Pharmacy Phile

University of Waterloo School of Pharmacy
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OPSIS 2012

For those of you that haven't heard of OPSIS (the Ontario Pharmacy Student Integrative Summit) it is a student organized interschool educational event geared to those with an interest in leadership and professional advancement. The event was created in 2011 by Kaitlin Bynkoski and Robyn McArthur from Rx2013, as well as David Yam and Bryan Falcioni from the University of Toronto, with a vision of inspiring pharmacy students to build a foundation for pharmacy practice in Ontario through collaboration, team building, clinical skills development, and leadership opportunities. Having had the opportunity to attend OPSIS 2012 at the end of March, I wanted to share my experience in hopes of encouraging more students to apply to this amazing event in the future.

Let me start by telling you that OPSIS is basically a professional practice conference, offered at no charge to students, held in Niagara Falls over a spring weekend. It combines the best of educational, experiential, social, and even athletic events into an unforgettable 48 hours. Now that I have your attention, I have to mention the catch; that only a handful of students in each class are able to attend. Selection is based on a description of applicable extracurricular activity involvement, a brief response to several questions relating to contribution to the conference and the profession, and a letter of recommendation. This past year six delegates were selected from each class for a total of 24 students from each school.

This year's event began on Friday afternoon with the organizers welcoming and dividing us into rooms facilitating integration of students between classes and schools. Following this, all delegates met for a light meal and an ice breaker session culminating in the creation of the pharmacy of the future out of craft supplies and a little bit of imagination. Following the structured activities we began some ice breakers of our own which really helped everyone get to know one another.

The next morning started early with a 7:30 am breakfast supplemented with a healthy supply of caffeine that seemed to last for the rest of the day, fortunately for some. Our first activity was a future planning seminar delivered by Karim H. Ismail, author of the Amazon best seller Keep Any Promise: a blueprint for designing your future.

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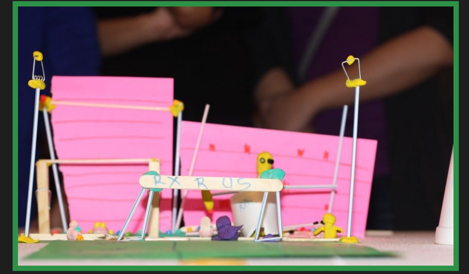


President & Vice-President's Message

Congratulations on a great term Pharmies!

April capped off our winter term, and brought along with it final exam season. This time of year always has stress-levels at a peak for our students, but along with all the hard work we also managed to squeeze in some fun. During our study breaks we ate, we laughed and we played! The first ever Pharmacy Phair put on by the SOPhS Social Committee, led by Aman and Jackie, was the perfect way to let loose before crunch time! Thank you ladies for your creativity and dedication, and a special thanks to all those that participated for not hurting yourselves (excessively).

We have quite a few events to look forward to during the first bit of the term. Firstly, the CPhA conference being held in Whistler BC, will send many of UW Pharmacy's finest to the west coast this June to help celebrate the 100th anniversary of the event. This national conference is a great opportunity for pharmacy students to learn more about the latest developments in clinical research, as well as practical knowledge relating to our profession. Another one of the summer's annual highlights is the OPA conference which will be held in London, Ontario this year. We look forward to seeing our Waterloo students represent the school during this educational and entertaining weekend affair, so register soon!

The first few weeks of May are definitely going to be busy and thrilling all at the same time! SOPhS will be holding its first-ever Annual General Meeting during the second week of May. This will give everyone an opportunity to see what each council member has contributed to their position, and to our school. The AGM is also a fantastic way to be enlightened by all the different positions our society has to offer. Why is that so important? Well because the 2012 SOPhS Election period will occur during the third week of May! Make sure you come to the AGM because you may find a position that really interests you. More details regarding elections will be coming your way so stay tuned!

Lastly, be sure to join CAPSI's first event for the term: The Back to School Potluck Lunch. Help support the UW CAPSI Run for the Cure Team by participating in this delicious event!

Now, as we look forward to the spring term, we wish the Rx 2014 class all the best on their co-op work placements, and we welcome back the Rx 2013 class. We'd also like to say way to go Rx 2015's - you survived! Are you ready for round 2?

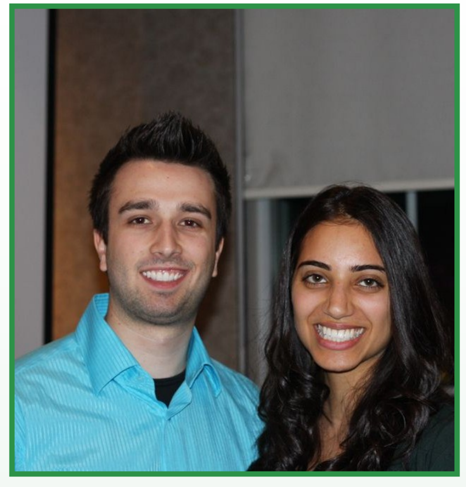
A big welcome back to the Rx 2012's. We're sure you had a fabulous time in Mexico, or wherever you enjoyed the break, and hope that you're re-energized for your final stretch here!

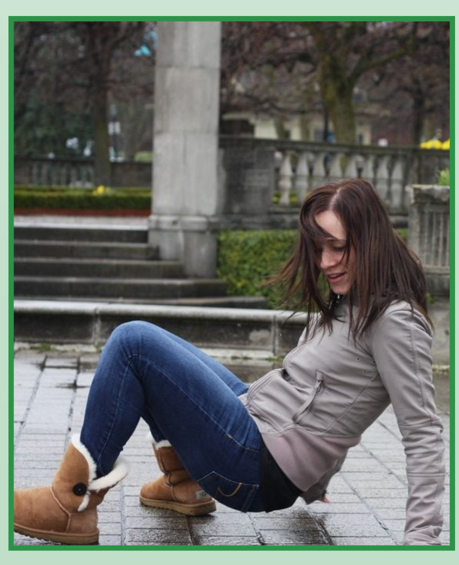
Fortunately, we are both placed in Kitchener during the Summer term so you can look forward to seeing our smiling faces on campus :). We managed to power through the cold and snow of the winter term, now let's enjoy the sun and warmth and all the the summer has to offer here at UW Pharmacy!

