, but because the election period had begun, there was a conscious decision to be brief and provide little detail. In fairness to all candidates, MSP had to be careful to ensure the Society did not impact on the election process.

I feel it is appropriate to elaborate on my understanding of the reasons the three Board of Directors decided to seek election to MPhA Council. All three have been actively engaged in Manitoba pharmacy issues for several years and felt that if elected they could make significant contributions to MPhA. MPhA has several incumbents not seeking re-election and the former MSP Board members could arguably make a greater contribution as members of Council. They did not resign because they were unsatisfied with their work with MSP, nor was this an attempt for MSP to invade MPhA Council. The truth is that it is not uncommon for pharmacists active in one organization to move on to another.

There are several recent examples of former MPhA councilors seeking office with the Canadian Society of Hospital Pharmacy, and vice versa. The most significant point is that if elected, the individual has a duty to carry out the mandate of that organization. I know each of the three Board of Directors to be honorable, and have no doubt each one would carry out MPhA's mandate to protect the public.

The Committees will comment on their own work during 2009, and I would like to briefly touch on some of the more significant developments.

Bill 41 Regulation development has been advanced over the past 14 months through the PricewaterhouseCoopers (PwC) consultation process. In addition to PwC, three members of MPhA, and an equal number of MSP members collectively have made up the Steering Committee for the consultation process.

Manitoba Health demonstrated a unique commitment to the pharmacy profession by agreeing to be the sole funder. I have been told Manitoba Health has not supported other health professions with similar endeavors so it is my hope that the MSP membership recognizes the importance of this process to the Provincial Government and the implicit need for this process to generate positive outcomes.

Delays were created largely because the PwC consultation process was not restricted only to Bill 41 Regulation issues. The process was also mandated to undertake an Operational and Capacity Review of MPhA. There were significant efforts devoted in this area which ultimately lead to PwC releasing their report along with fifteen recommendations. The MPhA Council is in the process of responding to the recommendations. The MSP Government Relations Committee provided MPhA Council their advice on the recommendations this past October.

Had the regulation development been the sole focus, arguably Manitoba pharmacists would be much closer to having new draft regulations to consider. This is a moot point as MB Health was clear that this governance review of the MPhA had to be completed.

The PwC Steering Committee comprised of MSP representatives Mel Baxter, Michelle Glass, myself and MPhA representatives Randy Stephanchew, Penny Murray, and Ron Guse (later replaced by Pat Trozzo) met regularly throughout 2009. The process included direct consultation with pharmacists and pharmacy stakeholders. In September, PwC released eleven options and analysis documents, which were presented to Manitoba pharmacists at a town hall event.

It may appear the process has not proceeded since the town hall meeting, however, the Steering Committee has transformed into a working group which has the same members. The Working Group has considered the PwC reports and appears to be making progress with the outstanding issues. It is hoped that an update

on progress can be provided at the AGM.

If the Working Group is successful and should enough progress be made, MSP either through the Working Group or on its' own will make recommendations to the MSP membership.

It is entirely understandable if MSP members are frustrated with the delay in developing new draft regulations. I believe many Board members are also frustrated with the delay. The Board of Directors has in the past formally invited MPhA to commit to accelerating the discussions in hopes of making progress. Perhaps the new MPhA Council will be prepared to agree to such a process.

There is no doubt it would be beneficial for Manitoba pharmacists to be presented with new draft regulations this calendar year. However, it is far more important that the regulations can be supported by all relevant pharmacy stakeholders and will ultimately be supported by Manitoba Health.

For the first time ever, MSP sponsored an all candidates (for election to MPhA Council) forum. The Board made this decision so that pharmacists could become more familiar with the candidates before casting their vote. Why hold a forum now? The reason was primarily because the incoming Council will likely impact Manitoba pharmacy practice for many years to come. MSP wanted pharmacists to have a heightened awareness of this election in hopes that an increased number of pharmacists would carefully consider the choices and exercise their vote.

The MSP Board feels the same way about elections to the Board of Directors. The election to the Board in 2011 will also be very significant. They have committed to hosting an all candidates forum next March so MSP members can familiarize themselves with their choices before voting.

The 2009 membership year was an active one for MSP. Four MSP Board members did not seek re-election in March 2009 and in a very competitive election all five incumbents were re-elected along with four new Directors. The new Board was tested early in their mandate, when once again, Manitoba pharmacists risked losing their ability to vote on regulation changes. Bill 18, the Regulated Health Professions Act, was introduced to the Legislative Assembly in April and preceded to Legislative Committee this past May.

Although the Minister of Health had responded favorably to MSP's assertion that pharmacists continue to have voting rights, MPhA, the Canadian Society of Hospital Pharmacists, the College of Physicians and Surgeons and the College of Nurses appeared before the Legislative Committee advocating to extinguish these rights. The Ontario College of Pharmacy also advocated pharmacists in Manitoba should not be allowed to vote on changes to regulations. MPhA's efforts with respect to organizing other regulating bodies to advocate for the extinguishment of pharmacist legal right to vote on regulation amendments is not completely understood; the Society had to develop its own strategy to defend against this aggressive coordinated attempt.

The Manitoba Society of Pharmacists along with other stakeholders was successful in maintaining pharmacists' longstanding legal rights to vote on regulation changes, but not without a cost. The Board of Directors knew from recent experience that the membership felt strongly about maintaining their right to vote on regulation changes. However, it was important to be able to demonstrate this support to the members of the Legislative Committee and the Minister of Health. From a financial perspective some \$10,000 was spent on a Probe Research poll, which established that 94% of MSP members' support retaining phar-

macists' right to vote on regulatory changes.

Bill 18, much in the same way Bill 41 and the regulations related to Bill 41, has placed MSP and MPhA at opposite ends on fundamental issues. It is unfortunate that recent history has forced the two organizations to focus repeatedly on those components of their respective mandates which are divergent.

