



*CANADIAN ASSOCIATION OF PHARMACY STUDENTS AND INTERNS LETTERS*

# **CAPSIL - JACEIP**

*LE JOURNAL DE L'ASSOCIATION CANADIENNE DES ETUDIANTS ET DES  
INTERNES EN PHARMACIE*

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**Winter 2008**

**Feature: Students Giving Back in a Global Way**  
pg. 10-11



**Welcome Waterloo**  
pg. 7

**I Know What You  
Did Last Summer**  
pg. 16-18



# Celebrating 40 Years of Achievement

### CAPSIL

is published three (3) times a year by the Canadian Association of Pharmacy Students and Interns (CAPSI) as a service for its members.

CAPSI is a national student organization that promotes and represents the interests of Canadian pharmacy students. Visit: [www.capsi.ca](http://www.capsi.ca) for more information about CAPSI and to view a French version of the CAPSIL.

All published articles reflect the opinions of the authors and not necessarily the opinions of CAPSIL, CAPSI or its sponsors.

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*Please contact your local CAPSIL rep for more information about CAPSIL and how to contribute.*

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**Roberta DeFazio**  
**CAPSIL Editor**  
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The Canadian Association of Pharmacy Students and Interns or L'Association Canadienne des Etudiants et Internes en Pharmacie (CAPSI/ACEIP) is composed of pharmacy students, pharmacy interns and pharmacy organizations across Canada. CAPSI offers Symposia, educational seminars, drug fairs, trade shows, CAPSI competitions and various social activities on a local level. As well, on a national level, it allows opportunities for professional advancement and advocates the interests of its members before pharmacy and other professional organizations.

Taking a step back in time to 1967, The Canadian Pharmacists Association (CPhA) selected one third year student from each pharmacy school in Canada to be a Centennial Scholar and sent them on a tour of various pharmaceutical industries, government agencies and hospitals. That year at the CPhA Conference in Toronto these scholars proposed the formation of a national association that could represent all pharmacy students across the country. Thus, in 1968 CAPSI came into existence and at this time it was decided that there be a President, Secretary-treasurer and CAPSIL Editor. Over the years these evolved to the executive positions we know today; President, President Elect, Executive Secretary, Vice President Communications, Vice President Education, Vice President International Affairs, Finance Officer, International Pharmaceutical Students Federation (IPSF) Liaison and CAPSIL Editor. The IPSF Liaison was created to bring CAPSI to an international level and in 1997 the IPSF Congress held in Vancouver, BC was the first that CAPSI hosted and had full voting members. CAPSI

has had a seat on the CPhA's Council of Delegates for many years and in 1988 CAPSI was given a second seat. At first University de Montreal and Laval were not part of CAPSI and in 1983 and 1984 respectively, the Centennial Scholars introduced their schools to CAPSI. This unified all the pharmacy faculties across Canada, both French and English and brought CAPSI to the level at which we know it today. Every year membership in this great organization grows and everyone who is a part of it should be proud of CAPSI's self-initiated growth and development over the years.

So may I proudly say; Happy 40th Birthday CAPSI!

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**By Omolayo Famuyide**  
**CAPSI National President**  
**4th Year, University of Manitoba**

Happy New Year! I hope the first term of your studies was good to you. To the Class of 2008, hang in there...the end is in sight! I would like to take this opportunity to welcome the Class of 2011 to the profession. Let me reassure you that the decision you have made is an excellent one. You will be presented with various opportunities to join thousands of students in continuing to shape the profession you have chosen. I encourage you to take advantage of each and every one of these opportunities; they will only act to serve you well.

Many of you may or may not be aware, but this year marks the 40th anniversary of the Canadian Association of Pharmacy Students and Interns. Forty years ago, scholars of the 1967 CPhA Centennial Award felt there was a need for a national organized body to represent, promote and advocate the interests of Canadian Pharmacy Students. With this in mind, students from the Undergraduate Pharmaceutical Student Society at the University of Toronto made a proposal to scholars at the CPhA conference. Nineteen sixty-eight marked the official existence of CAPSI as an Association. The Association has grown significantly over the past 40 years with what started as the inclusion of strictly English-speaking schools to membership of the University of Montreal and Laval University in the Association in 1983 and 1984, respectively. The Association is extremely proud to continue to stand as an organization that was founded by students, and continues till this day to be strictly run and governed by students. The initiative and dedication these Centennial Scholars had for their profession is one that the Association hopes to continue to instill in its members today.



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As part of CAPSI's mandate to promote and advocate your interests before organized bodies in pharmacy, other professions, government and industry, we also aim to provide members with various opportunities for educational and professional development. Some of these opportunities include a variety of competitions, awards and programs. This year, the Association brings you a new and improved iPharmacist program, symposia and Handwashing Program. This year also welcomed the launch of an updated version of our student interview guide titled Pharmacy Students Leading Pharmacy Practice Change: A Guide For Students To Negotiate For Patient-Centered Care and the CAPSI-CPhA Government Relations Workshop. Competitions we offer include the Over-the-Counter Competition, Patient Interview Competition, Compounding Competition and Student Literary Challenge. In addition, members are encouraged to apply to the several awards we offer, the CAPSI-Wyeth Guy Genest, Award of Professionalism, CSHP-CAPSI Hospital Pharmacy Student Award and the CAPSI Award of Professionalism.

This year will bring yet another exciting Professional Development Week conference. The University of Alberta, Faculty of Pharmacy and Pharmaceutical Sciences has invested two years preparing a tremendous conference for you. Canadian pharmacy students from all across the country will gather in Edmonton for a week of educational sessions, speakers and social activities. This year's theme, Empowering Our Patients is sure to enlighten and bring awareness on how to motivate your patients in taking greater responsibility and ownership of their health.

In addition, your CAPSI membership also brings automatic membership to the International Pharmaceutical Students' Federation (IPSF). You IPSF membership provides you access to IPSF programs and initiatives including the Student Exchange Program, IPSF World Congress and many other international pharmacy conferences.

This is truly an exciting time to be a part of the profession and as future practitioners; the future of the profession truly does lie in your hands. By participating in one or more of the many of the programs and activities CAPSI has planned for you, you will better be prepared to meet the challenges this profession has to offer. Whether it's local or national participation that brings you to your involvement, I encourage you to network; build relations and lasting memories with your peers. Embrace the challenges and successes your encounters bring, and tap into the diversity amongst your peers.

As you embark on another school year, we are also pleased to have the pleasure of welcoming the tenth Canadian pharmacy school, the School of Pharmacy at the University of Waterloo to the Association. As an Association standing over 3600 members strong, we look forward to creating a stronger presence and voice for you, our members. As President, I look forward to working with your elected officials and representatives in continuing to serve, promote, advocate and represent your interests and voices in the face of Canadian pharmacy both nationally and internationally.



# **CAPSI Executive Council Updates**

## **National President-Elect: Jonathan Mailman**

Since my election to office, I have had an exciting and steep learning curve. This past November I attended my first Moving Forward: Pharmacy Human Resources for the Future ([www.pharmaccyhr.ca](http://www.pharmaccyhr.ca)) as your CAPSI Representative.

Work with Constitution Review Committee has yielded a brief overview of Robert's Rules for this upcoming PDW in Edmonton, as well as several other documents.

As Chair of the Website Committee, and working closely with the Webmaster, we have been working towards developing the website ([www.capsi.ca](http://www.capsi.ca)) further; to increase its functionality and usefulness for you, our members. If there is something that you think should be included, please go to the forums ([www.capsi.ca/forum](http://www.capsi.ca/forum)) and let us know!

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## **Vice President, Education: Lindsay Lord**

This year the compounding competition was sponsored by Medisca, student literary challenge by CPJ and CAPSI, the OTC competition by Wyeth and the patient interview competition by CAPSI. There was a good level of participation in all the competitions this year. Wyeth and CAPSI sponsored the Guy Genest award and ratiopharm sponsored the award of professionalism. Goals for the future are: increased attendance at CAPSI symposia, increased awareness and participation in Operation: Wash-Up presentations, development of additional community outreach programs in collaboration with our corporate sponsors and increased participation in competitions and improve competitions based on feedback from this year's participants.

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## **Vice President, Communications: Jen Wiebe**

Hello all CAPSI members from chilly Winnipeg. I officially began my term as the VP Communications when I

returned home from a volunteering trip in Ecuador. Since mid-July I have kept busy with the responsibilities and activities that are involved with this position. Here is an update on my accomplishments over the past six months. I began the year with the distribution of agendas, which went well at most schools. There was also a new program organized by our partner Apotex regarding their iPharmacist product, where we hoped students were able to learn about this product prior to purchase. I have also spent time in contact with CAPSI partners to ensure mutually beneficial relationships. The most exciting and ongoing venture is the initiation of a new CAPSI chapter at the University of Waterloo. This activity has not taken place in over 20 years, so I am busy with collection of resources to facilitate the growth of CAPSI and to welcome the newest future members of the profession in January 2008. With the help of my CAPSI council colleagues, I anticipate this will be a success. I will be spending the remainder of the year focusing on assembling the CAPSI agenda, exploring new partnership possibilities, completing CAPSI Club membership renewals, developing a structure for advertising in CAPSIL, and planning my next trip. If any member has questions or concerns related to my responsibilities, please feel free to contact me at [vpcom@gmail.ca](mailto:vpcom@gmail.ca). I would also like to encourage everyone to seriously consider running for a CAPSI National position.

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## **Finance Officer: Leslie Dagg**

CAPSI National is the financial hub for many of the funds allocated to local councils for competitions, printing the CAPSIL and other CAPSI activities. Essentially, my job is to forecast the budget for the upcoming year and ensure CAPSI remains on budget. This can be quite challenging at times, and requires communication with all national council members!