Cheers,

Saleema and Danielle

OPSIS 2012 Pictures





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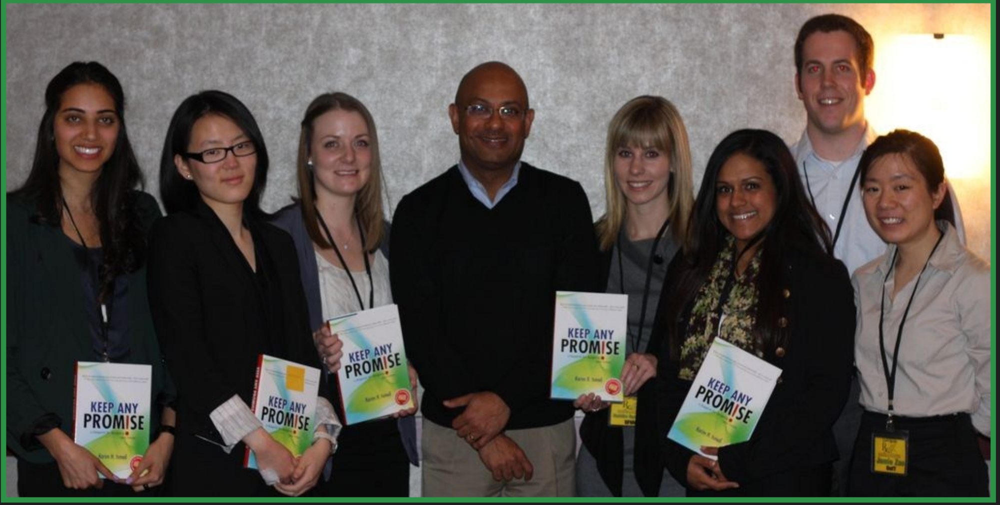
This session was incredibly helpful and included identifying our biggest fears and writing our own obituary, amongst other valuable exercises. We were also fortunate enough to each receive a signed copy of his book at the end of the seminar. Directly following this talk we were split into groups and given a patient case to begin working up while we ate lunch. This was similar to an IPFC case workup where we were given patient specific information and were expected to identify and prioritize drug related problems and then present our case later in the day. Each group was composed of two Waterloo students and two U of T students each from either first and second year, or third and fourth year and represented yet another opportunity to meet students from the other school.

Following lunch we had an educational workshop with Conrad Amenta, the Project Director for the Blueprint for Pharmacy at the Canadian Pharmacists' Association. During this session we discussed the history of the Blueprint and had a lengthy debate about the current barriers to expanded pharmacy practice. This was another great discussion that was able to draw out opinions from students in each of the classes from both school and help us all improve our understanding of the current changes to the profession and what we can do, as students, to help. Upon finishing the session we had a quick break then began presenting the patient cases that we had worked up over lunch. It was great to see students from all different classes working together and displaying their mastery of the patient care process. Although we only had a limited time to prepare, this was another great opportunity to all of us to share our knowledge and present in front of our peers. Following the presentations we retreated to our rooms to get ready for the night then reconvened for dinner which featured a keynote speech by Donnie Edwards, past chair of the OPA, that was equally informative and entertaining to say the least. Among other things, Donnie shared the experiences he had during talks with the Ontario Government and his role in the development of the MedsCheck program. Having had the opportunity to listen to someone so influential to the profession was a perfect end to a spectacular day that ended up offering much more than I had anticipated. To celebrate a successful day, in true pharmacy fashion, we danced the night away at Blush nightclub at the top of Clifton Hill.

The next morning we were let off easy with a late breakfast allowing everyone to regroup from the previous day's events. As a final farewell event we were, for the last time, divided into new teams and set loose on Niagara Falls on an Amazing Race! Despite the cold and rainy weather everyone seemed to have fun touring the area looking for the next clue then sprinting down the boardwalk from Clifton Hill to the top of the falls, which is a lot further than you think! At the falls we took photos, said our goodbyes and thanked the organizers for the outstanding job they did organizing the event. On behalf of all of the students who attended I would again like to thank Saleema, Danielle, Kaitlin, and Robyn from UW, and Angela, Jamie, and Bryan for their hard work making this year's event an unforgettable experience!

To those of you who are interested in broadening your experiences in the profession and meeting other students passionate about patient care I highly recommend you apply to attend OPSIS next year! Good luck, and I hope to join you in Niagara next spring!

Dave Hughes - Rx2013



Changes To The Canada Health Transfer: What Does It Mean For You?

By: Chelsea Barr, Rx2013

You may have heard the controversial news about the announcement made by Finance Minister Jim Flaherty in December regarding a limit to the future growth rate of cash transfer payments to provincial and territorial governments for health care, but what does it really mean? Let's start with the basics of the 2003 First Ministers' Accord on Health Care Renewal and Canada Health and Social Transfers (CHST).

In 2003, under the Liberal government of Jean Chrétien, Provincial Premiers and Territorial Leaders in Canada reached an agreement with an action plan for change to renew and sustain public health care for Canadians[1]. This agreement was named the First Ministers' Accord on Health Care Renewal (the "Health Accord") and addressed several key issues in health care; including issues such as prescription drug coverage, home care, and wait times. Implemented in 2004 as a 10-year plan, the funding agreements set forth by this accord are set to expire in 2014, and thus new agreements on the funding of health care will need to be made.