It would not be appropriate for MPhA to act solely in the best interests of Manitoba pharmacists. Understandably MPhA would prefer to have the authority to develop regulations which did not require pharmacists to vote.

Likewise, MSP is not prepared to stand by and have pharmacists lose their right to vote on regulation changes. Had pharmacists not had this legal right, MPhA in 2008 would have forwarded draft regulations to the Provincial Government which were not supported by important pharmacy stakeholders and Manitoba Health. Providing MPhA with the unfettered ability to prepare regulations which do not require they have the support of the majority of Manitoba pharmacists would be irresponsible at this time.

The Society does welcome the opportunity to fully re-establish the historically positive working relationship with the MPhA. Such an accomplishment will take time and new examples of positively working together on issues of common interest.

The Economics Committee is aware of the challenges related to establishing new revenue opportunities for Manitoba pharmacists. Other provinces have made progress in this area, although these developments have taken place while existing revenues to community pharmacies were significantly reduced. The future expansion of pharmacist scope of practice requires reimbursement models be created and available to Manitoba pharmacists. The focus to date has been related to expanding the scope of practice and to a lesser degree the fee models which will be needed to support these new pharmacist roles.

The committee has been active over recent months. Health Canada has agreed to negotiate a new agreement with MSP. It is not clear if these negotiations will be productive however this could be a significant development. The MSP will continue to update members as negotiations proceed.

The PCH Negotiating Committee has met internally in preparation for the negotiations to review the agreement which expired in April of 2009. The Provincial Government's own economic challenges and the proposed zero increase to the Provincial Civil Service for two years, will add to the difficulties with renewing the expired agreement.

A national Audit Working Group has been established for issues related to audits with respect to the Health Canada Non-Insured Health Benefits program. There were at least three audit recoveries in Manitoba in excess of \$100,000 in 2009, and in all likelihood there were more. The current situation is not acceptable and it is hoped that identifiable progress will be made this calendar year.

The Board of Directors want membership's fees to remain affordable and is reluctant to significantly make increases unless it becomes unavoidable. As a not for profit organization, the amount in reserve remains adequate. The Auditor has in the past suggested the Society's accumulated reserve was perhaps more than required for a not for profit organization of MSP's size. However continued operational deficits are not sustainable.

The Corporate membership has provided MSP with much needed financial support. Over the past several years MSP membership



**Communication Committee Report  
To the Annual General Meeting  
April 10, 2010**

fees for practicing pharmacists increased directly because of the cost increases for professional liability coverage. The Society needs additional revenue to effectively carry out its mandate. The Society has attempted to increase revenues without having to impact the fees from pharmacist members. Establishing the corporate membership class was appropriate as a significant component of MSP's economic mandate directly benefits the corporate members. All corporate members are thanked for contributing more than \$40,000 in 2009.

The membership fees have been increased \$25.00 for 2010/2011. The MSP is continuously trying to find cost savings, but there are limits and some increases to fees are not always avoidable. It is my belief that the current Board would be very reluctant to increase fees beyond \$25.00 for a membership year, and from a staff perspective our focus is on avoiding increasing fees entirely if possible.

Even with the revenues from corporate members, the past year once again resulted in the Society having an operational deficit. This year's deficit is the result of participating in two very important, unbudgeted Probe surveys. In addition, the 2009 Pharmacy Conference incurred a \$14,000 loss which the Society absorbed fully. MSP has not used the annual Pharmacy Conference as a revenue generator and has limited participation costs accordingly. However, the costs related to the Annual Conference continue to increase, so some participation cost increases are necessary.

Once again, I would like to thank the Conference Planning Committee for their good work and commitment to providing pharmacists with the best conference possible. The Planning Committee provides a general theme for the conference each year, and directly develops the education components. The Director of Conference and Event Planning, Marnie Hilland essentially ensures that every detail is addressed and commits all her efforts to ensure the conference is successful. Marnie has organized at least the past ten conferences and her contributions should be appreciated by everyone who attends. Marnie is energetic and truly enjoys putting the conference together. I would not want to consider organizing the conference without her.

I would like to take this opportunity to thank Jill Ell, Assistant Executive Director and Bonita Collison who provides administrative support on a part-time basis. Bonita is currently in her second year with MSP, and during that time her responsibilities have increased and she now performs the additional responsibilities of Assistant Director of Conference and Event Planning. Bonita is an asset to MSP, and in many ways it seems she has been on staff for a lot longer.

Jill Ell assumed the Assistant Executive Director responsibilities two years ago, and each year she has added to her tasks. She is the Editor of Communication and is heavily involved with policy development. Her extensive skill set along with her calm approach and solid judgment has made her the Society's most valued staff.

I would also like to thank membership for supporting the work of the Society. Membership with the MSP is voluntary, and without the membership pharmacy in Manitoba would be much different. The Society is closing in on forty years of representing Manitoba pharmacists. As long as MSP never loses sight that it exists solely to represent the members, another forty years should be possible.

Respectfully submitted,  
Scott Ransome  
Executive Director

The past year has been an interesting one for the "Communication" Committee and for the newsletter. Print media in general has experienced a decrease in advertising revenues overall and "Communication" has certainly felt the effects of this. The committee was challenged with the task of continuing to providing a quality member newsletter on limited resources.

A change in people's awareness of environmental issues was not lost on the committee either and these two issues became a focus early on in 2009. The committee came to the decision that it was time to offer the newsletter electronically in an attempt to address both the environmental concerns and the increased cost of printing and postage.

As a result of this decision the members were given the option to receive "Communication" electronically and the response was very good. Approximately 15% of the members are now receiving "Communication" electronically. If you are interested in this option and were not aware that it was available please contact the office and have your name added to the list.

One very positive development that took place in 2009 was the addition of the Professional Relations Committee articles written by Pam Johnson. Pam's articles on behalf of the PR Committee have been well received and her time and efforts are very much appreciated.