I am chair of the Finance Committee and work closely with others on council to ensure funds are received in a timely fashion and bills are paid on time. I am responsible for distributing PDW profit to

local councils as well as reimbursing CAPSI national council members for expenses incurred.

I have recently been working with our accountant to ensure that CAPSI's year end and review of engagement are completed. Future projects include generating a calendar of activities and updating the Finance Officer portfolio to help the next person in this position. Being on national council has been very rewarding so far and I look forward to the rest of the year.

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## **Vice President, Interprofessional Affairs: Jeremy S. Reid**

Following the CPhA conference in Ottawa, I attended the Tommy Douglas Celebration of Medicare Awards luncheon in Toronto, hosted by the New Health Professionals Network (NHPN). Omolayo and I were in attendance in order to present an award for excellence and innovative work in the publicly funded and delivered single-tiered Medicare system in the category of primary care.

Throughout my term thus far, I have been in contact with the Canadian Interprofessional Students Network (CISN). This is a network with representatives from the national health and human services student organizations. The network's objective is to foster interprofessional discussion at the national level. The network was formally created in June of 2007 and CAPSI officially joined in October. As new developments and interprofessional opportunities arise, I will disseminate this information to the local CAPSI reps, so they can keep you, the members, informed.

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## **Executive Secretary: Tiffany Nguyen**

Since the CPhA Conference in May, I have completed the CPhA 2007 Meeting Minutes which are now posted on the CAPSI website that you can go check out. Other activities I have worked on are making up the CAPSI Membership Database, and coordinating and taking minutes at the CAPSI

Con't on next page



Video teleconference that we had this fall. I am also constantly checking my emails and making sure that pharmacy students from across Canada have their questions answered and I act as a liaison between CAPSI and various organizations such as CPhA and CSHP. As PDW 2008 approaches, I am helping to organize the upcoming CAPSI Elections, which is very exciting! On that note, I'd like to encourage everyone to get involved with CAPSI as it is certainly a great opportunity to meet other pharmacy students and make a difference in the future of pharmacy.

national student. If all goes as planned, we should be able to send at least 11 CAPSI students on exchange next year!

Due to the excellent work of the IPSF local representatives, we have already surpassed last year's numbers of Canadian student's applying for SEP. The competition will be tough this year, however, students who find a pharmacy placement for an international student will be preferred.

Although things are going well – we still need your help. The more community, hospital, industry and research placements we find for international stu-

dents this summer will significantly increase the number of CAPSI students we can send on exchange in summer 2009. If you know any pharmacist who may be interested in a hosting a student, please contact me at seo@capsi.ca. The host site can pick which student they want, when they want them at the pharmacy, and they do not have to be paid! CAPSI is responsible for visas, accommodations and social events for the student.

Good luck to all applicants and all the best in the New Year!

### CAPSIL Editor: Roberta DeFazio

I would first like to introduce myself. I am in my fifth year of university and currently in first year pharmacy at the University of Saskatchewan. I was elected CAPSIL editor in the late fall and have loved the experience thus far. This will be the first issue I have put together. I am current working with other members of council to organize the new incentive of advertisement in the CAPSIL as well as to begin an article exchange with Pharmacists without Borders (PSF).

### IPSF Student Exchange Officer: Cynthia Cho-Kee

This is a very exciting time for CAPSI and the International Pharmaceutical Students' Federation (IPSF) Student Exchange Program (SEP). Sharon Leung, the current CAPSI-IPSF Liaison, and I attended the 53rd IPSF World Congress in Taipei, Taiwan this August. At the Congress I met and networked with Student Exchange Officers from over 40 countries that I've worked closely with over the past several months. Promotion on the international end has been going very well. I currently have applications from students from Spain, Serbia, Latvia, Egypt, Ghana, France, Hungary, Sweden and Singapore. Thanks to all your hard work, thus far, I have secured 4 students in community pharmacies in the Greater Toronto Area and have several other community pharmacy placements we are in the process of filling. We also have a research opportunity at UBC for an inter-

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IPSF Liaison: Sharon Leung

### IPSF Canada

Greetings IPSFers! It is my pleasure to write to you at such an exciting time with IPSF CAPSI. We have made great strides with IPSF for the last few months.

IPSF CAPSI has moved forward in strengthening relationships not only internationally, but also within our own borders. An IPSF CAPSI e-group was started in mid July. The purpose of this online group is to facilitate increase communication between the local and national IPSF representatives. This idea originated from IPSF's international online e-group. The website is constantly updated with IPSF news and various resources (i.e. HIV/AIDS Awareness Campaign Handbook, Internship news + PowerPoint, etc). At the moment, the site has limited access to local IPSF liaisons and national execs, but I am currently looking into the idea of opening our e-group membership to all CAPSI members. At the same time, a new "Local IPSF Representative Manual" was also put published this summer for each of the local reps. The idea is to help local reps to get a better understanding about their role, to gain a greater wealth of knowledge about the federation itself and to provide a timeline of duties to be done for the year.

From October 1-5 of this year, we piloted a project called "International Pharmacy Week" at UBC. It's a week long event with lunch time presentations set every day. The topics differed everyday and included topics such as:

- Pharmacists Without Borders
- IPSF and WHO Internship
- Student Exchange Program, the Pharmacy Profession Awareness Campaign Award and IPSF
- Volunteering Abroad- HIV/AIDS in Africa
- IPSF World Congress- Taiwan 2007 and Romania 2008

The events were very well received and there is definitely potential to spread this to other schools.

CAPSI IPSF collaboration with other students' organization has also progressed very well in the last few months. For example, a few schools are currently looking into or undergoing the process of newsletter/ article exchanges with pharmacy schools in other countries, such as Ghana.

Promoting public health is one of IPSF's aims and objectives. IPSF encourages and supports its members in establishing pharmaceutical student-managed public health campaigns globally. November was the official HIV/AIDS Awareness month in our CAPSI sub-branch; IPSF. It is an especially busy time of the year when our local IPSF reps put together their campaigns all across Canada, as well as their SEP presentation in October. Here are some campaigns that are happening:

- Partnerships with Global Medicines Initiatives to promote access to medicines and rational use of medicines to promote the "AIDS Everyday" Campaign. (U of T)
- Interdisciplinary Presentation by Pharmacists+ Nurses team from Africa (UBC)

- Presentation by PharmD from Zambia who specializes in HIV/AIDS (U of A)
- Documentary Filming Collaboration with Dalhousie AIDS groups and fundraiser for little travelers (Dalhousie)
- Presentation by specialized pharmacist in HIV/AIDS (Laval)
- Publishing various articles in local and national newsletters

### Pharmaciens Sans Frontieres (PSF)

This year is the first year that CAPSI has had official relations with PSF. I have been working as the liaison between CAPSI and PSF thus far, relaying information from one side to the other. For example, in the latest PSF newsletter called the "link," an article was published about some of our Canadian pharmacy students' experience at the IPSF Congress. We hope to have a continual exchange of articles between the two organizations' publications in the future. Conversely, PSF also sent CAPSI a PowerPoint presentation about their organization, which is currently distributed to all the local IPSF reps through the online e-group. DVDs about "The Second Tsunami" has also been mailed out to those schools who have responded to the request. In the meantime, it is encouraged that each local IPSF rep present to their perspective students from each school, about PSF using their PowerPoint presentation and DVD. UBC had their first PSF presentation on Oct 5th during International Pharmacy Week.

### IPSF World Congress (summary)

Between August 6-16th, 2007 this summer, Cynthia and I participated in the annual IPSF World Congress in Taiwan.

As official delegates, we attended 22 hours of General Assembly representing CAPSI. At these meetings, two delegates from each participating country were able to vote on issues concerning IPSF. As one of roughly 34 member associations voting, CAPSI's voice was heard.

In addition to General Assemblies, we also actively participated in workshops specific to their positions. Sharon not only attended, but she was asked by an executive IPSF member to make a presentation to the other Contact Persons (CPs) on the topic, "How to be a Good CP". She also ran a workshop on how to put together an HIV/AIDS Awareness Campaign, along with Sarah, the SEO from the United States. Cynthia attended two workshops with national Student Exchange Officers (SEOs) from over 30 countries. They worked on networking, problem solving and troubleshooting so that the SEO can be fully prepared for her upcoming term. It was an extremely beneficial learning opportunity that will help both of us immensely over the next year.

We are very proud to announce that two of our Canadian pharmacy students won the beginning and advanced level for the patient counseling competitions.



# Welcome Waterloo



**By Ken Potvin**  
Director of Admissions,  
Professional Relations & Undergraduate Affairs



**By Jen Wiebe**  
VP Communications  
4th Year, University of Manitoba

January 2008 brings about excitement surrounding New Year's resolutions and the anticipation of a new beginning. A similar phenomenon will be occurring at the University of Waterloo as the doors to the tenth School of Pharmacy are opened for 95 students to attend the first new school and (CAPSI chapter) in Canada in 20 years. At full operation, the School is expected to have 480 undergrads, 70 graduate students, 30 faculty members, and 20 staff. The School of Pharmacy is committed to providing an educational program that fosters teamwork, collaboration, and a holistic approach to health.

The University of Waterloo has the distinction of housing programs with a core co-op basis, where education and work force experience are equally important aspects of the curriculum. This can offer many advantages, mainly the development of skills in a reality based setting and providing the student with realistic expectations of their future employment opportunities. The Pharmacy program at UW is the first co-op program in Canada, with students bringing classroom experience to the workforce, and bringing work experience back to class. Co-op students are treated as employees, and are expected to be self-directed, contributing members of the team, who learn as they go.