The Canada Health Transfer is a payment made to the provinces (who provide the majority of health care) from the federal government to support the principles of the Canada Health Act: universality; comprehensiveness; portability; accessibility; and, public administration.[2] The federal government also provides "equalization payments" to provinces that are lacking in financial resources in order to ensure adequate health care. Because of the legislation set forth in the Health Accord, these levels were set to increase by 6% per year to accommodate for inflation, a growing and aging population, and increased health care costs.

What Mr. Flaherty announced in December was that "cash transfers will grow by 6% through fiscal 2016 and then be pegged to a *"three-year moving average of nominal gross domestic product [GDP],"* with a minimum 3% increase, through 2024".[3] Future Health Transfers would also be made on a per capita basis, leading to less populated provinces receiving lower levels of funding than others. What this means is that while provincial health care costs are projected to increase substantially in the future, federal funding will be well below what is required to maintain current health care levels.

This will cause provinces to fall deeper in debt, by some projections increasing from the current amount of 20% GDP to 125% GDP by 2050-51.[3] Because of this, provincial governments may be forced to cut many health care programs and look for other sources of revenue.

What was most alarming to provincial governments is that the announcement made by Mr. Flaherty took everyone by surprise, and now the nation's Premiers are looking a new solution to ensure that Canadians receive adequate health care; this has lead to the "Health Care Innovation Working Group", a working group co-chaired by the Prince Edward Island Premier Robert Ghiz and Saskatchewan Premier Brad Wall. Over the next 6 months, this group will focus on scopes of practice, human resource management, and clinical practice guidelines. The group affirms they are working on solutions to "assess the fiscal impact of the federal government's decisions" and "work together to innovate and provide care for seniors and all Canadians".[3]

The current situation provides an excellent reason for pharmacists to lobby the government and prove that pharmacist reimbursement for cognitive services and direct patient care can provide cost savings to the health care system. As the decisions made by both the federal and provincial governments will impact our practice in the future, pharmacy students should be especially interested and involved in ensuring that we can continue to provide the current level of care as the population grows and ages. The Canadian Pharmacists Association is a member of the G4 association of health care advocacy groups, and is working to influence health care policy as the federal government negotiates the 2014 renewal of federal health transfer funding with the provinces. I urge everyone who is concerned about the future of health care to stay informed about government funding over the coming months.

For more information on government relations and health care association advocacy in Canada, visit the Health Action Lobby (HEAL) group website http://www.healthactionlobby.ca/

1) http://www.hc-sc.gc.ca/hcs-sss/delivery-prestation/fptcollab/2003accord/nr-cp-eng.php

2) http://www.fin.gc.ca/fedprov/cht-eng.asp

3) http://www.cmaj.ca/site/earlyreleases/4theRecord.xhtml

Offering FREE Cognitive Services to Patients: A Tough Pill to Swallow?

By Nick Malian (Rx 2013)

The MedsCheck program is an opportunity for pharmacists to sit one-on-one with patients to review their medications and provide the most up-to-date medication list. Pharmacies (not pharmacists...) are reimbursed by the government for their time and expertise.

Visit: http://www.health.gov.on.ca/en/public/programs/drugs/medscheck/ for more information.

During a MedsCheck, pharmacists have a wonderful opportunity to identify actual or potential drug related problems...added value than simply creating a medication list.

Along with reimbursing the pharmacy for the MedsCheck, the Ministry also reimburses pharmacies for providing a pharmaceutical opinion. The pharmaceutical opinion program was initiated last year to compensate pharmacists for the time and expertise required to make recommendations to health care providers on behalf of our patients' health and their medication.

But here's the kicker, pharmacies receive compensation for performing MedsChecks to any Ontarian that qualifies for it (see the link above). However, pharmacies ONLY receive compensation for providing a pharmaceutical opinion to Ontarians that are on the Ontario Drug Benefit and not to all Ontarians.

Two weeks ago I contacted a physician to recommend a change to my patient's medication regimen. As usual, the physician accepted my recommendation ;) However, when it came time to "billing" for the pharmaceutical opinion, I was not able to because they were not a member of the Ontario Drug Benefit.

"Well that was hardly worth it!" I joked with my boss.

I didn't think anything of it for the rest of the day. But when I got home I thought about the pharmaceutical opinion that did not qualify for reimbursement...

Then I thought to myself:

In a time when the pharmacy funding model is drastically changing, coupled with the push for pharmacists to become recognized and reimbursed for providing cognitive services:

Should pharmacists feel "slighted" for performing a non-reimbursable service?

Is it good for the profession to keep doing things for free?