The committee would like to acknowledge Wal-Mart for their contribution of continuing education modules that are included in the majority of the issues. This ongoing partnership provides the membership with free accredited CEU's and is such a vital part of "Communication".

Once again the online newsletter "Communication Plus" proved to be an extremely useful tool that kept members up to date on issues of importance to the profession. Use of the online newsletter was expanded this year to include member benefit discounts provided through the MTS Centre in an attempt to make the best use of this resource.

The committee is always open to new and innovative ideas for the newsletter and members are welcome to forward any suggestions to the MSP office. The Sounding Board feature of "Communication" is intended to be a forum for thoughts and opinions. Membership input is important and we encourage you to write in with your opinions on the topical issues of the day.

Respectfully submitted,  
Jill Ell  
Acting Communication Committee Chair

**Membership Committee Report  
To the Annual General Meeting  
April 10, 2010**



**JILL ELL**  
Membership  
Committee Chair

The membership committee was busy during 2009 and once again the focus was on membership benefits. The society's mandate of advocating for the professional and economic interests of pharmacists is of foremost importance and the committee believes that offering the best member benefits possible assists in building a strong,

vibrant and active membership base.

Membership numbers for the period ending Feb. 1st, 2010 are as follows:

<b>Membership as of Feb. 1st, 2010</b>			
Description	Feb 1st, 2009	Feb. 1st, 2010	Difference from this time last year
Active	721	732	+11
Associate	37	32	-5
CSHP	19	16	-3
New Grad	37	35	-2
Honorary/Life Members	13	14	+1
<b>Totals</b>	<b>827</b>	<b>829</b>	<b>+2</b>
Student Members	200	201	+1

The MSP website and the membership email update “Communication Plus” continue to be useful resources to keep the members informed and up to date. All important developments in the profession as well as continuing education session, and events are sent out on a regular basis to keep members informed. This was particularly important in 2009 when information on the H1N1 Flu Pandemic, related education session, bulletins and media could be communicated to the membership in a timely fashion.

The Membership Committee continued their work on developing the Corporate Membership category that is open to all pharmacies, chain drug stores, and all other pharmacy stakeholders acceptable to the Board of Directors. The number of issues facing the Society and the profession of pharmacy has made the importance of this membership category very clear.

This category of membership was introduced in the fall of 2008 and is now into its second year. The benefits offered to corporate members are unique and new benefits were introduced in 2009 including a website develop package available through Spelunking Web Design. Response to the corporate membership class continues to be positive and is experiencing growth.

The corporate membership numbers for the period ending Feb. 1st, 2010 are:

<b>Corporate Membership as of Feb. 1st, 2010</b>		
Description	Feb. 1st, 2009	Feb. 1st, 2010
Corporate Pharmacy Partners	2	3
Independent Pharmacy Partners	17	24
<b>Total</b>	<b>19</b>	<b>27</b>

It is important to point out that MSP’s primary mandate remains unchanged and that the corporate membership initiative is consistent with MSP’s unwavering commitment to the professional and economic well-being of Manitoba pharmacists.

Member benefits are always a focus of the committee. In 2009 the MTS Centre member discount program was introduced and there have been a number of reduced ticket prices offered. Member uptake in the program has been very good and we encourage members to watch “Communication Plus” for future events.

Malpractice Insurance continues to be a staple member benefit with a superior product at an affordable premium. Other excellent insurance products are offered to the members through the MSP Insurance Program. Union Securities offers life, disability, and group insurance products while Ruban Insurance offers

home and store insurance.

The Manitoba Society of Pharmacists has established itself as the recognized voice of pharmacists on a wide range of issues including reimbursement for services, employment issues, managed care and other drug utilization initiatives. A strong membership base has been instrumental in the success the Society has experienced in the past and continues to be of key importance into the future. The Society continues to face significant issues and challenges as the profession of pharmacy expands and evolves. Membership has never been more vital than it is right now considering the increased resources needed to address emerging issues during this most critical time in the history of pharmacy.

It is your support that allows the Manitoba Society of Pharmacists to strive for and achieve the best outcomes for the membership. The membership committee will continue to work on your behalf and assist in getting pharmacists the recognition and remuneration that they deserve.

Respectfully submitted,  
Jill Ell  
Membership Committee Chair



**GREGORY HAROCHAW**  
Economics Committee  
Chair

### **Economics Committee Report To the Annual General Meeting April 10, 2010**

When I was asked by your MSP Board to take on the position of the new Chair of the Economics Committee, I looked forward to doing so gladly. I’ve been a managing pharmacist in Manitoba now for 28 years and have been involved in a number of negotiating committees in the past. As well, I’ve had a lot of involvement with many of the companies that we bill our prescriptions to with audit recoveries. With that said it is a little different being invited to be part of a committee as opposed to heading the committee and to see the “behind the scenes” events that take place. It’s also been an interesting start to my new position as Bill 18 and the PwC Report has taken up a lot of time of the MSP Board and as a result taking longer to get moving on my portfolio.

The Blueprint for Pharmacy talks about new ways of introducing income into pharmacies. In this report it mentions that 2 studies were done, one in BC and the other in Ontario. These studies showed that the median cost of providing dispensing and related pharmacy services was \$13.60 and \$13.77 per prescription respectively. We know that our generic rebates are making up for a lot of the money that we are not able to charge in some of our contract fees that have been set out by various companies. Unless we are doing a high volume, then we could be losing money billing for some of these contracts we have, should we lose our rebates.

Working with Manitoba Health on our Pharmacare and Social Assistance billings has been interesting as well. Because we are the only province with an uncapped dispensing fee, Manitoba Pharmacare seems unwilling to change our current \$6.95 fee for Social Assistance. I believe we are going to see more and more listings on our Manitoba Drug Benefits and Interchangeability Formulary where the generic that has been authorized will be from a company that offers no generic rebate as we are currently

accustomed to seeing and no other generic product will be listed to choose from even though they are available.