Another unique feature of the UW School of Pharmacy is the co-location of a satellite of McMaster University's School of Medicine at the same Health Sciences Campus. In the future, a full-service family health clinic will be included in the heart of the educational facility, where interdisciplinary family health teams will

work, grow, and learn together.

Pharmacy at UW is a four-year professional program. All students will participate in four work terms and seven academic terms throughout their course of study. The University of Waterloo is committed to admitting students who have diverse cultural, economic, and social backgrounds. Key admissions criteria will include intellectual and academic competence, communication skills, leadership ability, community service, health care-related or research experience, and motivation for pursuing a career in pharmacy. The criteria for entrance into the program will help to ensure that those being educated to serve the multifaceted Canadian society will reflect the composition of the population.

The application process differs across Canadian pharmacy programs. At UW, the application process involves a screening phase, followed by an interview stage for selected candidates. Key features of the screening are the applicant's academic record and their Pharmacy Admissions Profile (PAP). The PAP provides insight into the applicant's personal qualities, extracurricular accomplishments, and motivation for a career in Pharmacy. For those who reach the second stage, a panel of pharmacists assesses their personal qualities and skills such as communication, leadership, initiative, confidence, and compassion for others. A Reading Comprehension/Writing Test is also administered at the time of the interviews, to assess the applicant's written communication skills.

Ken Potvin, Director of Admissions, Professional Relations and Undergraduate Affairs tells the CAPSIL, "Our ambition is to attract and educate a new generation of pharmacy students who will have the skills and confidence to become leaders of change in our profession. The co-op model is an excellent fit for our profession, and will enable our students to experience a variety of unique practice settings."

CAPSI National is pleased and excited to welcome the University of Waterloo Class of 2011. We hope that these new members will become more involved with CAPSI as they settle into their new facility. We wish them the best of luck as they begin the journey of becoming future pharmacists and leaders in health care.

For more information please go to: <http://www.pharmacy.uwaterloo.ca>

## Blueprint for Action for Pharmacy: An Update



**By Omolayo Famuyide**  
CAPSI National President  
4th Year, University of Manitoba

As an ambitious and collaborative undertaking of eighteen Canadian pharmacy associations, the Blueprint for Action has made tremendous head-way since the establishment of the Task Force one year ago. Building on consultations since 2006, the Taskforce has been hard at work over past year drafting the Blueprint. A Town Hall held at the Canadian Pharmacists Conference in June 2007, marked the consultation stage since the Taskforce began

working on the Blueprint. I had the pleasure of representing our members on a panel to speak to some of CAPSI's concerns about the profession and how we hope the Blueprint will address these concerns.

CAPSI's concerns:

- Ensure pharmacy students and interns are able to translate skills and competencies learned in the classroom into practice settings
- Ensure current practice settings and models are able to support viable and sustainable pharmacies that will enable graduates to practice to their full scope of practice
- Ensure continued and greater experiential exposure in all sectors of pharmacy practice
- Ensure supportive legislation and regulation are in place to facilitate change in moving the profession forward



# Memorial University Hosts:

## Atlantic Pharmacy Advancement Conference

By Brittany Churchill

CAPSIL Rep

1st Year, Memorial University

From November 15 -17, Memorial University of Newfoundland's School of Pharmacy hosted the 3rd Atlantic Pharmacy Advancement Conference (APAC). Conference delegates included pharmacy students and faculty members from Memorial University and Dalhousie University, as well as local pharmacists. The conference provided ample opportunities to interact with our future colleagues, and to learn from the professional development events.

The overriding theme of the conference was "Pharmacy is not a Solo Sport, Join the Team!" Many of the presentations focused on the importance of interprofessional interactions and working together with those in other healthcare professions.

The conference began with icebreaker activities at a local bar. This gave all delegates a chance to meet each other, and enjoy some live music. During the festivities, Dalhousie delegates were given the opportunity to become "Honorary Newfoundlanders".

The first full day of the conference started with a panel discussion on the "Benefits and Challenges of Interprofessional Education". The presenters included Dr. Vernon Curran (Co-Director of the Centre for Collaborative Health Professional Education, Memorial University), Mr. Jason Nickerson (a Registered Respiratory Therapist and a graduate student at UBC), Ms. Melissa George (representing the Newfoundland and Labrador Health Sciences Students' Association), and Dr. Linda Hensman (Director of the Memorial University of Newfoundland School of Pharmacy). Each of the presenters gave their perspective on interprofessional education, and all emphasized its importance in each health profession.

Delegates were then treated to an inspiring speech by motivational speaker Dr. T. A. Loeffler. Dr. Loeffler spoke about her

experiences with the Everest 007 expedition and her attempt to reach the summit of Mount Everest. She spoke of the many challenges that she faced and how she overcame them. Even after some setbacks, she still plans to continue on with her goal of climbing some of the highest peaks in the world. Most importantly, she encouraged us all to "find (our) own Everest" and work towards that goal. Later that day, delegates partook in various tours in the historic city of St. John's. That evening, students built their teamwork skills through a social event: a pub crawl on George Street.

The next morning began with a test of students' pharmacy knowledge with a game of Pharmacy Trivia. Delegates then attended various presentations. The diverse topics included: "Crystal Meth – Illicit Drug Use", presented by Sandra Carey, "Who's the Boss? Five Keys to Effective Pharmacy Management", presented by Adam Somers, "A Pharmacist's Interdisciplinary Role", presented by Dr. Richard Cashin and "The NL Pharmacy Network – The Way of the Future", presented by Juan Edwards. Each of these presentations were very informative and covered topics of current interest in pharmacy. During lunch, a health fair was held, and delegates were able to meet with representatives from several of the conference sponsors.

The 3rd Atlantic Pharmacy Advancement Conference ended with a closing banquet at the Fairmont hotel, the venue where much of the conference took place. Overall, the conference was well organized, thanks to the efforts of the APAC 2007 Organizing Committee; headed by chair Jeremy S. Reid. Along with the educational opportunities, the conference also increased interaction among pharmacy students in Atlantic Canada. This increased sense of fellowship was an important benefit gained from the conference.

## Blueprint for Action for Pharmacy: An Update con't...

How we hope the Blueprint will help:

- Place a greater emphasis on promoting and increasing interprofessional experiences at the undergraduate level
- Greater emphasis on foundational skills such as communication, decision making and confidence building in curricula and clinical experiences
- Secure sufficient and adequate training sites in various institutions
- Facilitate change in infrastructure within the education system that will be necessary for pharmacy students to take on greater roles
- Develop scopes of practice and enact enabling legislation to support pharmacists in providing expanded services in new practice models.

Online summer consultations with pharmacy stakeholders, pharmacists, pharmacy students and pharmacy technicians received responses from 750 participants. In addition, over thirty

national/provincial pharmacy organizations, faculties, corporate head offices also responded to the draft with their comments and feedback. The Taskforce had two teleconferences over the summer to discuss the feedback received and on September 25th and 26th, 2007 we met to review and redraft the Blueprint.

In the late fall of 2007, a call for Working Group participants was made to pharmacists, pharmacy students, pharmacy technician and organizations. Appointed volunteers will be responsible for developing a comprehensive national implementation plan in five key action areas: pharmacy human resources, education and continuing professional development, financial viability and sustainability, information and communication technology, and legislation, regulation and liability. Pharmacy students will be selected to participate in the education and continuing professional development working group. To find out more about the working groups and the Blueprint, visit [www.pharmacists.ca/blueprint](http://www.pharmacists.ca/blueprint). To voice your opinion on the Blueprint, visit the CAPSI forum at [www.capsi](http://www.capsi).





# Provincial Profile: Licensing Requirements

Academic Qualifications are based on NAPRA's Professional Competencies for Canadian Pharmacists at Entry-to-Practice.

Structured Practical Training is based on NAPRA's Framework for Assessing Canadian Pharmacists' Competencies at Entry-to-Practice through Structured Practical Training Programs.

Jurisprudence based on Pharmacy Jurisprudence Competencies for Licensure as a Pharmacist in Canada.

National Licensing Exam Qualifications are based on NAPRA's Professional Competencies for Canadian Pharmacists at Entry-to-Practice.

Source: National Association of Pharmacy Regulatory Authorities (NAPRA) - <http://www.napra.org/>

## Provincial Profile: British Columbia

**Graduate of University of British Columbia, Faculty of Pharmaceutical Sciences**

**Academic Qualifications :** B.Sc. Pharmacy

**Structured Practical Training :** 800 hours practical training; 2nd year - 160, 3rd year - 160, 4th year -160 (hospital) and 320 (community)

**Jurisprudence :** BC Jurisprudence Exam

**National Licensing Exam Qualifications:** Certification with Pharmacy Examining Board of Canada

## Provincial Profile: Alberta

**Graduate of University of Alberta, Faculty of Pharmacy & Pharmaceutical Sciences**

**Academic Qualifications :** B.Sc. Pharmacy

**Structured Practical Training :** 900 hours through a faculty of pharmacy and 100 post-graduate hours through provincial internship program

**Jurisprudence :** Successful completion of Provincial Jurisprudence Exam

**National Licensing Exam Qualifications:** Successful completion of the Pharmacy Examining Board of Canada Qualifying Exam Parts I & II

## Provincial Profile: Saskatchewan

**Graduate of University of Saskatchewan, College of Pharmacy and Nutrition**

**Academic Qualifications :** B.S.P.

**Structured Practical Training :** Successful completion of Structured Practice Experience Program (SPEP) at U of S or 1040 hours under a preceptor

**Jurisprudence :** Included in undergraduate curriculum

**National Licensing Exam Qualifications:** Provide evidence of holding a Certificate of Qualification from the Pharmacy Examining Board of Canada

## Provincial Profile: Manitoba

**Graduate of University of Manitoba, Faculty of Pharmacy**

**Academic Qualifications :** B.Sc. Pharmacy

**Structured Practical Training :** 360 hours practise in 9-15 weeks following final year of study and satisfactory report from the preceptor

**Jurisprudence :** Examination required by MPA (included in undergraduate curriculum)

**National Licensing Exam Qualifications:** Completion of Pharmacy Examining Board of Canada qualifying Examination

Stay tuned over the next few pages for the remaining provincial profiles



# Tanzania, Peru, Costa Rica...

## Pharmacy Students Giving Back in a Global Way

Amanda Fairfax  
Dalhousie University  
Class of 2008

Q1. Where did you travel to?  
Tanzania.