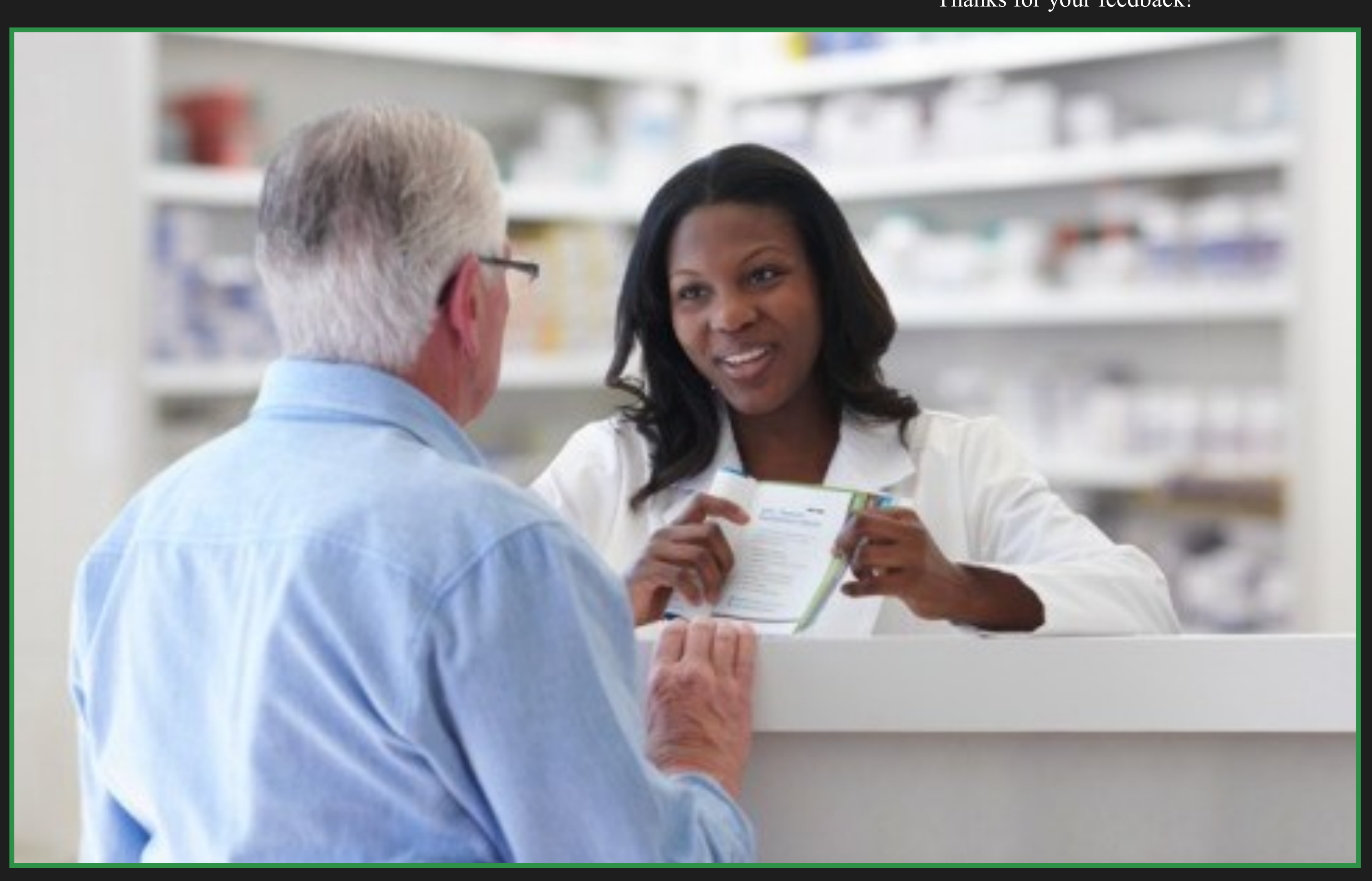
Should pharmacists be constantly thinking about billing for services each time they provide a cognitive service? Will this "thinking" help create a new funding model?

Do you think that billing patients for our services will help improve our image as health care professionals?

Don't get me wrong, I do not discriminate between patients when it comes to making a clinical decision like a pharmaceutical opinion. **Patient care is the top priority**. But at what point do pharmacists have to seriously evaluate our value and start charging (the patient or government) for our work?

Let us know what you think. Please email me at nmalian@uwaterloo.ca with a 150 word maximum response to the questions above and we will publish it in next month's Pharmacy Phile.

Thanks for your feedback!



Interview with Linda Duong

Where did you do your humanitarian mission?

In August 2011, I embarked on a solo trip to Kathmandu, Nepal.

What made you want to do this mission?

Travelling abroad is definitely one of my passions and hopefully I will be able to do a lot of that post-grad, provided I have the time and financial resources. I have always been curious about the role of the pharmacist in public health, particularly in humanitarian aid or developmental aid. In addition, I feel that learning about global issues, particularly those afflicting developing communities first-hand will allow me to gain a better insight and understanding of such problems as opposed to learning it through the media and other sources. So, combining my love for travel, curiosity and desire to learn about other cultures, their issues and contributing to our global community in some way, I decided to volunteer in Nepal.

What organization was it with?

The organization that I volunteered with was the Nepal Volunteers Council (http://www.volunteerscouncil.org.np/). It is a small non-profit organization that is slowly growing and run by a wonderful team of locals. NVC is dedicated to improving the living standards of marginalized communities in Nepal, through sustainable development. They have projects in various areas: education, health, agriculture and environment, women's empowerment and others.

What kind of things did you do?

During my three weeks stay in Nepal, I initially volunteered at a local hospital and got to shadow several doctors and pharmacists. My role was limited since it was not a particularly busy or a large hospital and there was definitely a language barrier that prevented me from directly interacting with patients. I also taught basic health & nutrition and hygiene lessons to Grade 4-7 students at a local school in the village where I resided with my host family. There was a free "Health Camp" day where villagers were able to get free check-ups from various specialists – optometrists, HEENT physician, a dentist and others, as well as distribution of free medications. I helped to distribute eye medications (mainly antibiotic ointments and drops), record blood pressure readings the nurses took and write down prescription instructions in symbol form.

What did you take away from this experience?

I have no regrets about doing this trip and I would do it all over again. I definitely recommend everyone to take a solo trip, whether it is a vacation or a volunteer trip to any place outside your comfort zone. Through this trip, I have learned a lot about myself and gained a better perspective on relationships (especially with strangers!) and life. My views on different aspects of life have definitely been shaped or shifted in some way. I appreciate that "less is more" and as a Canadian, we have much to be grateful for.