Manitoba Health is also looking at revamping the billings of compounds made in Manitoba. As compounds become more and more common, pharmacies are using the actual drug for the preparation instead of the old days of grinding up some tablets of a commercial product and introducing this into a compounded mixture. Using the actual ingredient is by far the best scenario for making the best product without any of the additional ingredients that were introduced by not using pure product. However these ingredients don't carry a DIN and Manitoba Health is looking at addressing this issue.

At the time of writing this report we are continuing negotiations with Manitoba Health with the Personal Care Homes as this contract has expired March 31, 2009. We have started new negotiations with NIHB to try and work out a new contract. An NIHB Audit Working Group has been formed to meet in Ottawa with representatives from across Canada. Manitoba is a province in which our population can't compare to some of the other provinces, but we account for the highest per capita number of billings to NIHB for any province. Our total amount in dollars billed to NIHB is second only to Ontario whose population is much larger than ours. Because of this we are being allowed to have a pharmacist, Gerald Thiessen, represent this committee along with Scott Ransome. They are working on a number of issues to help "soften" the audit recoveries that we receive. The group is also trying to work on developing an independent 3rd party that a pharmacy can take a dispute to for audit recoveries.

Respectfully submitted,  
 Gregory Harochaw  
 Economics Committee Chair



**GAYLE ROMANETZ**  
 Professional Relations  
 Committee Chair

**Professional Relations  
 Committee Report  
 To the Annual General Meeting  
 April 10, 2010**

Thank you for the opportunity to Chair the Professional Relations Committee. It has been a fantastic experience and I'm pleased to provide you with a summary of the activities that we have undertaken since August of 2009.

**Terms of Reference**

The Committee developed a Terms of Reference document which became a road map detailing the purpose, structure, vision, and scope of the working group.

Purpose/Objectives:

- to foster greater awareness and acceptance of pharmacists as fundamental contributors to public health

Scope:

- Advocacy
  - Promote the role and contributions of pharmacists
  - Enhance the credibility of pharmacists through visibility, approachability, and health and wellness offerings
- Member services
  - Support, develop, and provide public education resources to pharmacists engaged in the promotion of the pharmacy profession

**Strategy/Approach**

Pharmacists are migrating away from dispensing and towards consultative services which includes disease state management, pharmaceutical care and nutritional/lifestyle counseling. Pharmacists must examine current practices and how they can align themselves with the future, promoting themselves with the workplace, community and within the public they serve. The objectives of the Professional Relations Committee will be successfully delivered through the use of applicable work streams and knowledgeable, dedicated participants who ensure that interdependencies are identified within the stakeholder groups and through the use of a project management approach designed to support the members.

**Pharmacy Awareness Week**

The Honorable Theresa Oswald, Minister of Health, has proclaimed March 1-7, 2010, Pharmacist Awareness Week. This year's theme; **Meet Your Manitoba Pharmacist – Your Partner in Health**, is an opportunity to remind your patients and the public of the important role you play in managing their health. The Professional Relations Committee took a different approach to planning PAW 2010. Instead of placing a focus on the pharmacist activities undertaken during PAW week, the committee wanted to celebrate the daily contributions that Manitoba Pharmacists make to the public they serve. Regardless of practice setting, all can help to promote the profession and the importance of pharmacist services. Success stories serve as inspiration and encourage others to strive for excellence.

The Professional Relations Committee contacted a variety of organizations asking for donations to PAW Week. Thank you to **Loblaws Company Limited** for their generous **donation of \$500** which was put to good use booking advertisements in community newspapers, television ads, and radio public service announcements. For information purposes, please find enclosed the anticipated PAW advertising costs which are in alignment with the MSP budget for this event.

CTV	\$2,500
CJOB	\$800
Westman Journal	\$135
Portage la Prairie Daily	\$186
Thompson Citizen	\$106
Senior Scope	\$270
<b>Total</b>	<b>\$3,997</b>

Thank you to those pharmacists who take the time and effort to plan a PAW campaign within their community.

**Partnerships**

**1. Communication**

Pam Johnson is our feature writer and to date has contributed four articles to Communication which are short, to the point, and intended to encourage the pharmacist to promote the profession through health and wellness initiatives. In the spirit of continuous improvement, the PR Committee would like to hear from you in regards to future topics or how previous articles could be improved. Please forward your comments or suggestions to [yourPRC@msh.mb.ca](mailto:yourPRC@msh.mb.ca).

- September 2009 : Influenza, Pandemics and the Role of the Pharmacist



- November 2009 : Influenza, Pandemics and the Role of the Pharmacist, Part Two – A Focus on H1N1
- January 2010 : Team Building in the Workplace
- March 2010 : Heart Health

## 2. MPhA Professional Development Committee

We were given an exciting opportunity to collaborate with the MPhA Professional Development Committee and participated in the **Call to Action Forum for Pharmacists on H1N1 Pandemic Preparedness** found at <http://www.mpha.mb.ca/vidoevds.htm#MISCELLANEOUS:> Pam Johnson provided a community pharmacist perspective in regards to the role of the pharmacist, developing a pandemic action plan, H1N1 facts and relevant resources.

## 3. CAPSI

The Professional Relations Committee would like to thank CPhA Representative and Faculty Instructor, Kristine Petrasko, for her invitation to present at the CAPSI student night on Oct 8, 2009. Pam Johnson shared with the students an overview of H1N1, the impact on community practice and a practical approach to staying healthy and development of a pandemic action plan.

## 4. Smokers Hot Line

The Professional Relations Committee promoted the SHL which provides services that are complementary to the important work done by pharmacists. The SHL is a free service, staffed with “Quit Specialists” who are trained to provide support and counseling to people who are trying to quit. It is easy for individual pharmacists to partner with the SHL; posters, brochures and business cards promoting the Smokers’ Helpline and Smokers’ Helpline Online (SHO), are available for display in pharmacy locations. Also, the SHL fax referral system enables pharmacists to directly refer smokers to the helpline and Quit Specialists can in turn offer assistance.

