

# SCOPE *newsletter*

QUALITY PHARMACY CARE IN SASKATCHEWAN

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SASKATCHEWAN  
COLLEGE OF  
PHARMACISTS

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## *President's Holiday Message*



Growing up in a predominantly Christian community, our family's traditions at Christmas included church, grandparents, once-a-year foods, and lots of time inside and outside the house with my siblings, parents and relatives. As time passed and lives evolved, some traditions changed, some were added, and others became memories that I will always cherish.

As I have aged and moved to new communities, I've been fortunate to learn how other families celebrate Christmas, as well as the traditions and celebrations throughout the year of other cultures and faiths. I think it is a great gift to live in a society where acceptance of others is the norm – I have always benefited from the lessons that others have shared with me, leading me to a better understanding of myself and the world. It is clear to me that we all share many more similarities than differences.

This is an exciting time for our profession. And challenging. I think that the Saskatchewan advantage is our strong history of working together and learning from each other: academia with practice; private with publicly-funded; government with providers; old with new; pharmacists with pharmacy technicians; advocacy with regulatory. Our profession's norm is also acceptance of others, which strengthens us all as providers of care that meets the needs of those we serve.

This is a time of year when many people celebrate, whether for religious reasons, the daylight ebb that is the winter solstice, or the inescapable changing of the annual calendar. Those of us in healthcare know that this isn't a happy time for everyone, and through acceptance and compassion towards others we continue to meet their needs to the best of our abilities.

On behalf of the College's council, I will return to the beliefs of my upbringing, and wish everyone peace, joy, hope and love at this time, and throughout the year.

Respectfully,

Barry Lyons  
SCP President

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Field Officer

**GINGER RITSHIE**

Administrative Assistant

**JEANNETTE SANDIFORD**

Field Officer

**AUDREY SOLIE**

Administrative Assistant

**AMANDA STEWART**

Administrative Assistant

## Council Highlights

December 11, 2013

The December Council meeting began with the update to our progress with the **Key Action Areas** within the Strategic Action Plan:

**1. Increased public involvement**

- a. The public opinion survey on inducements is being finalized.

**2. Organizational Structure Review**

- a. We still await word from the Ministry regarding amending *The Pharmacy Act, 1996* which includes the request to regulate pharmacy technicians as members.
- b. Our reserve strategy is in place with the bank.
- c. We are finalizing our social media strategy and refining other communications strategies with our communications consultant.

**3. Practice Redesign & Regulatory Reform**

- a. Regarding the Prescriptions Review Program, the bylaws have been submitted but not as yet approved.
- b. ComPASS pilot project to soon be underway as the steering committee and site recruitment is being finalized. The focus is on medication safety (patient) and safe medication practices (pharmacy).
- c. Council approved the logo and branding for the CQA pilot project (see separate article in this issue).

**4. Citizenship of SCP**

- a. The results of the survey on Conditional Practising Members were presented to Council.
- b. The Social Media Strategy is to begin with a focus on primary care.
- c. A survey on social media usage has been finalized and will be issued to the membership early January 2014 to assess how best to deliver information to members from the College.
- d. Appointments from the members' skills and interests' survey were approved by Council.

**Expansion of Prescriptive Authority** Council considered the report from the Interdisciplinary Advisory Committee who were asked to advise Council on full implementation of prescriptive authority.

Council heard that the Guidelines for the remaining minor ailment conditions from the original Table 1 conditions have been completed by medSask. Council has approved that we move forward with the implementation of the remaining eight conditions subject to the availability of the guidelines and optional training. The remaining conditions in Table 1 are:

- Headache and migraine
- Skin infections (bacterial)
- Dyspepsia (GERD)
- Dysmenorrhea
- Atopic dermatitis
- Tinea infections (athlete's foot, jock itch, ringworm)
- Hemorrhoids
- Musculoskeletal pain, stiffness and spasm

Members will be notified once the Guidelines with optional training are available.

## Continued from Council Highlights...

Council has directed that work begin on the guidelines and optional training for the Table 2 conditions where Schedule 1 drugs are appropriate for prescribing by pharmacists for self-diagnosed recurrences of specified conditions after initial diagnosis by a physician. The conditions listed in Table 2 are located on the medSask website please [click here](#) to view Table 2.

Work will commence on the development of protocols for Level 2 prescriptive authority beginning with the prescribing of smoking cessation agents as an adjunct to established cessation programs i.e., PACT training and prescribing of a short course of oral contraception as an adjunct to Emergency Contraception. Training requirements must be finalized for the Level 2 categories.

**Prescriptions in PIP – Bylaw Amendment** It has come to our attention that the recording of the prescription in PIP is causing data quality issues. For example, if in an integrated pharmacy the pharmacist does not retrieve the prescription through their system it remains “pending” in PIP and becomes subject to the applicable messages that have to be managed until its’ status changes to “active”.