Regarding the work experience, there were definitely some challenges - personal and external factors. The language barrier was one of the greatest challenges and limited my role at the hospital. There were limited tools and resources (compared to Canada) that do not allow us to deliver advanced medical care or enhance education and teaching. Political instability in Nepal resulted in unplanned cancellation of classes and public bus services for a lot of days while I was there. In general, I've learned that you have to adapt, be flexible and understand that there are a lot of cultural and political differences/influences which may interfere with the work you do.

I heard you kept a pretty sweet blog…

I did blog while I was in Nepal because I felt that it was important to record and hang onto those details from this amazing trip! Embarrassingly enough, I have not rectified my procrastination habits and so the last few blog entries of the final days of my trip have not been uploaded yet. For anyone that is interested, here is the link!

http://unsolopaso.wordpress.com/

Working With The First Nations Community; A Co-op Like No Other

Maggie Gareau is a member of Rx2013 and worked in a community pharmacy this past co-op in Sault Ste. Marie.

Nick Malian (NM) - Briefly describe your work placement.

Maggie Gareau (MG) - This term I worked in a community pharmacy in my hometown of Sault Ste. Marie. After doing some research on the First Nations communities in the surrounding area I realized there wasn't a pharmacy presence in any of them. One of the First Nations communities, Garden River, has a health centre which offers multidisciplinary health services for the Garden River band members. I contacted the Wellness Centre and through collaboration I was able to establish a MedsCheck program for the community members. After a couple weeks of MedsChecks I was able to collaborate with the Diabetes clinic which they offer there to provide educational seminars for the diabetic patients on topics related to prescription medication and diabetes. I also worked with the Addictions and Mental Health department to deliver seminars on prescription medication and mental health and prescription medications of abuse. The possibilities are endless!

NM - What health challenges does your patient population face?

MG - I was very fortunate to be involved with a community which is very innovative. Garden River is a model for other First Nations communities when you look at how advanced the Wellness Centre is. It is much like a giant Family Health Team in that all community members are able to use the many services offered including a physician, nurse practioner, physiotherapist, dietician, occupational therapist and psychologist.

When you look at statistics for the First Nation communities in Canada there are high rates of diabetes, heart disease, and anemia - largely due to genetics. In communities which aren't as fortunate as Garden River, access to health care is scarce. A lot of the patients I worked with were elders which were confined to their own homes and were unable to access health care services in Sault Ste Marie. Luckily they were able to benefit from the services of the Wellness Centre. Unfortunately this is not always the case and chronic conditions develop and progress.

NM - What role do pharmacists have in First Nations health care?

MG - The possbilities here are endless. With pharmacy moving to a clinical role and with the movement towards interprofessional collaboration there really is no end to a pharmacists role. What began as a MedsCheck program rapidly progressed to educational seminars in Mental Health and Addictions and clinic days with diabetic patients. Because chronic disease is so prevalent in the First Nation population it is so important to educate patients on prevention and help patients learn about the importance of the medications they are taking and maximizing compliance. There is a big movement in Garden River to educate the youth right now which is a great place for us "up and coming" pharmacists to be peer mentors as well as health care professionals and stress lifestyle choices which we can make early to prevent chronic disease. Because of the lack of services which so many communities unfortunately are facing, it opens up the doors for us to collaborate with other HCP and be creative as to how we can offer services to maximize patient outcomes.

NM - Do you have any interesting or unique stories about your patients?

MG - I can't stress how rewarding this experience was for me. The patients I worked with were so incredibly welcoming and so appreciative of the services I provided to them. I was very pleased to see how involved the patients were in their own health and how eager they were to learn about what they could do to prevent any development and progression of disease. Patients were very interactive and not hesitant to ask questions and share their stories and opinions which made it so much easier and less intimidating for me as a student.

I also noticed how important traditional medicine is as a part of their culture. It was a great opportunity for me to remember prescription medicine is not the only option out there for treatment and as pharmacists we must educate ourselves in all different forms of healing to offer our patients the best possible care.

Want More Out of Your Antihypertensives? Take Them At Night!!!

By Alam Hallan - Rx2013

Want a simple no-cost intervention that will lower the risk for cardiovascular disease in your hypertensive patients? Try suggesting moving one of their antihypertensives to bedtime. Although blood pressure medications are typically taken in the morning, a recent trial has shown that it may be more appropriate to take them at bedtime. The MAPEC trial, designed to test hypothesis that dosing of one or more blood pressure medications will provide better blood pressure control and improved cardiovascular risk reduction, has shown very promising and profound results. Although not the first trial to suggest night time dosing, MAPEC is the first trial specifically designed to test this hypothesis.

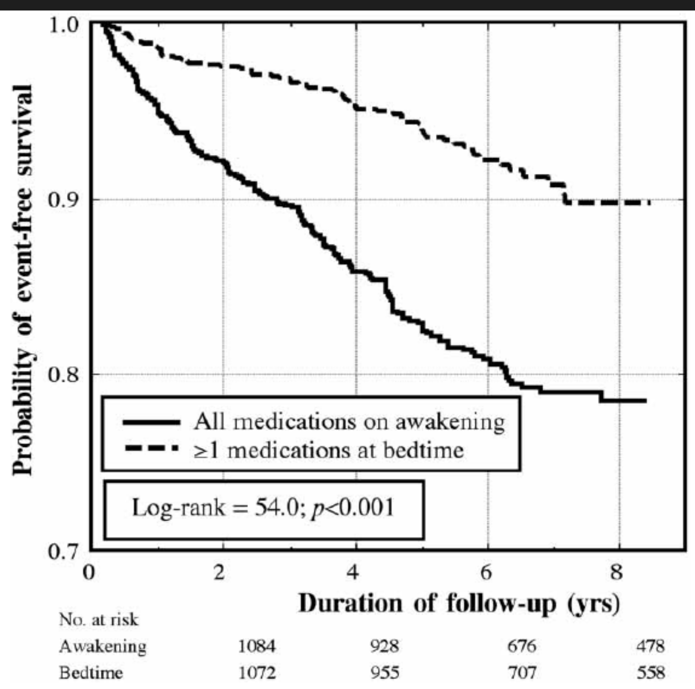


Figure 1: Kaplan-Meier survival curves as a function of time-of-day of hypertension treatment[6].