## 5. Canadian Diabetes Association

We have partnered with CDA and cross promoted a variety of events which include International Volunteer Day, the Best Banting Fundraising Evening, and Pharmacist Awareness Week.

The CDA website offers a free newsletter which allows you to stay connected with the most current research, hot topics, and local events happening in your community.

<http://www.diabetes.ca/get-involved/newsletters/current/>.

## 6. Canadian Patient Safety Week

The PR Committee has been involved with the *It’s Safe to Ask* (ITSA) campaign for a number of years. Pharmacists are encouraged to continue to order the *It’s Safe to Ask Medication Card* and plastic sleeves from MSP or to download the form from the MIPS website at [www.safetoask.ca](http://www.safetoask.ca).

## Next Steps

The current Medication Cabinet Cleanup program will transition from an annual PAW event to a continuous initiative with the hope that patients will review medications that they currently have in their home on a more frequent basis. We will be developing an enhanced partnership with the Canadian Diabetes Association and investigating the development of a Smoking Cessation initiative designed to encourage pharmacists to take a more active role in providing support and counselling to those trying to quit. We have also been directed by the Board to research pharmacist prescribing and the development of a minor ailment list following the June 2009 MSP Probe Research Survey

which queried the pharmacist’s scope of practice and willingness to prescribe. If you have an interest in becoming involved with any of these initiatives or have any comments or suggestions, please contact the PR Committee by emailing [yourPRC@msp.mb.ca](mailto:yourPRC@msp.mb.ca).

## Acknowledgement to past and present volunteers

I would like to acknowledge the service of **Nancy Remillard** in her previous role as Chair of the Professional Relations Committee. Her years of service and expertise were paramount in coordinating previous PAW Campaigns and initiatives instrumental in promoting the role of the pharmacist. **Teresa Murray** continues on in her role as the Professional Relations Public Affairs Coordinator and behind the scenes, is the master mind behind the PAW media campaign. I would like to thank the volunteer efforts of **Vicki Perron** who supported the PR Committee during the transition of chairs and helped plan the 2010 PAW Campaign. **Pam Johnson** joined the Committee as our feature writer and presenter and assumed a lead role during the H1N1 crisis, in partnership with **Alison Desjardins**, Director, MSP Board. CPhA representative and Instructor, **Kristine Petrasko**, contributed a national and faculty perspective. Student Representative, **Grant Pidwinski**, recently joined the Committee and we are looking forward to a new practitioner’s involvement with the organization.

All Committee members are volunteers and I would like to thank them for the efforts devoted to advocacy activities on behalf of Manitoba Pharmacists. We continue to seek representation from the MPhA, hospital, and distance care group which would allow us to broaden our perspective and enhance the effectiveness of the PR Committee. Please contact the MSP office if you are interested in participating.

Thank you again for the opportunity to Chair this Committee.

Respectfully submitted,

Gayle Romanetz

Professional Relations Committee Chair

## Government Relations Committee Report To the Annual General Meeting April 10, 2010

The MSP Government Relations Committee held meetings throughout 2009, and was particularly active with respect to the Bill 18 Legislative Process, and the PwC Consultation process. The majority of members of the Government Relations Committee attended the Legislative Committee Hearings with respect to Bill 18, the Regulated Health Professions Act, and presented arguments in support of pharmacists retaining their legal rights to vote on regulatory changes. There was a coordinated effort to convince the Legislative Committee, which was chaired by Minister of Health, Theresa Oswald, that pharmacists are not unique from other health professionals and should not continue to have the right to vote on changes to the regulations.

Based on the work of MSP and other pharmacy stakeholders, Manitoba pharmacists are the only health professionals that have secured the right to vote on regulatory changes into the future. Based on the fact that 94% of MSP members continue to want this legal right as determined by a 2009 Probe Research survey, the Government Relations Committee has no intention of abandoning their commitment to retain these voting rights.

The Government Relations Committee supported the efforts of



the PwC Steering Committee, which has now transformed into the PwC Steering Committee Working Group. Significant effort went into developing a terms of reference for the Working Group, and MSP has placed high expectations in these efforts to progress the regulation development process. However, the draft regulations will require a strong commitment from all relevant stakeholders. The Society remains committed to developing and approving regulations which satisfy the needs of the pharmacy profession in Manitoba.

The Government Relations Committee also reviewed the PwC Organizational and Capacity Report on the MPhA. The MSP attempted with no success to meet directly with the MPhA Council to provide direction. The Committee eventually, through the MSP President, provided MPhA Council with some recommendations on the report's findings.

Finally, the Government Relations Committee in 2009, seized the opportunity to participate in an omnibus survey conducted by Probe Research, which involved 1,000 Manitobans. The survey results established undeniable support for pharmacists having the ability to prescribe from a limited formulary. This un-budgeted expenditure has produced valuable information which can be used in a multitude of ways in the coming years for the benefit of the MSP membership.

In closing all members of Government Relations Committee are commended for their efforts in 2009, and can expect a very busy 2010.

Respectfully submitted,  
Government Relations Committee Chair



**MICHELLE GLASS**  
Pharmacare  
Committee Chair

### **Pharmacare Committee Report To the Annual General Meeting April 10, 2010**

This past year, the Pharmacare Committee has continued with its mandate to meet with representatives of Manitoba Health including the Assistant Deputy Minister of Health, on a regular ongoing basis. The main objectives of these meetings were to keep an open dialogue with Manitoba Health regarding the Pharmacare program and issues that face community pharmacy. Overall the meetings

have been very productive at bringing forth concerns of community pharmacists, bringing back the concerns of Manitoba Health and most importantly building a relationship with government so that pharmacists are part of the policy making process.