Recording prescribing in PIP is also a barrier to hospital pharmacist prescribing, in particular outpatient clinic and medication reconciliation circumstances. Access to the PIP prescribing functionality is not as convenient in hospitals due to variations in clinic access. Workload creates a barrier in medication reconciliation where pharmacists prescribe according to reconciled drug therapy using data from PIP. This occurs frequently for complicated drug regimens. Hospital pharmacists must enter a large number of prescriptions into PIP from the PIP generated reconciliation form that represents duplication of effort and potential for medication errors.

Consensus is emerging that recording the prescription in PIP is serving little if any useful purpose and Council was asked to consider an amendment to our bylaws deleting this requirement.

Council approved the following bylaw amendment which will be submitted for the Minister’s approval:

23(2) (c) be repealed and replaced with:

(c) a licensed pharmacist who prescribes a drug under the authority of these Bylaws:

(i) must provide, or cause to be provided, the Pharmacist Assessment Record associated with that prescription to the patient’s primary practitioner:

(1) immediately, if in the judgment of the licensed pharmacist, the practitioner immediately requires the record to provide safe care to the patient; or

(2) as soon as reasonably possible, in all other cases; and

(ii) except as provided in paragraph (d) of sub-section (10), within the limitations of the Pharmaceutical Information Program, may record, or cause to be recorded, the prescription(s) in the Pharmaceutical Information Program, as soon as reasonably possible.

When approved and in force this amendment requires that the pharmacist provide the PAR to the primary practitioner, while making the record of the prescription in PIP optional.

We will notify the membership when this bylaw amendment has been approved and comes into effect on the day it is published in the Saskatchewan Gazette.

**CanLII publication.** Council approved that as of January 1, 2014 all decisions of the Discipline Committee will be published in CanLII (Canadian Legal Information Institute). CanLII is a “non-profit organization managed by the Federation of Law Societies of Canada. CanLII’s goal is to make Canadian law accessible for free on the Internet. This website provides access to court judgments, tribunal decisions, statutes and regulations from all Canadian jurisdictions.” Many regulatory bodies across Canada, including pharmacy, use this service.

The Orders of the Discipline Committee usually include publication of a summary of the Decision and Order in our newsletter. Council approved that unless otherwise ordered by the Discipline Committee, we no longer will publish such summaries. We will publish a citation of the case and direct the reader to the website link for the publication of the full text of the Decision and Order at CanLII.

**Discipline Hearings** To reduce the burden on Discipline Committee members and to ensure that we complete disciplinary

## Continued from Council Highlights...

hearings in a timely manner, Council has approved that hearing dates will be set during one of the fixed sittings established by the Registrar or his designate on behalf of the College each year. Sittings will be established for a week for the months of February, June and October in each year. Members of the Discipline Committee, their legal counsel and legal counsel for the Complaints Committee will be surveyed for their availability during those months and the weeks selected will be the ones at which most members of the Discipline committee and both legal counsels or their designates are available. Upon selection, the Registrar or his designate will confirm the scheduled hearing dates with all members of the Discipline Committee and both legal counsels.

**Committee Volunteer Survey** We wish to thank all members who responded to the Committee Volunteer survey that was distributed in September. We received an excellent response to our survey of members' interests in serving the College. We have screened the responses according to the respective committees' terms of reference and Council policies on committee structure and selection criteria. We thank all who responded and hope that those that were not selected for the few committee spots at this time will continue to participate in the College functions. Committees, other than the statutory Committees, have 3-year terms that can be renewed once so as members leave the committees we will make further selections from those who have indicated a willingness to serve.

**Mandatory PIP Access** Council recommends that all pharmacies pursue integration be completed by December 31, 2014. Projected forecast for PIP CeRx Integration completion in the province is late fall, 2014. Council continues to encourage members to access the PIP viewer for every patient but strongly recommends that every high risk drug or patient requires the pharmacist to access the PIP viewer. We acknowledge that there are a growing number of pharmacies that are now able to access the eHR Viewer for PIP and other data (e.g. lab tests).

**Central Fill Policy Amendment** Council approved an amendment to our Central Fill policy to read: "Except where the Saskatchewan College of Pharmacists (SCP) has executed a mutual assistance and cooperation agreement, or other agreement or formal understanding of a similar nature, with another pharmacy regulatory authority in Canada, both the originating pharmacy and the central fill pharmacy must be located in Saskatchewan and hold a valid permit with the SCP. Where the exception arises, each pharmacy or pharmacies must be located in one of the jurisdictions part to the above agreement or to the above formal understanding." The SCP and the Alberta

College of Pharmacists have signed such an agreement, the Mutual Cooperation and Assistance Agreement between the Alberta College of Pharmacists and the SCP. The updated policy statement is accessible on our website titled [Central Fill Policy](#) in the Reference Manual.