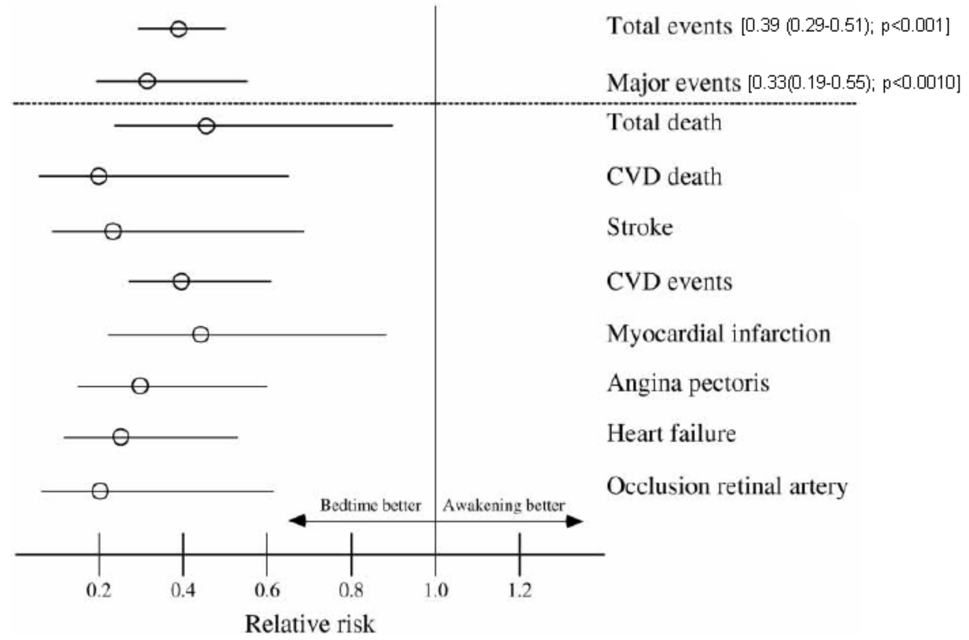


Figure 2: Relative risks (with 95% confidence intervals) of various events (adjusted by age, sex and diabetes) as a function of time-of-day of hypertensive treatment[6].

Blood pressure has been known to have cyclic variations due to our biological circadian rhythm. Research has shown that plasma catecholamines, cortisol, vascular tone and effective circulating volume are highest in the morning which accounts for the coinciding rise of blood pressure[1]. Physicians have anecdotally observed that cardiovascular events are higher in the morning. An analysis of Framingham data has shown that sudden cardiac death is 70% higher between 7-9 am compared to the rest of the day[2]. This observation has been further supported by a meta-analysis of 30 studies showing MI incidence to be 40% higher between 6 am to noon compared to the rest of the day[3].

Some previous prospective studies have shown sleep-time blood pressure to be a better predictor of CVD risk[4]. This has been supported by the fact that blood pressure is usually at its lowest point at night as is sodium excretion. An increased intake of sodium or a reduction in sodium excretion results in resetting of nocturnal BP to a higher point resulting in "non-dipping" – the phenomenon or the inability of blood pressure to drop 10% or more during the night, which has been related to a higher CVD risk[5].

With all this evidence one is inclined to think whether we should be dosing antihypertensives in a way that allows them to reduce this increased morning risk. This technique of matching the drug with the biological clock of individuals is known as "chronotherapeutics" and has been successfully used in a few conditions and has been a source of debate for hypertension.

Before the MAPEC trial, a few small studies have looked at the difference in blood pressure in relation to the timing of the drug therapy. These studies have shown better nocturnal BP control with night time dosing albeit the daytime BP were similar. Since none of these studies addressed hard clinical end point such as mortality, there was a huge void which needed to be filled with evidence before we started switching patients to night time dosing. The HOPE trial, one of the larger studies, compared ramipril given at night to a regimen that did not include an ACEI and showed significant reduction in all cardiovascular outcomes[1]. Many attributed this reduction to the cardioprotective effect of ACEI while ardent supports of chronotherapy believed that the night time dose was blunting the early morning rise in blood pressure. Since the blood pressure measurements were recorded later in the day the latter theory did not have any data for its support although a sub study with 30 patients did show that the overnight blood pressure was significantly lower in the ramipril group[1].

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With the debate following the HOPE trial, a large trial was needed to give a more definite answer to the question, "When should I take my blood pressure medication?" Although this debate is far from being settled, the MAPEC study does provide some evidence to make a very compelling argument supporting night time dosing of blood pressure medications.

The study included a total of 2156 hypertensive patients (52% female with a mean age of 56) and followed them for 5.6 years. The participants were randomized to take all of their antihypertensives upon awakening versus taking 1 or more of these medications at bedtime. The medication choices included the complete spectrum of available antihypertensives. The blood pressure measurements were taken using an ambulatory device at 20 minute intervals from 7-11 am and at 30 minute intervals through the night for 48 hours. "Wrist actigraphy" was used to monitor their physical activity and ensured that during the night participants slept and ceased all physical activities. These assessments were repeated annually unless adjustments were required to reach target BP in which case they were done quarterly. At baseline no differences were observed between the two groups. The follow up showed that the nightly medication regimen resulted in lower sleep blood pressures and a higher sleep time blood pressure decline. In addition the treatment group also showed a reduction in "non-dipping".