The committee is comprised of MSP Directors Michelle Glass (Chair), Darwin Cheasley, Alison Desjardins, and Greg Harochaw as well as Joss March and Scott Ransome.

The following items were identified and discussed at meetings this past year.

1. **Manitoba Formulary** – Listing of new generic products: In last year's report I described the new submission process that was implemented for all generic companies. This past year Manitoba pharmacists saw fewer bulletins than in previous years and consequently there were delays in new products being listed. Manitoba Health explained that in addition to pricing, an important part of the submission process was the requirement for a "utilization management policy" which states how the manufacturer will ensure the proper utilization of that particular medication. Of note to Manitoba pharma-

cists is how the new agreements ensure that generic companies guarantee supply of their medications. If they are unable to supply they must reimburse pharmacies for any extra incurred costs due to their inability to supply. Although the delays of new generic listings are frustrating we commend Manitoba Health for not following suit with Ontario's ODB pricing strategy.

2. **Compounding Ad-Hoc Committee** – In 2009 a new ad-hoc committee was struck to identify a list of specialty and non-specialty compounding ingredients, their eligibility for coverage and under what criteria. This committee is still ongoing and we anticipate information to be published soon.
3. **Patent Laws:** This was mentioned in last years report and is included as a reminder. In order to comply with patent laws and new listing of generic products if a prescription was brought in or written before the interchangeable effective date for a brand name product, the pharmacist must get authorization from the prescriber to dispense the generic equivalent. This includes the remaining refills on a prescription written before the interchangeable effective date.
4. **Professional Fees:** Manitoba Health this past year required all Manitoba pharmacies to submit their dispensing fee structure. They were in consultation with the MSP Pharmacare Committee before they implemented this policy. As mentioned in last year's report Manitoba Health noticed that some pharmacies had increased their dispensing fees once a patient had reached their deductible. Practices like these likely contributed to the dispensing fee structure disclosure and will hopefully reduce inappropriate billing practices.
5. **Diabetic Test Strips & Meters:** Manitoba Health continues to have concerns that due to certain promotions and advertising there is significant waste and overuse of test strips as a result of patients changing their meters frequently. It is the pharmacist's responsibility to ensure proper usage of test strips and provide adequate education on their use. Currently Manitoba pharmacists have the ability to initiate prescriptions for diabetic supplies themselves in order to bill under the Pharmacare Program. However this privilege may be revisited if pharmacists do not provide proper education regarding glucose test strips.
6. **Cognitive Services/Demonstration Projects:** Discussions are still ongoing regarding pharmacist involvement in demonstration projects. These projects would compensate pharmacist's cognitive services for their involvement. We are hopeful that these opportunities will follow through this year.
7. **The DPIN system:** Upgrades to the system are still underway and Manitoba Health continues to be in consultation with MSP. Any pharmacist is welcome to forward a recommendation to the MSP office to be included.
8. **DPIN Reversal Policy:** This policy has been well underway for a year now. It was reported that some community pharmacies had problems following this policy and were contacted directly. This policy was implemented to ensure that every patient's profile is up to date and accurate to promote patient safety. However every pharmacy is required to comply with this new policy and take advantage of reversing a claim within the 28 day period. Every community pharmacy must have their own policies in place to ensure that there are no prescriptions in their pick up bins beyond the 28 day period. Any pharmacies that continue to submit manual reversal claim forms will be referred to the MPhA Complaints Committee.

9. Pharmacy Standard Contract: This contract is currently underway and its purpose is to capture the current practice in Manitoba and will require every Manitoba pharmacy to sign the contract in order to participate the Manitoba Pharmacare Program. As mentioned previously the development of such a contract was born from the recommendations of the Provincial Auditor's Report in 2006 and is common practice in most other provincial jurisdictions.

10. Dispensing Frequency: Manitoba Health is concerned that there is increasing amount of prescriptions filled on a short term interval (less than 7 days) in combination with compliance packaging. Manitoba Health wants to ensure that any short term dispensing and compliance packaging is for a valid, documented reason and authorized by the physician.

In closing I would like to thank all the members of the Pharmacare Committee for their time and commitment as well as representatives of Manitoba Health including Assistant Deputy Minister of Health, Kim Sharman, Olaf Koester and Gayle Keeley.

Respectfully submitted,  
Michelle Glass  
Pharmacare Committee Chair



**ELMER KUBER**  
Insurance Committee  
Chair

### **Insurance Committee Report To the Annual General Meeting April 10, 2010**

It is my pleasure to provide MSP members with my third Annual Report as Insurance Chair, and the second since being elected President of the Canadian Pharmacists Benefits Association (CPBA).

I have enjoyed my role as CPBA President and am happy to advise MSP members that further progress has been made since my last report.

During this past year, Scott Ransome, MSP Executive Director (and CPBA Secretary-Treasurer) and I were appointed by the CPBA Board of Directors to look for a suitable alternative to the insurance experts who had been managing all responsibilities associated with CPBA. Following an initial search, a request for proposal process and meetings with three companies, including the current providers, Taylor and Associates were selected.

The operations of the CPBA have been fully transitioned to Taylor and Associates, a company with an excellent and long reputation with Association Management. Taylor was chosen because they satisfied our goal, which was to provide as good or better service at a lower cost. Although I am reluctant to reach conclusions too early it does appear that the change to Taylor and Associates was the correct decision. On an annual basis their cost should be less than half of their predecessor. As President, I have noticed improved support, a greater commitment to finding efficiencies, and an unmistakable focus on the best interests of CPBA. Taylor and Associates seem less like outside consultants and more like CPBA staff.

This completes the two part effort to make changes to ensure that all 4,000 pharmacists receiving coverage through CPBA get the best service possible at an overall cost the CPBA can afford. I am confident in indicating that after many challenging and uncertain years, the CPBA is now in an enviable position.