Q2. What program did you volunteer through and where can other students get more information?

I went on the Tanzania Study Tour through the International Health Office at Dalhousie University. It included myself and students from Medicine, Dentistry, and Nursing.

For more information students can go to the International Health Office Website at <http://iho.medicine.dal.ca>

Q3. What made you decide to spend your summer this way?

I have always been interested in volunteering with Pharmaciens Sans Frontieres after graduation. They don't have opportunities for students and they prefer their volunteers to have some sort of international experience. The study tour allowed me to do this in a way that was relevant to pharmacy.

Q4. Can you briefly describe what your role was during your time there?

The tour was for three weeks. One week was at the Muhimbili University of Health and Allied Sciences in Dar Es Salaam, and the teaching hospital; Muhimbili National Hospital. I spent the week with two pharmacy students from MUHAS learning the role the pharmacist plays at Muhimbili National Hospital. The students from other faculties were paired with professionals from their own fields. As a group we also were educated on the health care system in Tanzania, as well as the country's history and how the two are interconnected. Another week was spent at a NGO in Dar Es Salaam. The NGOs we spent the week with were founded in the community by Tanzanians who saw a need and created programs to address the need. The two we visited now have some external international funding but the programs are designed and executed



by people in the community. The NGO that I spent the week with is called Kimara Peer Educators. The organization educates members of the community about HIV/AIDs, helping to dispel some of the misconceptions held. They also provide HIV testing and home care visits to community members living with HIV/AIDs. The final week was spent 9 hours inland in a town called Ifakara. We stayed at the Tanzanian Training Centre for International Health, Ifakara. It allowed us to see how hospitals and clinics in rural, hard to access areas of the country operate.

Q5. What was the best part/most memorable moment?

For me, the part of the tour that sticks out most in my mind is the week I spent with the Tanzanian pharmacy students. It was interesting to learn about their pharmacy curriculum and how it is so similar to ours. The big difference is the diseases and conditions that occupy the majority of the countries health care resources. HIV/AIDs, Malaria and Tuberculosis are major problems, although incidence of disorders such as type 2 diabetes and heart disease have been increasing over the past decade.

Q6. Do you intend to volunteer abroad again and would you recommend it to others?

I do plan to be involved in international health in the future and I recommend the Tanzania Study Tour to any student who wants to learn more about another country's health care system and health issues.

Rachael Hughes  
Dalhousie University  
Class of 2010

Q1. Where did you travel to?

Peru: Cusco, Manu Jungle, Puno, Lake Titicaca, Arequipa, Ica, Huacachina, Pisco, Lima, Mancora and Bolivia: Copacabana, La Paz.

Q2. What program did you volunteer through and where can other students get more information?

Global Cross Roads. It's pretty mainstream. You can look it up on the internet.



Con't on next page



Q3. What made you decide to spend your summer this way?

I love to travel and wanted to do some volunteering along with it. I've never been to South America and it was next on my list.

Q4. Can you briefly describe what your role was during your time there?

During my volunteering time, I did a home stay with a Peruvian Family and lived with them. I took a bus every day to an orphanage where we would play with the kids, look after them if they were sick, help them with school work, wash them, organize games, fix their beds... whatever we wanted to do really. It was very unstructured. The people who ran the orphanage basically let us do whatever we wanted. I felt incredibly welcome there by all the staff and kids. My only regret is that I can't speak Spanish, so my communication with the children was quite limited to body language and the few things I learned to say in my daily Spanish lessons (also included with Global Crossroads). The kids were fabulous and I fell in love with each and every one of them. After those three weeks, I travelled the rest of Peru and Bolivia for five weeks with my best friend that came with me, and various other travelers we met along the way.

Q5. What was the most memorable moment?

We were on a surf trip just outside of Pisco during an extremely fatal earthquake. We were in the epicenter when it hit, killing around 500 people. We heard all the buildings crashing down around us, people came running and yelling up from the village saying there was a predicted tsunami and they were migrating towards a mountain range in the distance. We followed them, climbed the mountain and slept on top of it in the dirt listening to people yelling for missing family members and crying about ruined houses all night. It was truly a nightmare.

Q6. Do you intend to volunteer abroad again and would you recommend it to others? Absolutely.

### Mallory Scott

Dalhousie University  
Class of 2010

Q1. Where did you travel to?  
Costa Rica

Q2. What program did you volunteer through and where can other students get more information?  
International Student Volunteers, Inc. Their website is [www.isv.com](http://www.isv.com) and they do programs to 5 or 6 different countries.

Q3. What made you decide to spend your summer this way?

I have always been interested in traveling to a less fortunate country to help out and I



decided that this past summer was as good a time as any to do it. I also always enjoy volunteer experiences within my community at home and at school and I also enjoy travelling so I thought that helping out while I'm seeing a new country (especially a less fortunate country) would be a great way to spend some of my time this summer.

Q4. Can you briefly describe what your role was during your time there?

While I was there, I was working on a community development project in a poor community up in the mountain. The community had previously relied almost solely on coffee harvesting for their income and with less money coming from the coffee industry in the past few years, many members of the community have been forced to leave to find work elsewhere to support their families back in the community. We were focusing on the future with the project and trying to bring ecotourism to this beautiful area surrounded by rainforest so that people wouldn't have to leave the community and their families to try to provide the bare minimums. We worked in the rainforest building trails, we helped in the mosaic tiling of an outdoor restaurant for future visitors, we attended the school and did mini English lessons as well as playing games with the children, and we also helped to prepare for coffee harvesting season which was approaching near the end of the summer.



Q5. What was the best part/most memorable moment?

The best part was the happy faces on the community members who were so appreciative that you were there to help them out. My most memorable moment was probably just playing cards with my host mother and learning about their community and culture even with the language barrier that was an obstacle throughout the entire experience.

Q6. Do you intend to volunteer abroad again and would you recommend it to others?

Yes I definitely plan to volunteer abroad again, hopefully soon too! I think it's a great experience and it really opens your eyes to what else is happening in the world and I would recommend it as a learning experience to anyone interested.







# Oral Contraceptive Therapy:



By Holly McCorriston  
3rd Year, University of Saskatchewan

## Understanding and Pharmaceutical Care

Oral contraceptives are a widely used prescription drug available to women in a number of countries. Based on data from a 1996/97 National Health Survey, it was estimated that 1.3 million women between ages 15-49 were taking oral contraceptives in Canada (1). Another study published in 1998 estimates over 18 million women in the United States alone to be using oral contraceptives (2). Assuming that contraceptive use has increased or stayed the same based on these estimates, oral contraceptive users are a large population of patients in the health care system. While contraceptive use is quite common, this area of health care does not receive as much time and focus in regards to pharmaceutical care. It is always very important to ensure that patients taking blood pressure or diabetes medications receive clear and thorough information regarding their therapy, but as prescriptions for oral contraceptives have become routine over the years, many women taking these drugs are pushed through the system with few of their questions being asked or answered. While doctors and pharmacists should not necessarily be blamed for the lack of information their patients receive, most women still do not completely understand the medications they are taking and this needs to be addressed by health care professionals to ensure that optimal care is being provided.

When a woman approaches her doctor about initiating contraceptive therapy, the doctor may be likely to assume that she already has a certain amount of knowledge based on the inquiry alone. Sometimes this is the case, such as when a woman sees her doctor about switching brands or forms of contraception, but often new patients do not truly understand how or why these medications work. The result of most office visits is a quick physical exam and a script written out to be taken to the pharmacy. A counseling session from a pharmacist often consists of, "Take this pill once a day at the same time every day. If you miss a pill, take it as soon as you remember or take two at your next regular time. Use a back up method for the first week." Of course, there is also the ever-so-handly patient information leaflet that comes with each prescription written in an 8-point font that needs to be read with a magnifying glass. Pharmaceutical care for these patients needs to consist of more than simple directions in order to expect optimal results of therapy.

Results of an informal online survey conducted by the author offer some insight into what kinds of questions women have about their contraceptives. Full results of the survey are available from the author upon request. Of 60 respondents with a mean age of 23 years, 20% of women asked when they ovulate during contraceptive therapy, 16.6% wondered if they could get pregnant when having sex on their period, and 10% asked if missing

a placebo/sugar pill would increase their risk of pregnancy. These results are indicative that many women taking these medications do not understand the basic mechanisms that provide contraceptive protection. Similar questions to the above are often found on public message boards on the internet. The fact that women are asking these questions in a non-health related environment should make it apparent that they are not receiving enough information about their medication from their health care providers.