The more profound outcomes were seen in mortality (2.6% in awakening vs 1.1% in bedtime, NNT=67, $p=0.008$) and total CVD events (17.3% in awakening versus 6.3% in bedtime, NNT=9, $p<0.001$). The diabetic and CKD subpopulations showed similar benefits. The Kaplan-Meier survival curve and the relative risk reductions are some of the more impressive ones which I have seen and are shown below.

These large effects can be explained by a couple of theories like slower clearance of medications at night thereby prolonging their action and normalizing of nighttime BP which might be exerting an effect similar to sodium restriction. Regardless of what the actual mechanism might be, one cannot overlook the fact that there might have been something in the management of hypertension that has been overlooked so far. The aim of the current antihypertensive is based upon normalization of BP. The ultimate aim of the therapy is to reduce organ injury and cardiovascular morbidity and mortality. In light of the current evidence, one can safely say that switching one or more BP medications before bedtime could significantly reduce CVD risk and mortality and better achieve this aim.

Even though a large amount of evidence is lacking to support this statement at this moment, the overall risk benefit ratio is highly favorable towards benefit with minimum risk to the patients. The effects achieved by this simple switch in dosing time are far greater than many current therapies. In the end patient convenience should take precedence but this is definitely something that should be brought up if they are not taking any antihypertensive medication at bedtime. Add in the no-cost factor and you have a winning intervention which is easy to accomplish.

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Fresh from the Pharm

A Culinary Blog by Chelsea Barr, Rx2013

So Andrew always bugs me that I use the phrase "I could DIE for this!" way too often, but this time it's totally true! These pancakes had a deliciously tropical feeling, a bittersweet reminder that exactly one year ago today we were enjoying the white sandy beaches and amazing sunshine in the Dominican Republic! Siiiiigh, wish I could be there again. However, in the mean time these pancakes will have to do!

Coconut Pancakes with Mango-Pineapple Reduction

1 cup all purpose flour

1 Tbsp sugar

2 tsp baking powder

1/4 tsp salt

1 cup light coconut milk (If using regular coconut milk, add some water to thin)

1 1/2 Tbsp canola oil

1 egg

Mango-pineapple reduction:

I mango, chopped

1 can pineapple tidbits with juice

1/3 cup sugar

1. Combine the mango, pineapple, juice and sugar in a saucepan and heat on medium-high until liquid reduced and consistency similar to syrup. Keep heated on low until ready to serve.

2. Whisk together coconut milk, canola oil and 1 egg. Combine with dry ingredients. Cook as usual for pancakes.

Easy enough for a lazy Saturday morning spent reminiscing the beach? Definitely.

Comparison of Professional Liability Insurance (PLI) for Pharmacy Students

Available from Professional Associations in Ontario

PLI is required for all members of the Ontario College of Pharmacists (OCP) engaged in the practice of pharmacy, including pharmacy students. Your policy must contain limits of a minimum of $2 000 000 per claim or per occurrence and $4 000 000 in the annual aggregate. Visit for more information: http://www.ocpinfo.com/client/ocp/OCPHome.nsf/web/Professional+Liability+Insurance

This document was created to help students compare offerings for PLI in Ontario. It is meant to be an overview and is not comprehensive. You should do your own research to gain a more fulsome understanding of their insurance offering, the organization and member benefits.

Prepared by Stacey D'Angelo - Rx2012

Association	Cost	Other Member Benefits	Comments
Ontario Pharmacists' Association (OPA)	$27 per year	**Advocacy:** The OPA represents the views and opinions of ALL pharmacists in Ontario. We work tirelessly with the Ministry of Health and other stakeholders to ensure that pharmacists are being represented and utilized to their fullest potential. **Tangibles:** There are several OPA student member benefits that will help you grow as a student and professional. These include: 1. Corporate GoodLife membership that allows you to use ANY facility in Ontario 2. Subscriptions to the Pharmacists' Letter and Rxfiles 3. Discount cell phone plan and car rental service. 4. Weekly email updates about the OPA & daily updates on www.opatoday.com about pharmacists & pharmacy news. 5. Job opportunities as an intern with the OPA 6. Networking & learning opportunities with the OPA Conference & live or online CE programs (some complimentary!)	PLI insurance with the OPA requires you to become a member. A first year student member pays $31 for membership and $27 for PLI...a grand total of $58. For second to fourth year students, OPA student memberships are $58 plus $27 for PLI...a grand total of $85. Visit: http://www.opatoday.com/opa/membership2012/ to become a member with the OPA today!
Canadian Society of Hospital Pharmacists (CSHP)	$200 per year (July 1st to June	**Advocacy:** to advance hospital pharmacy practice. **Awards Program:** Be recognized! **Canadian Hospital Pharmacy Residency Board:** The Canadian Hospital Pharmacy Residency Board accredits Canadian residency programs and matches applicants to residency positions through its Residency Matching Service. **Continuing Education:** Learn and teach about up-to-the minute information on the latest therapeutic trends and practice developments at CSHP's three annual education programs, the Professional Practice Conference (PPC), the Summer Educational Sessions (SES)* and the Banff Seminar. **Fellows Program:** Be honoured as a CSHP fellow. Partner Discount Programs • Professional liability/malpractice insurance plan • Group home & automobile insurance plan • Car rental discount • Hotel discount • Discount on flowers & gift baskets **Pharmacy Specialty Networks (PSNs):** Connect with pharmacists who share similar areas of interest, practice, education, research and/or management, and exchange your outstanding daily contributions to pharmacy. **Products and Publications:** • Annual print subscription to the Canadian Journal of Hospital Pharmacy (6 issues). • Reduced registration fees for CSHP continuing education programs (PPC/SES/Banff Seminar). • CSHP eBulletin (semimonthly electronic newsletter). • CSHP products and publications • Discounted online ordering of ASHP and Pharmaceutical Press publications. • Registration at the American Society of Health-System Pharmacists (ASHP) educational events **Research and Education Foundation:** Obtain funding for research projects and targeted education programs	CSHP is pleased to endorse the Benson Kearley Insurers Financial Group as its professional liability/malpractice insurance provider. This benefit is available to all CSHP members. If you are not a current member of CSHP, we offer special introductory membership rates that may save you money when you combine a CSHP membership with our liability/malpractice insurance plan. New active level members will save 50% of their membership fee in the first year and 25% of their membership fee in the second consecutive year of membership. Refer to the CSHP New Active/Supporting Member Discount Program for details. • Broad professional services definition to cover work performed in a hospital setting or community practice. o Those services rendered by the Insured, while acting within the scope of the Insured's duties as a pharmacist, including but not limited to public speaking, task force and committees, development of position papers, community practice, consulting, medication counselling, prescribing authority. • Claims made policy. • Disciplinary Hearing Limit and Criminal Defence cost reimbursement (if found not guilty) inclusive: $50,000 per occurrence, $100,000 annual aggregate. • Broad definition of Insured including any present or former employee of Named Practitioner or student acting under direct supervision (during policy period). • Extended Reporting Period available for up to 3 years for future claims reported after retirement or policy non-renewal. CSHP is pleased to announce that current CSHP members can now renew and apply for professional liability insurance online.