The insurance product CBPA pharmacists, including MSP members receive is equal to the most comprehensive available in Canada. The results of a national study commissioned by Provincial Pharmacy Advocacy Organizations independently confirmed CPBA's professional liability coverage for pharmacists has no superior option. Certainly there are less expensive products available, but given the significance of liability insurance offering pharmacists inferior products is not CPBA's mandate.

It is my hope that in the coming year progress can be made in attracting additional pharmacist organizations to consider joining CPBA. There has never been a better time for other Provincial Pharmacy Advocacy Organizations to want to become part of CPBA. If increasing the size of CPBA will be of value to CPBA, I am certain the CPBA Board of Directors will consider such developments.

In closing, I would like to thank the other seven Directors of CPBA for their sacrifices and commitment, and I look forward to a further productive year.

Respectfully submitted,  
Elmer Kuber  
Insurance Committee Chair



**KRISTINE PETRASKO**  
CPhA Liaison

### **CPhA Liaison Report To the Annual General Meeting April 10th, 2010**

#### ***CPhA: 2009 in review***

CPhA worked hard in 2009 as we continued initiatives to move the profession forward and provinces across the country moved towards expanding the pharmacist's role. Work progressed in the midst of global economic challenges and we, as a profession and as an organization, continue to

strive toward ensuring success in an ever changing and increasingly complex environment.

#### ***I. Advancing the Role of the Pharmacist***

##### **Blueprint for Pharmacy**

The Blueprint for Pharmacy is a collaborative initiative designed to transform pharmacy practice in order to achieve the Vision for Pharmacy: Optimal drug therapy outcomes for Canadians through patient-centred care. 78 national and provincial pharmacy organizations, faculties of pharmacy and student associations, and chain pharmacy head offices have pledged their support for the Blueprint.

In 2009, the Blueprint Task Force and working groups completed their mandates and finalized the Blueprint Implementation Plan (September). All 36 recommendations laid out in the Moving Forward Pharmacy Human Resources for the Future Final Report were integrated into the Implementation Plan. Pharmacy organizations across Canada have been consulted and many have agreed to lead specific initiatives. CPhA has established a National Coordinating Office (NCO) to help coordinate and communicate Blueprint activities and some external funding has already been secured to help support the NCO.

The Blueprint Fundraising Committee, chaired by Virginia Cirocco, has been assembled and is working on a fundraising plan. Several Health Canada funding proposals have been approved with work commencing in 2010.

## National Diabetes Strategy for Pharmacists

The National Diabetes Strategy for Pharmacists was designed to develop and disseminate materials that will assist pharmacists with providing better care to people with diabetes; it is part of the federal government's Canadian Diabetes Strategy. The Diabetes Strategy for Pharmacists includes:

- The *Canadian Pharmacists Journal* supplement on Diabetes, a pharmacist-specific adaptation of the Canadian Diabetes Association 2008 Clinical Guidelines for the Prevention and Management of Diabetes in Canada, were published as the *CPJ* supplement *Diabetes* in the March/April 2009 issue.
- The development and launch of "The 'how to' of managing diabetes...A prescription for pharmacists" continuing education course to train pharmacists to help patients better manage their diabetes was completed in early 2009. The 12-CEU online course was launched in August and can now be chosen by CPhA members as their complimentary membership benefit.
- Pharmacist Diabetes Champions were recruited across Canada. These ten champions will act as spokespersons for the Strategy and will facilitate the live version of the CE course.

## H1N1 Response

Pharmacists played a critical role during both waves of the H1N1 pandemic in 2009. CPhA collaborated with the Public Health Agency of Canada and other partners, providing almost daily web updates and frequent email communications to CPhA members.

## Pharmacy Practice Research

CPhA actively supported pharmacy practice research in Canada through the Canadian Pharmacy Practice Research Group (CPPRG) and with very well-attended research sessions at our conference. We continued to deliver quarterly issues of *the Translator* and launched *Live Links*, an e-newsletter providing summarized research from around the world with links to online abstracts and full-text articles. Both are sent to government and health care stakeholders to support knowledge translation between pharmacy practice research and health policy.

## QUIT: Quit Using and Inhaling Tobacco

CPhA's QUIT: Quit Using and Inhaling Tobacco live and online courses were reaccredited and re-launched in September. At the end of 2009, funding was approved to expand the program to develop a smoking cessation strategy for pharmacists.

## II. Representing and Promoting the Profession

### External Relations

In 2009, CPhA continued to meet with a wide range of stakeholders and government officials to discuss various aspects of pharmaceutical and health care policy. Health human resources (HHR) remained an important issue and CPhA executive director, Jeff Poston, gave a presentation to the federal government's House of Commons Standing Committee on Health (HESA), focusing on the contribution of the pharmacy profession in addressing HHR issues.

CPhA's advocacy activities also include our work with the G4 group (Canadian Medical Association, Canadian Nurses Association, Canadian Healthcare Association and CPhA). G4 had meetings with the Minister and Deputy Minister of Health and also advocated for the federal government to release \$500 million in funding to Infoway to support electronic health record adoption. Following the release of the Auditor General's positive report on Infoway, we wrote to the Prime Minister, which was

picked up in the media, and published an ad in the *Hill Times* newspaper.

## International Pharmacy

CPhA represented Canadian pharmacists at meetings of the Council of the International Pharmaceutical Federation (FIP) and the Council of the Commonwealth Pharmaceutical Association. This year, CPhA was invited by the FIP to submit a "Canada Case Study Chapter" focusing on pharmacy human resources challenges, strategies and outcomes for the 2009 FIP Global Pharmacy Workforce Report (released September 2009). The case study draws heavily from the research and recommendations from the Moving Forward: Pharmacy Human Resources for the Future initiative and the details of the Blueprint for Pharmacy Implementation Plan, and showcases a number of innovative approaches used by Canada's pharmacy sector to both address pharmacy human resources challenges and achieve the Vision for Pharmacy.