As a number of women may not have a basic understanding of their oral contraceptives, it is reasonable to assume that this would have a negative effect on compliance, be it intentional or unintentional. One study published regarding compliance of contraceptives concluded that 47% of oral contraceptive users missed one or more pills per cycle, and another 22% missed two or more pills (2). With a sample of 943 women across the United States, this is a large number of women that were not able to properly use their medication. Results from the informal internet survey also indicated that 42.4% of respondents missed at least one pill per cycle, with 8.5% missing greater than 3 per cycle. Detailed responses revealed that while a number of women knew what to do when they missed a pill, some were still unsure, responding with the following answers: "Skip the missed pill and keep going", "Start a new pack right away", and "I don't know so I would just look at the papers." Improper use of oral contraception leads to increased risk of pregnancy or side effects such as breakthrough bleeding, both of which can cause a large impact on the patient and the health care system. As compliance issues lead to decreased efficacy of oral contraceptives and increased risk and occurrence of pregnancy, women may lose faith in the oral contraceptives they are taking and/or the health care professionals providing them.

As pharmaceutical care develops and evolves with the health care professionals using it, many changes and improvements will occur. There are obviously a number of things that can be done as this process becomes an integral part of pharmacy practice. Patient populations that are not currently focused on in pharmaceutical care require more attention in order to ensure optimal results of therapy and patient satisfaction. Oral contraceptives are an integral part of the pharmaceutical industry, and even with their routine use women deserve the same amount and quality of care that diabetics and cardiac patients receive. With appropriate use of pharmaceutical care to educate women on oral contraceptives and how to properly take them, the risks associated with their use or misuse would become significantly decreased and lead to better managed care of patients and resources in the health care system.

1. Wilkins, K., Johansen H., Beaudet M., et al. Oral contraceptive use. *Health Reports* 2000; 11(4): 25-35.

2. Rosenberg, M., Waugh, M., Burnhill, M. Compliance, Counseling and Satisfaction with Oral Contraceptives: A Prospective Evaluation. *Family Planning Perspectives* 1998; 30(2): 89-104.



# Bringing Healthy Back



By Cheryl Rostek  
CAPSIL Rep  
3rd Year, University of Saskatchewan

Our world is fixed on instant gratification whether it's the pursuit of cash or the desire for a satisfactory physique. While the quest for money may lead someone to a Money Mart, the person looking for a weight loss supplement will likely walk through your pharmacy's door.

Health promotion and disease prevention do not readily fit into our society's shape. Moreover, medication is today's currency of a "health insurance" pay-out; arguably the perceived need to promote one's wellbeing through a healthy lifestyle has diminished as the realm of useful medications has expanded. We are the health care providers on the front lines of this emerging attitude.

As community pharmacists who are readily available to the public we need to ensure we are not fueling the "fix it later" outlook on health. We advise patients who are on prescription medication as well as those who are seeking information on general health. We need to educate our patients that medications can help; but, they never come without side effects and risks. Furthermore, we need to promote that a healthy lifestyle can do much to prevent disease and increase physical wellbeing. And we need to promote this message by exemplifying it. Pharmacists should be live community billboards that show how keeping active, managing stress, and eating well makes a difference.

In implore you to think about what type of health message you present and to become part of the front-line health care team that is bringing healthy back... yeah.

## Provincial Profile: Ontario

**Graduate of University of Toronto, Faculty of Pharmacy**

**Academic Qualifications :** B.Sc. Pharmacy

**Structured Practical Training :** 12 weeks of structured internship after graduation

**Jurisprudence :** Provincial examination required

**National Licensing Exam Qualifications:** Pharmacy Examining Board of Canada Qualifying Examination

## Provincial Profile: Quebec

**Graduate of Université de Montréal, Faculté de pharmacie or Université Laval, Faculté de pharmacie**

**Academic Qualifications :** B.Sc. Pharmacy

**Structured Practical Training :** 960 hours; 120 hours each year for three years (during academic study) and 600 hours after graduation

**Jurisprudence :** Included in undergraduate curriculum

**National Licensing Exam Qualifications:** N/A

## Provincial Profile: Newfoundland

**Graduate of Memorial University of Newfoundland, School of Pharmacy**

**Academic Qualifications :** B.Sc. Pharmacy

**Structured Practical Training :** 32 weeks of structured practical training; 12 weeks after 1st year, 12 weeks after 2nd year and 8 weeks after graduation

**Jurisprudence :** Examination administered by the Newfoundland & Labrador Pharmacy Board

**National Licensing Exam Qualifications:** Completion of Pharmacy Examining Board of Canada Qualifying Examination

## Provincial Profile: New Brunswick

**Graduate of Canadian accredited school of pharmacy**

**Academic Qualifications :** B.Sc. Pharmacy

**Structured Practical Training :** 32 weeks of service; 8 weeks must be structured time-service done with the Society's Internship Manual

**Jurisprudence :** Jurisprudence examination administered by the New Brunswick Pharmaceutical Society

**National Licensing Exam Qualifications:** Pharmacy Examining Board of Canada Qualifying Examination



# Clinical Pharmacothology: Defining the Divine in Pharmacy

By Pierce Cairns  
CAPSIL Rep  
3rd Year, University of Manitoba

One requires only a brief journey through a hospital ward to experience the cold, mechanical nature of the medical system. Conditions are diagnosed, medication regimens are instated, and the patients live or die. It seems quite efficient on paper, and we can convince ourselves through hundreds of issues of pharmacy and medical newsletters that we put the patients first, that we are progressing as a profession, and that we are ushering in a new era of pharmaceutical care. Every new super-pharmacy has patient counselling specialists, complete with individual medication reviews and a heart-warming smile with each purchase. But how much are we doing as professionals to encompass wellness in its entirety? Are patients to be treated as mere problems to solve or as files to organize? It is time to put down the CPS and Therapeutic Choices and delve into a medical text that has been providing true healing for centuries: the Bible (1).

For millennia, various medical practices, now labelled "alternative medicine," have viewed wellness as the culmination of a healthy body, mind, and spirit. Although modern medicine generally understands the body, it neglects every other aspect of health. Several studies show that the placebo effect can improve patient outcome, demonstrating the power of the mind over the body (2,3). Why should we then ignore the power of the spirit over the body? As many forms of alternative medicine involve some spiritual component, pharmacy should surrender its politically-correct atheist nature and adopt a more rounded approach to health for the benefit of our patients and the profession itself. This is the basis of pharmacothology.

The study of clinical pharmacothology need not be limited to the Christian faith, though much can be learned from its principal healer, Jesus of Nazareth. Dedicated to healing through faith, Jesus did not employ conventional medical techniques of the day, indicating that a healthy spirit is sufficient to treat many conditions. Examples of this exist throughout the Bible: Then he touched their eyes and said, "According to your faith will it be done to you"; and their sight was restored... (Matthew 9:29-30); Jesus turned and saw her. "Take heart, daughter," he said, "your faith has healed you." And the woman was healed from that moment." (Matthew 9:22). Even the simplest of faith's principles can embolden the spirit and hasten the healing of the body: For nothing is impossible with God (Luke 1:37). Crucial to such success is the patients' faith, both toward life in general and in their doctor and his methods. With such faith lacking from many of today's patients and doctors alike, it is not surprising that certain conditions elude treatment.

Pharmacothology also examines various demographic groups and their particular needs within the medical system. For

example, while remaining objective and non-judgmental, one cannot deny the additional medical burden faced by homosexuals, or men who have sex with men (MSM). From increased risk of HIV, hepatitis, haemorrhoids, urinary tract infections, sexually transmitted infections, and various other diseases and conditions (4), along with centuries of social segregation and shame, MSM are only recently being granted the medical attention and social civility owed to all people. The Bible describes their plight in Romans 1:27: "In the same way the men also abandoned natural relations with women and were inflamed with lust for one another. Men committed indecent acts with other men, and received in themselves the due penalty for their perversion." One current topic of pharmacothological debate is how to diminish this burden on MSM through faith, thus improving tolerance and equity within the modern medical system.

Perhaps most integral to the active practice of clinical pharmacothology is the sense of community which the medical system experiences currently as inter-professional or multidisciplinary practice (5). In any faith, it is the community around an individual which provides the support necessary for a healthy spirit. Years ago, the concept of health professionals working together was met with disdain. But now teams of nurses, doctors, surgeons, specialists, physiotherapists, occupational therapists, social workers, nutritionists, pharmacists, and many other professionals work in harmony for the health of each patient. Many hospitals already have places of worship, so it would not be difficult to include a faith-based component in the clinical healing process. Within a few years expect priests, rabbis, monks, or other spiritual figures to join clinical teams for a truly inter-professional practice.

Unfortunately, pharmacothology has been met with scepticism from a wide array of critics in conventional medicine. Citing decreasing religious attitudes within North America, cost ineffectiveness, and lack of clinical trials, many believe that pharmacothology is another alternative medicine practice that will be relegated to the minority. However, some statistics bode well for eager pharmacothologists; of all the alternative medicine methods employed in North America, most people turn to prayer for self or others (6). Clerics consistently compete with pharmacists as some of the most trusted professionals in the world (7). In the wake of increasing information connections across the world and a trend toward natural health solutions, pharmacothology will continue to expand in the 21st century (6).

Pharmacists are taught to keep open minds and to explore new avenues of treatment throughout their careers. Pray that when one comes along, you are able to take that leap of faith.

References on page 17





# Pharmacists and the Internet



By Eugene Wu  
CAPSIL Rep  
2nd Year, University of British Columbia

The role of pharmacists in society continuously evolves as public expectations and social norms develop. Changes in the pharmacy profession are constantly made not only to keep in tune with societal progression but also to further the standing of pharmacists in the public eye. An example of a change is the paradigm shift towards pharmaceutical care as the basis of pharmacy practice. With the arrival of the Internet, profound changes have been made in the way information is accessed and in the amount of public knowledge. Changes in social behaviour have also arisen with the technological development of the Internet.