Our SOPhS Updates are now online! Click the following links to access the most recent SOPhS Update:

SOPhS Update - May 8, 2012 - Week 2

SOPhS Elections 2012

Important Dates:

1) SOPhS AGM - Wednesday, May 9, 2012 - Application Package Pick Up
2) Applications Due for Open Elections - Saturday, May 12, 2012 at 10:00 am
3) Videos Presentations Due - Sunday, May 13, 2012 at 9:00 pm
4) Campaigning Begins - Monday, May 14, 2012 at 9:00 am
5) Voting Day - Thursday, May 17, 2012 between 9:00 am and 7:00 pm
   - Election Results Released Friday, May 18, 2012
6) Application Based Position Deadline - Tuesday, May 22, 2012 at 5:00 pm
   - Application Results Released Friday, May 25, 2012

Check your May 8th 2012 SOPhS Update for more details about the election process.

CAPSI By-Elections: Junior Competitions Coordinator

Applications are now open for Jr. Competitions Co-ordinator on CAPSI Council. Since this position requires a 2-year commitment, it is only open to students from Rx2014 and Rx2015. Send applications to **jrafuse8@gmail.com** by **Friday May 11, 2012.**

Communications Update

As usual there are many things on the go with Communications, the most significant being the Website. We are nearing completion of the site and are just ironing out some details before it is fully launched. We now have several photo galleries posted, the class calendars updated, and the textbook exchange available. We are still working on some of the design of the page and updating images and content but things are happening quickly. We are now at a point where a lot of the content and functionality can be reviewed so we are calling all students to inform us if there are any problems with the site or areas we can improve. Use your judgement with certain pages that may not be complete but we would rather hear from you than not!

With respect to the newsletter, we are hoping to make some design changes for the summer term so look forward to seeing those in the next issue!

If you have any comments or suggestions on how we can improve please let us know! Also, we are looking for a new Junior Communications Director so please apply if you are interested!

Pharmacy Phile
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UW Hospital Pharmacy Residency Night

Whem & Where: Tuesday, May 15th from 6:00-9:00 pm on the second floor of the pharmacy building.

Priority is given to 3rd and 4th year students, but 2nd years in the area welcome.

A brief information session will be held on Monday May 14th/2012 to help you better prepare to ask thoughtful question to the residency representatives.

If you have any questions please ask Julian Ellis (julian.r.ellis@gmail.com).

Please check out the calendar on the next page, or check out the weekly SOPhS Updates for information about all of our events. If you have an event coming up that you would like to inform students about please submit an article for a SOPhS Update to pharmsoc@uwaterloo.ca using the guidelines available on the SOPhS website.

Society of Pharmacy Students (SOPhS)
University of Waterloo School of Pharmacy

10A Victoria Street
Kitchener, Ontario N2G 1C5
www.sophs.ca

SOPhS 6 Week Calendar

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1	29	30 Co-op Term Begins	May 1 Spring 2012 Term Begins	2	3	4	5
Week 2	6	7	8	9 SOPhS AGM 7:30 in PHR 1004	10	11 Application Due for CAPSI Jr. Competitions Coordinator	12 Co-op Job Postings Open Applications Due for SOPhS Elections
Week 3	13 Mother's Day Videos Due for SOPhS Elections	14 SOPhS Elections Campaign Period Co-op Job Postings Close	15 SOPhS Elections Campaign Period UW Hospital Pharmacy Residency Night	16 SOPhS Elections Campaign Period	17 SOPhS Elections Campaign Period Voting Day	18 Election Results Released	19
Week 4	20	21 Victoria Day Holiday Newsletter Submissions Due	22 Applications Due for SOPhS Positions	23	24	25 Co-op Interview Day (Classes Cancelled) Application Positions Announced	26
Week 5	27	28	29	30 Co-op Rankings Open	31	1 Co-op Rankings Close	2
Week 6	3	4	5	6	7	8	9

SOPhS Calendar Notes

Please note that event dates may be subject to change. Contact SOPhS if you are unsure of an event date.

We are currently in the process of adding class calendars to the website and it is our hope that these calendars will provide you will all of the event and deadline information you need during each term.

If you would like to add an event to the SOPhS calendar please email Caitlin at c3meyer@uwaterloo.ca