## e-Pharmacy

CPhA co-chairs the National e-Pharmacy Task Force (NePTF) with the Canadian Association of Chain Drug Stores (CACDS) to address policy, privacy, business and patient care issues as they relate to electronic health record technology and pharmacists. CPhA collaborated with CACDS and the PEI Pharmacists Association in conducting the PEI Drug Information System Cost-Benefit Analysis (PEI-DIS-CBA) Study. Key findings and lessons learned were communicated to key stakeholders as other provinces move forward with DIS.

## Non-Insured Health Benefits Program

Throughout 2009, CPhA facilitated relationship building discussions between representatives of the federal Non-Insured Health Benefits (NIHB) program, national and provincial pharmacy organizations and practising pharmacists. In April, Jeff Poston chaired a group of CEOs and staff from provincial associations and CACDS to provide input into NIHB policies with respect to a new ESI Provider Agreement and Claims Submission Kit. This has been a successful process with some important modifications to policy achieved for pharmacy. Some outstanding issues remain to be resolved at an individual provincial level or at a specific operator level. NIHB have agreed to work with a technical working group to address outstanding issues with respect to audit including the development of an audit appeals process. Jeff later met with Anne Marie Robinson, ADM at FNIHB, to discuss the concept of a Joint Pharmacy Council and the development of the role of pharmacists with respect to meeting the needs of First Nations and Inuit.

## CPhA Membership

As with all associations, CPhA is only as strong as its members. Clearly, it is important that pharmacists support their provincial associations, but support for your national association is also vital. A consultant undertook a membership strategy review and a Membership Task Force has been struck to enhance CPhA's value proposition for Canadian pharmacists. To support our members in providing expanded medication management services to their patients, we have launched a new member benefits program. Instead of receiving a complimentary print CPS, members can choose to receive instead e-CPS, the 12-hour Diabetes CE which is part of the national diabetes strategy for pharmacists, or a 50% discount on e-Therapeutics+.



### **III. Strengthening CPhA as the Primary Canadian Source for Drug & Therapeutic Information**

#### **Canadian Pharmacists Journal**

The *Canadian Pharmacists Journal* produced six full issues and one supplement, *Diabetes*, in 2009. An updated business plan was presented and approved by the board, reaffirming the value of *CPJ* as a membership benefit. The first full year of *CPJ* Online concluded with steadily increasing traffic.

#### **Publications and e-Products**

The e-CPS and e-Therapeutics+ portal underwent a major re-architecture in 2009, resulting in more flexibility for CPhA and significant cost savings. Changes to the user experience included a streamed login process and improved search functionality. Our e-product licensing model underwent significant change as we moved to an enterprise pricing system. This change gave our sales team an opportunity to reconnect with our major clients, renegotiate contracts and get a better understanding of how our products are being used and how they can best suit client needs.

Building relationships was critical in 2009. CPhA successfully negotiated contracts with several major partners in efforts to ensure that our expert drug and therapeutic content is available in a variety of innovative ways. Merck Univadis will now provide access to e-CPS drug monographs to Canadian physicians and meetings continue to be held with provincial organizations, chain pharmacy, manufacturers, professional associations and potential partners to explore new business opportunities.

Work progressed well on a second edition of Patient Self-Care, which will provide pharmacists with an updated, evidence-based resource to support patients in managing minor ailments and using non-prescription medications. The new edition will be available in August 2010.

This has been a brief review of the major activities of 2009.

Respectfully submitted,

Kristine Petrasko

CPhA Board Member for Manitoba

CPhA Liaison MSP Board Member



**GRANT PIDWINSKI**  
Student Liaison

#### **Student Liaison Report To the Annual General Meeting April 10, 2010**

The 2009-2010 academic year was an exciting and fast paced one for the Faculty of Pharmacy. The start of the year focused on the concerns over the H1N1 virus and ended with a flurry of exams and social events for every student. The Bannatyne campus is growing and the Faculty of Pharmacy is becoming a big part of it. We have recently funded a student from our faculty to attend a

conference in Australia centered around our work at the WISH Clinic and have contributed to the Manitoba Health Science Student's Association. It was an exciting year that I was glad to be a part of.

#### **Academic Activities:**

- September
  - Annual White Coat and Student Recognition Ceremony
- October
  - Career Avenue and Research Day
  - CAPSI Symposium – Topic H1N1
- January
  - CAPSI - Professional Development Week (PDW) - Toronto, ON
  - CPhA Presentation on “Blueprint for Pharmacy”
- March
  - Mock OSCEs for fourth year
- May
  - Graduation Ceremonies

#### **Volunteer Opportunities:**

- November
  - 4th Years participated in H1N1 vaccinations
- February
  - MS Walk Raffle
- March
  - Pharmacy Awareness Week

#### **Student Recruitment:**

- November
  - Pharmasave Pool Night (3rd years)
- February
  - Canada Safeway Reception (1st – 3rd years)
  - Rural Manitoba Presentation
- March
  - Canada Safeway Reception (1st – 3rd years)

#### **Social Activities:**

- September
  - 1st Year Orientation, Mini-Putting
  - Golf Tournament in Carberry
  - The Red Party, fundraiser for CANFAR AIDS Research
- October
  - Grad Social Fundraiser
  - Blue Bombers football game
- November
  - PDW Fundraising Social @ Blush
  - Grad Rumors Comedy Club fundraiser
- March
  - MSP Student night at the King's Head
  - Faculty Hockey vs. Alumni
  - Pharmacy Skits and Wits Night

As you can see there have been various ways for the students to get involved with the Faculty of Pharmacy. Whether it is MPhA, MSP, CPhA or CAPSI every student has a chance to contribute.

On behalf of the student body I would like to personally thank MSP for the contributions they have made to our education and personal concerns about pharmacy. I feel it is very important to establish these bonds as undergraduate students so that they will continue to grow as we become professionals.

Respectfully submitted,

Grant Pidwinski

Student Liaison



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