Blogging, the act of posting diary-like entries onto a weblog on the Internet, is a relatively recent social phenomenon that allows bloggers to anonymously keep a journal of their true personal thoughts and feelings. In some situations, anonymous bloggers are blogging in the virtual world to voice their opinions and views that they would otherwise keep to themselves or to a select few in the real world. As a result, many people have been drawn to this refuge of anonymous authoring, even pharmacists. In fact, blogging has become such a prominent avenue of freedom of speech throughout society that a pharmacy-specific blogging platform, called BlogPharm.com, has made its way onto mainstream blogging rounds (1).

In the community of pharmacy blogs, pharmacists and pharmacy technicians approach many topics such as the state of public healthcare or their sentiment on certain drugs with humour. Unfortunately, the occasional blog entry discusses a specific patient they have encountered or another healthcare team member they have worked with. While these blogs may have initially been targeted to those in the pharmacy community, many not in the pharmacy profession may have potentially come across one. With the amount of information available on the Internet, people have been increasingly using it as a tool to educate themselves more on health and drug related issues. It is through such an online search that one

would most likely come across a pharmacy blog.

It is a well-known fact that pharmacists are one of the most trusted professionals in society and are held to a high standard. Professionalism, a highly discussed topic in pharmacy, is the result of this standard. But what defines professionalism? Is it the appearance of an individual and the way he or she presents themselves? Or is it simply the act of becoming a member of an association upon licensure? The definition of professionalism, has been difficult to define and, as such, the American Pharmaceutical Association Academy of Students of Pharmacy and the American Association of Colleges of Pharmacy Council of Deans Task Force on professionalism have proposed a definition to define a professional as one who exhibits the following traits (2):

- 1) Knowledge and skills of a profession
- 2) Commitment to self-improvement of skills and knowledge
- 3) Service orientation
- 4) Pride in the profession
- 5) Covenantal relationship with the client
- 6) Creativity and innovation
- 7) Conscience and trustworthiness
- 8) Accountability for his/her work
- 9) Ethically sound decision making
- 10) Leadership

The act of blogging patient-specific entries, despite the fact that personal details such as identity and location are modified or omitted, is not only disrespectful to a patient, it also clearly violates several of these professional traits. Upon discovering these pharmacy blogs, what will the public think of pharmacists now?

Abiding by the pharmacy Code of Ethics, such as the code put forth by the College of Pharmacists of British Columbia, is only one aspect of being a professional (3). Obviously respecting the privacy and confidentiality of a patient, as stated by the Code of Ethics, is not enough (3). As highly trained professionals, a major role of pharmacists is to provide a public service to society, both 'on-the-clock and off-the-clock'. Pharmacists, after all, are leaders and experts with an obligation to impart their knowledge and expertise to those in need. With this role follows the responsibility to maintain a professional demeanor both inside and outside the workplace. Anonymously or not, the Internet also counts.

It is important for all blogging pharmacists and pharmacy technicians to keep the above list of professional traits in mind. When information is posted on the Internet, it becomes public knowledge and when the privacy and confidentiality of individuals is compromised, the trust between pharmacists and society is ultimately weakened. It is this conferred trust that has allowed the pharmacy profession to evolve into what it is today and will continue to do so as long as this trust is maintained.

(1) BlogPham [Online]. 2007 [cited 2007 Nov 20]; Available from <http://www.blogpharm.com/>.

(2) Hill WT. White paper on pharmacy student professionalism. J Am Pharm Assoc 2000 Jan/Feb; 40 (1): 97.

(3) College of Pharmacists of British Columbia. Code of ethics [Online]. 2007 [cited 2007 Nov 20]; Available from: <http://www.bcpharmacists.org/Pharmacy/CodeofEthicsDetailed/tabid/68/Default.aspx>.

## Provincial Profile: Prince Edward Island

**Graduate of Dalhousie University, College of Pharmacy**

**Academic Qualifications :** B.Sc. Pharmacy

**Structured Practical Training :** 940 hours

**Jurisprudence :** Provincial Jurisprudence Examination administered by Prince Edward Island Pharmacy Board

**National Licensing Exam Qualifications:** Pharmacy Examining Board of Canada Qualifying Examination



# A Summer at the World Health Organization Geneva

By Stacy Yeh  
2nd Year, University of Toronto

Who knew that there would be pharmacists working at the World Health Organization (WHO)! Certainly, I did not and had I not interned to work at the WHO this past summer; I would not have learned the true breadth of what pharmacists can do. Truth be told, aside from having read a few WHO reports on HIV/AIDS, I had only a vague idea of what exactly the WHO was all about. So I arrived in the headquarters of this specialized United Nations agency with little more than the offerings of Wikipedia and an unyielding belief in the WHO mission of "attainment by all peoples of the highest possible level of health."

The WHO is an organization riddled with acronyms; I found myself working with the Policy, Access, Rational Use (PAR) team in the Policy, Medicines, and Standards (PSM) unit of the Health, Technology, and Pharmaceuticals (HTP) Department. My supervisor, Dr. Guitelle Baghdadi-Sabeti, a pharmacist by training herself, heads the Good Governance for Medicines program, which came into being in November 2004; designed to promote awareness of corruption in the public pharmaceutical sector and to support implementation of good governance to curb corruption in pharmaceutical systems worldwide. My project involved conducting a literature search on corruption in public pharmaceutical systems, to develop a database of this material and to write an annotated bibliography on select literature. My 2 month stay was optimal for this project as I was able to see the fruits of my labour materialize at the end of my internship. The online database I helped to develop can now be shared among Dr. Baghdadi-Sabeti and her colleagues in this field and it is my ultimate hope that the annotated bibliography will be published at some point with every intent to provide drug policy makers, planners, and managers with information needed to further policy development and to direct researchers in this field to areas which are lacking. Although I know my project is so miniscule in the grander scheme of things; I hope that in some

small way, this work will indirectly and benefit people who are unfairly denied access to life-saving medicines because of corrupt behaviour.

What struck me most about the WHO is the sheer size of the organization, which is not only evident from its stunning physical appearance but also something you realize working there and seeing how decisions trickle through. One of the highlights of my internship was attending the 60th World Health Assembly. I was fortunate enough to arrive in Geneva in mid-May to join in the excitement and hype of the Assembly, a gathering of all the 193 Member States of the WHO in one room at the UN Palais to discuss and set resolutions and policy goals for the coming year. On the first day, it was interesting to witness the protests as Taiwan attempted to vie for a seat in the General Assembly and to observe politics at play. I also had the opportunity to attend a meeting, on public health, innovation and intellectual property, and visit on the last day when the WHO Director-General Margaret Chan, gave her closing speech.

Geneva is a fantastic city to be in, especially in the summer, with the enormous army of interns that march in from a number of different countries. There were intern lunches Tuesdays and Thursdays and happy hours Wednesday evenings. Weekends were always filled with trips to explore Switzerland and neighbouring countries. There are multitudes of learning opportunities to take advantage of as an intern at the WHO. There are often lunchtime seminars given by WHO staff where they present their research on a range of topics from Visceral Leishmaniasis to Health Systems always provoking thoughtful discussions afterward and there are also intern presentations where interns present the research they did during their internships.

My internship experience at the WHO Geneva this summer turned out to be more than I expected! I look back on my time there very fondly and feel that I have learned a great deal, not simply about corruption in the pharmaceutical system, but I now have a better understanding of how the WHO functions, the work that is done there, and the work that I would like to do in the future. More importantly, it was also a reminder that our pharmacy degrees should not limit us to any conventional pharmacy career path. We should not confine ourselves to working only within the walls of a hospital, a community pharmacy, or the industry but instead, we can each define how we would like our pharmacy degrees to work for us and our individual talents and strength.

This immensely rewarding experience would not have been possible if not for a couple very important people. I owe many thanks to Professor Jillian Clare Cohen-Kohler, here at the Faculty of Pharmacy University of Toronto, for offering me this chance to broaden my outlook of international health and to Dr. Guitelle Baghdadi-Sabeti for making my time at the WHO a warm and enjoyable experience, and showing me what great things pharmacists can do in the realm of international health.

### Provincial Profile: Nova Scotia

**Graduate of Dalhousie University, College of Pharmacy**

**Academic Qualifications :** B.Sc. Pharmacy

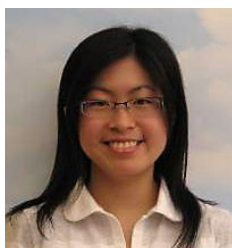
**Structured Practical Training :** 39 weeks practice experience; 8 weeks must be completed after graduation

**Jurisprudence :** Jurisprudence Examination administered by the Nova Scotia Pharmaceutical Society

**National Licensing Exam Qualifications:** Successful completion of PEBC Qualifying exam



# Pharmacy + Europe = IPSF Internship: A Synergistic Effect on a Pharmacy Student



By April Chan  
Local CAPSI Secretary  
3rd Year, University of British Columbia

This past summer, I was fortunate enough to explore a field of pharmacy that is largely unknown to most students, that is, the world of international pharmacy. As one of the summer interns for International Pharmaceutical Students' Federation (IPSF), my internship was based in Hague, the Netherlands. My main task was to help the executives with their undertakings and this involved mostly administrative work. However, in addition to this, I was given several projects to work on. Firstly, I worked on the History Book Project where I had to pore over very old files to report on the work of IPSF since its establishment in 1949. Did you know that IPSF was the first international student organization? Even the International Federation of Medical Students' Association was patterned after IPSF (one more good reason to be in pharmacy!). My second project was to create a "How to Run a Campaign" booklet to be used as a reference by fellow students in planning health campaigns and the Pharmacy Profession Awareness Campaign (PPAC) in their own countries. This booklet was officially introduced to IPSF members during the IPSF Congress in Taipei, Taiwan last August.

Aside from working at the IPSF headquarters, I had the opportunity to attend meetings as part of the IPSF delegation. These included:

The World Health Assembly (WHA) in Geneva, Switzerland

It was amazing to experience first-hand how member countries and the WHO conducted their business. There were discussions and follow-up reports on the Pandemic and Influenza Outbreak in 2005, the fate of kept stocks of the variola (smallpox) virus, viable treatment options for leishmaniasis and the eradication of poliomyelitis among many others. Aside from attending the general assembly and committee discussions, IPSF helped put together an non-governmental organization (NGO) briefing entitled "Integrated Primary Healthcare – From Vision to Action", which was well-received. Throughout the day, presentations were also held in the smaller halls and I listened in on topics such as the Rational Use of Medicine and Smoke-Free Workplaces. It was impressive to hear the steps that countries such as Uruguay and Ireland took to have smoke-free workplaces and indoor public places, even in pubs!

The Informal Forum of International Student Organizations (IFISO) in Brussels, Belgium

The meeting served as an opportunity for the student officers to collaborate and share knowledge in order to improve their individual organizations. At the meeting, the IPSF delegation led a

discussion about HIV/AIDS awareness among students throughout the world and we came to a consensus that individuals must be inspired to take an active role in learning about the disease and how it can be prevented/treated in order for HIV awareness to be more widespread.

United Nations Educational, Scientific and Cultural Organization (UNESCO) in Paris, France

The IPSF delegation met up with Aylin Taftali, assistant program specialist of the Division of Human Rights and Fight Against Discrimination Social and Human Sciences Sector. She is currently working on Stop AIDS Discrimination, a youth initiative on HIV/AIDS and Human Rights, in which IPSF is actively involved. The project targets HIV-related stigma, which is mostly built upon existing negative stereotypes related to gender, race, sexuality and poverty. Worldwide, this initiative of raising AIDS awareness has led to various projects organized by youths from all over the world. By doing so, we aim to end the discrimination of HIV/AIDS infected people that results from fear and ignorance about the disease.

The IPSF internship was a truly, once-in-a-lifetime opportunity. I will never forget the experiences I have gained and the people I have met during my internship, from shaking hands with the WHO Director-General, Dr. Margaret Chan to sharing a microwave with Myriah Lesko, a fellow Canadian who was one of the speakers at PDW Winnipeg to learning the samba from Maria, a Portuguese medical student.

As a last note, I highly encourage students to apply for the IPSF internship. Your local IPSF liaisons will have more information for you early next year.

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# A Dynamic Summer Internship at CSHP

By Rabiah Siddiqui  
3rd Year, University of Toronto

As I packed my bags for my third year of pharmacy school in Toronto, I came across a stack of business cards that I had received from various people throughout the summer. One was from a director of pharmacy, one from a pharmacist consultant, and some from university professors and pharmacy students from all over Canada. There was even one from the Chief Executive Officer of the American Society of Health-System Pharmacists. The cards are a true reflection of the diverse experiences and networking opportunities I had during my summer internship with the Canadian Society of Hospital Pharmacists (CSHP).

From May to August, not a day went by where I didn't learn something new about the profession, the direction in which it is heading, or the people that drive it. On my first day of work, I attended a Health Canada stakeholder meeting on progressive licensing. The internship also included eight days shadowing a clinical pharmacist in Thrombosis & Orthopaedics Surgery, as well as in Drug Information and Drug Distribution, at the Ottawa Hospital. Seeing first hand what the work of a hospital pharmacist entails was an eye-opening experience and made me truly understand the importance of CSHP's efforts.

Along with executive and staff meetings, I joined Myrella Roy, the Executive Director, at various external events. I was fortunate to be able to attend the annual trilateral meeting with the American Society of Health-System Pharmacists and the Mexican Association of Hospital Pharmacists which was held in Ottawa this year. It was very interesting to hear about the challenges facing Mexican pharmacists in establishing the foundation of their profession and about the undertakings of pharmacists in the United States.

My lucky streak continued as the Canadian Pharmacists Association's centennial conference and gala also took place in Ottawa. There, I met students and colleagues from across the nation, learned about current issues facing the pharmacy community, and even got to hear from David Suzuki and Jack Layton! Another great learning opportunity was my visit with representatives of the Canadian Agency for Drugs and Technology in Health, where I was made aware of their extremely important efforts of promoting evidence-based medicine and optimal prescribing to healthcare workers. Not all of the external activities were in Ottawa, though. I went to Montreal for a two-day conference on optimizing prescribing behaviours. Teaming up with different healthcare professionals, academics and policy makers to brainstorm ideas on improving prescribing in Canada was a great privilege. And the travelling didn't stop there! In August, I headed west to Regina, Saskatchewan for CSHP's Annual General Meeting and Educational Sessions. Golfing with other members in the fundraising tournament for the CSHP Research & Educa-

tion Foundation, being inspired and mentored by pharmacy leaders, networking with future colleagues, celebrating the launch of the CSHP 2015 initiative, and witnessing the formation of CSHP's newest branch in Prince Edward Island were all memorable and invaluable experiences.

In between all of the meetings and the travelling, I actually did spend some time at the national office, working with staff and completing different projects. One of my main tasks was to compose standard letters promoting CSHP benefits to hospital pharmacists and managers. Going through all that I accomplished this summer and having met so many exceptional members, I realized that I don't have to formally work for CSHP to promote its benefits to others. The benefits speak for themselves... and I have business cards to prove it.

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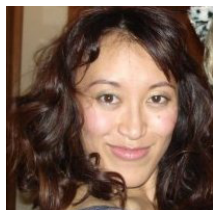
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# Ayo Technology/ The New Pharmacist



By Teresa Nguyen  
CAPSIL Rep  
2nd Year, University of Saskatchewan

"Ayo, I'm tired of using technology. I need you right in front of me." Is Justin Timberlake onto something here? Well, he really wasn't talking about pharmacy or healthcare for that matter but he did get me thinking about technology in the pharmacy. I came across two dispensing systems that are used in pharmacies; one is an upgraded version of an old idea and another is a relatively new system.

Automatic counting devices have been in use for the last decade or so. Since then these machines have been highly upgraded to the most recent robotic system as profiled in the 2006 edition of New Pharmacist magazine. These systems are designed for quick and effective dispensing. The robotic system can fill, label, cap and collate orders. Using the patient's prescription, the pharmacist enters the information into their computer's dispensary program that is connected to the automatic system.

Once the robotic system receives the prescription, it prints a corresponding bar coded label and attaches it to the appropriate vial size. Scanning the bar code will locate the matching bar code on the dispensing cell, where the pills are held. Then the machine fills out the prescription at a rate of about 10 tablets a second. The use of matching bar codes and image scanning to verify prescriptions guarantees that any possible errors will be eliminated. "When the pharmacist is ready to approve a prescription, the machine's screen brings up an image of the tablet or capsule for a visual inspection of the drug's shape and size." (New Pharmacist).

Count, Pour, and Stick. Dispensing is something that some pharmacists find themselves doing very often during a normal workday. Using resources like automatic dispensaries would be ideal for busy pharmacies and thus allow more time for patient interactions. The saved time can be used to counsel patients, deal with complex drug issues and basically build a better professional relationship. The time normally spent on dispensing now can be used to implement and monitor therapeutic plans and to improve pharmaceutical care for patients.

As I was reading through other articles, I also found another type of technological advance just waiting on our future doorsteps. A vending machine dispensary is not exactly a new type of technology. It made headlines back in 2005 in the United States when pharmacies in California and Virginia began implementing this technology system. However, I haven't found any information regarding the use of such a system in Canada. I thought we could benefit from learning about what our neighbors to the south are up to these days. Basically, this system works similarly to a snack vending machine for picking up refills. The pharmacist fills a patient's prescription and places it in the vending machine. Patients are given a pin code to enter into the system to retrieve their medica-

tion. They pay with their credit card and if they want to talk to a pharmacist, a telephone is set up for that purpose.

The idea of getting your medication through a vending machine raised a lot of questions in my mind. My initial concern was: would pharmaceutical care be compromised when patients are getting their medication from a machine? This system sounds more like a business transaction rather than a healthcare service. Although, convenience may be a bonus for some customers, drugs are not sodas and should not be operated as such. I see no problems in using an automatic dispensing system since it indirectly and directly benefits the patient and pharmacist, respectively. On the other hand, a vending machine service is impersonal and too business-like. What happens to the face-to-face communication between patient and pharmacist? How are trust and relationships developed? Pharmacists don't get the opportunity to ask patients how they are doing or to inquire about problems such as difficult drug regimens and compliance.

As technology is constantly advancing, there is no doubt that technology will have a bigger role in the pharmacy profession in the future. In this generation we already have sophisticated dispensing systems, and the iPharmacist. But does this mean that the dependency on any technology will take away the focus on patients? Not necessary. Everybody should be given the best available treatment in a pharmacy and if technology can improve that service then why not take advantage of it. As long as the patient gets the chance to develop a professional relationship with the pharmacist and the business of pharmacy is driven by pharmaceutical care, I think some ingenious resources can be very useful.

I couldn't end this article without bringing in another misinterpreted Justin Timberlake song. "Just so confused about it [drugs]. Feeling the blues about it. I just can't do without ya [pharmacists]."

New Pharmacist (winter 2006, volume 3, number 1).

[http://www.uspharmacist.com/index.asp?show=article&page=8\\_1366.htm](http://www.uspharmacist.com/index.asp?show=article&page=8_1366.htm)

<http://www.drugtopics.com/drugtopics/article/articleDetail>

## Provincial Profile: Northwest Territories

Candidates for licensure in the Northwest Territories must present:

- Completed application
- A certificate of good standing from a Canadian Provincial Regulatory Authority
- Certified true copy of pharmacy degree
- Certificate of qualification from the Pharmacy Examining Board of Canada
- Current detailed résumé
- 3 letters of reference
- Copy of birth certificate or immigration documentation



# Advocacy Literacy- A Hidden Challenge



By Pak Seong Hoi  
2nd Year, University of British Columbia

In the dynamic and ever changing world of pharmacy practice, pharmacy schools all over Canada are being persistently pushed further and further away from their comfort zone to keep abreast and stay in tune with the latest developments in the area drug discovery, professional practice guidelines and policies making procedures. It is no doubt a very demanding, complex and challenging field for one to be involved in, often reflected by very stringent and tough admission criteria seen placed universally upon applicants into the pharmacy school programs around the country, resulting in the retention of some of the brightest minds and talents known in the business. However in this struggle for success in imparting the knowledge and skills necessary to ensure the highest standards of practice, it is nevertheless no less important for student pharmacists to be made aware and given the appropriate opportunity to play an important role empowering themselves in leading the direction that the profession is heading to.

As recipient of the 1993 Remington Honor Medal Evander Kelly puts it 'No organization and function by itself and no organization can operate without the direction which must be supplied by its members' (1).

With a sole year admission class of 2007 of 1114 student pharmacists from all 9 Canadian pharmacy school spanning from coast to coast (2), it is impossible to underemphasize the importance and strength of the power and influence we hold with such numbers. However, we must be cautioned that such power and authority can only be exercised and facilitated under free and open channels for our thoughts, ideas and comments to be heard in a collective, united and strong voice.

As William Procter Jr, the Father of Pharmacy in the United States once wrote 'Public opinion is in America a forceful agent of reforms and has been a main source of progress in pharmacy'. (1)

In the early winter of this year, I was honored and privileged to be invited by my fellow colleagues from the University of Washington to participate as a guest and observer of the American Pharmacists Association- Academy of Student Pharmacists (APhA-ASP) Midyear Regional Meeting (MRM) for Region VII (Northwestern United States) held in Seattle, WA. It was a unique opportunity as I represented the university, province and country in what was the first Canadian delegation to an American regional conference.

Being a participant and a voting member, I learnt to see and comprehend the very fundamental importance and responsibility that we can and should play as student pharmacists in advancing and steering the direction of our profession.

The challenge of imparting a concrete understanding amongst student pharmacists of our right to advocate and have legislative education in our curriculum is not only crucial but imperative in the interests of preserving the primary interests of our patients and not governmental lobbies and political self interests groups.

I believe to achieve this, there will be several steps that need to be undertaken. Firstly, there must exist, at a national level, a student body which unites student pharmacists across all schools in the various provinces. This body must be free of any cooperate interests (eg. drug companies) and have a sole focus in pursuing and advocacy of student interests. This body must also be fully recognized, funded and protected at all levels and be granted to right to lobby for its policies to be heard, debated and adopted in the CPhA at its national conference.

Such a great change can only take place with the initiation and creation of awareness and participation at the grass root levels. Examples of such are holding workshops on advocacy, having open forum discussion between students and administration staff on institutional policy implementations, the creation of non threatening and conducive avenues of the expression of thought, ideas and critique to encourage student into participating in debating, challenging and amending institutional policies and most importantly to guarantee the right of student pharmacists to voice their opinion without the fear of persecution and implications by the institutions to enable the expression impartial, unbiased and honest opinions.

Our profession is a profession of caring and helping for the weak and vulnerable. Let us practice our right to advocate for ourselves, for our patients and make a real impact in this profession we have committed our heart and lives into. For through advocacy, '... it takes one person, with one idea, to make one change, to save one life, and change the world' (1).

1. American Pharmacists Association (APhA) Policy and Advocacy: APhA-ASP Legislative Advocacy  
URL: [http://www.pharmacist.com/AM/Template.cfm?Section=APhA\\_ASP\\_Advocacy\\_Powerpoint\\_Presentation](http://www.pharmacist.com/AM/Template.cfm?Section=APhA_ASP_Advocacy_Powerpoint_Presentation).

2. Canadian Association of Pharmacists and Student Intern (CAPSI) Canadian Association of Pharmacists and Student Intern Letters (CAPSIL) Fall 2006 Issue: Faculty Profile: University of Dalhousie, University of Toronto, University of Manitoba, University of Saskatchewan, University of British Columbia, Memorial University of Newfoundland, Universite de Montreal, University of Alberta and Universite Laval.

URL: <http://www.capsi.ca/capsil/CAPSIL%20Fall%202006.PDF>





# Competition Bureau Shouldn't Point Finger at Pharmacies



By Rob Fursiewicz  
1st Year, University of Alberta

The Competition Bureau's October 29th report on generic drug prices in Canada is a bitter generic pill to swallow.

Generic drug manufacturers in Canada offer rebates to pharmacies that stock their drugs – up to 40% of the invoice cost that pharmacies pay. In its investigation of this practice and its study of the generic drug sector, the Bureau has pinned part of the blame for relatively high generic prices in Canada on pharmacies for not passing the savings on to their patients. The Commissioner of Competition, Sheridan Scott, said that generic manufacturers are giving pharmacies “a break ... that's a normal thing. The question is, why is the money staying at the pharmacy level.” My question to Mr. Scott is: why shouldn't it?

Pharmacies have no obligation to lower their prices on generic drugs if the drug makers are willing to provide financial incentive to sell theirs over a competitor. Prices on generics made by different manufacturers don't vary greatly so the consumer is not losing out if one generic is sold instead of another – the only loser here is the generic manufacturers, which fork out the extra cash. It isn't the nicest business practice, but not much is in a competitive environment.

More importantly, this extra money in the pharmacy's petty cash stash provides an extra revenue source that is sometimes much-needed, especially in smaller or independent pharmacies – and especially in an environment where important pharmaceutical care services are provided without compensation. One can think of this rebate as a way to pay for non-reimbursed priorities in a pharmacy, and help allow for better, full-on pharmaceutical care (instead of merely filling prescriptions). A response to the Bureau's report from the British Columbia Pharmacy Association states that the report “failed to acknowledge that rebates from generic drug manufacturers are passed onto patients in the form of pharmacy services, which are severely underfunded by governments”. The Association argues that dispensing fees alone aren't enough to cover the services provided by pharmacies – including counseling and consulting -- and “rebates or allowances provided to pharmacies by the generic drug manufacturers help fill the gap.”

So what does the Competition Bureau do? It “contributes to the prosperity of Canadians by protecting and promoting competitive markets and enabling informed consumer choice,” as well as investigating anti-competitive practices. If there is any anti-competitive action in this regard, it may lie only with generic manufacturers in providing these rebates to influence pharmacies' offerings – not with pharmacies in not lowering their prices. Surely knowledge of these rebates to pharmacies is important information to consumers, which is one positive aspect of the report; it provides information on a long-hidden but long-suspected practice, and consumers deserve to know.

However, if the Canadian government is truly concerned

about lowering drug prices for Canadians, one imagines they'd be better off being concerned about high-priced brand-name drugs rather than their lower-priced generic equivalents.

Ironically, the Competition Bureau's report, available at [www.competitionbureau.gc.ca/internet/index.cfm?itemID=2495](http://www.competitionbureau.gc.ca/internet/index.cfm?itemID=2495), comes off as anti-competitive – and anti-free-market. It prescribes that pharmacies lower generic prices according to government pressure rather than through the free market, selling for prices that the market will bear. And incredibly, the Bureau's complaint on reduced competition in generic drug pricing comes with its first “key finding” being that “generic manufacturing has become more competitive over the past 15 years. It appears that strong competition exists in the supply of many generic drugs in Canada.” Go figure.

The Bureau aims for “fair competition”, which its website suggests makes the economy work more efficiently, and gives small and medium businesses an equitable chance to compete and participate in the economy. It's silly to suggest that government price-fixing and “in-depth monitoring” of prices (and how pharmacies do business with their drug suppliers) will lead to economic efficiency; quite the opposite. As for giving small and medium businesses an equitable chance to compete, removing this revenue stream from pharmacies affects the smaller/independent ones more as such a revenue loss would be a bigger blow than it would be to bigger chains with more extensive revenue sources. Smaller pharmacies will have a harder time staying in business if their alleged extra profits on generics are reduced. The closing of even one independent pharmacy due to this would result in reduced competition – precisely the opposite of the Competition Bureau's goals, and that of Canadian consumers.

Of course, there are no requirements – legal or ethical – suggesting that such rebates should be passed down to consumers, whether one is selling watermelons, bicycles, or pharmaceuticals. As Terence Corcoran of the National Post writes, “there's no economic law that says rebates and other retail-price deals must be passed directly on to consumers. If a soup company pays a rebate to a supermarket for prime shelf space, the price of the company's soup does not go down to reflect the rebate.” Obviously prices of drugs could be lowered for the good of the public and reducing costs of the health care system – but this is a system-level issue that needs to be addressed at a higher level by a more involved, relevant body. The Bureau's report is partially a denunciation of pharmacies that have done nothing wrong, and it seems to be more political (drug prices should be lower!) than helpful to consumers. If the government wants to fix drug prices for the good of consumers and to the detriment of pharmaceutical companies, it should do so – but stick it to pharmaceutical companies, not to pharmacies often providing much-needed health services they aren't reimbursed for. Corcoran writes that the Bureau is “publicly targeting pharmacies” -- even though drug prices aren't a pharmacy problem, but a “larger structural problem in the delivery of health care and drugs to Canadians.”

Surely drug prices can be lowered in an attempt to sustain and improve the Canadian health care system – but the Competition Bureau's report isn't a healthy start.

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