**Private Counselling Room** Council has approved in principle the recommendation from the Professional Practice Committee to mandate a private counselling room in each pharmacy focusing on the "private" more than the "room". As we continue to enhance our prescriptive authority and minor ailment prescribing authority, the need for a private area to conduct interviews and assessments is required. Development of the necessary Regulatory Bylaw amendments will begin with notice given to applicants for new pharmacy permits as well as renovations and relocation applications so that planning for this future requirement can begin.

**When a Physician Leaves Practice** To ensure continuity of care we are working in collaboration with the College of Physicians and Surgeons on revisions to our policy statement to address the issue of when a physician leaves practice prior to a replacement being in position. Both Colleges recognize a collaborative effort between the pharmacist and the physician is required to ensure access to the patient's records and for the ongoing care for the patient.

**Automated Checker** Council reconfirmed the responsibility for the final check of all prescriptions must be conducted by the pharmacist and cannot be delegated to a pharmacy assistant. The Professional Practice Committee reviewed the new automated checking feature on the PacMed counting machines and deliberated whether the final checking of the error report and bag check could be safely delegated to an assistant. Because the automated checker is sensitive to size and shape but not to variations in color it was determined that the pharmacist must make the final check. This becomes important for those drug products that are the same size and shape but the colour of the product differs between the strengths, for example warfarin tablets. It was confirmed that until such time as we have regulated pharmacy technicians the pharmacist is responsible to conduct the final check.

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## *Kudos to the ComPASS Pilot Pharmacies*

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We are thrilled to announce that we have reached our goal and now have 10 pharmacies participating in the pilot!! Thanks to these pharmacies for stepping up. We look forward to working with you in developing the CQA (continuous quality assurance) program for community pharmacies.

But we still have room! If other pharmacies are interested in volunteering for the pilot we would welcome their participation.

If you are interested in being a part of the pilot or just want more information please contact Jeannette Sandiford at [info@saskpharm.ca](mailto:info@saskpharm.ca) or 584-2292 ext. 6.



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## *Tools for the Job - ComPASS Pilot Project*

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No matter what job you are doing, the right tools are essential to ensure your success. The same can be said about developing an effective CQA (continuous quality assurance) program in community pharmacies; the right tools and processes need to be in place in order to accomplish the goal of a safer medication system and ensure patient safety.

Research from the SafetyNET-Rx program has shown that in order to improve the safety of the medication system and thus patient safety, an effective CQA program with the proper tools and processes is very important. The first step to improving safety is to encourage an open dialogue on medication errors amongst pharmacy staff in order that learning can occur. The tools and processes of the CQA program need to allow for: anonymous reporting to a national database of medication errors, near misses, etc.; an ongoing proactive assessment of the pharmacy systems; and a mechanism to determine a plan of action to address discovered deficiencies.

Participants in the ComPASS CQA pilot project have the opportunity to utilize the tools and process that are needed in order to manage an effective CQA program. The ISMP (Institute for Safe Medication Practices) electronic tools that will be utilized during the pilot include CPhIR (Community Pharmacy Incident Reporting) system, the MSSA (Medication Safety Self-Assessment) tool and the Quality Improvement link on the CPhIR system.

The CPhIR system allows pharmacists and pharmacy assistants to easily and in a timely manner retrospectively and anonymously report any incidents (near misses or actual errors that reached the patient) that occur within the pharmacy and receive feedback from ISMP in an aggregate format, on similar incidents that have occurred in other pharmacies. ISMP uses the anonymous information provided to them through the CPhIR

system to generate newsletters and bulletins that assist pharmacies in rectifying potential problems before they become an issue in the pharmacy.

The MSSA is a tool that is used by the pharmacy staff to proactively assess and identify system issues (e.g. environment, workflow, staffing, patient education, etc.) in order to resolve potential problems before they cause errors. There are 10 key elements that are assessed through the MSSA process. Examples of areas of assessment are:

- patient information collected and documented
- drug information that is available to the pharmacists
- inventory issues
- staffing and/or environmental issues.

Once the pharmacist submits his information into the MSSA database, aggregate information is available through ISMP Canada that shows where the pharmacy rates against other community pharmacies. This information could potentially help the pharmacy staff identify which areas or issues need to be addressed first.

The Quality Improvement link on the CPhIR system allows the pharmacy team to develop a plan of action to address any issues identified from the MSSA and medication incidents. The plan of action is developed through discussion at quarterly pharmacy staff meetings with all pharmacy staff. The Quality Improvement link also allows for a record to be made of any action items and discussion that can then be reviewed and/or updated at the next quarterly meeting in order to see if the plan is being achieved. If you are interested in having an opportunity to volunteer for the pilot and utilize the above tools in your pharmacy, or if you are seeking general information please, contact Jeannette Sandiford, Field Officer at [info@saskpharm.ca](mailto:info@saskpharm.ca).



## *Regulatory Bylaw Amendment*

Currently the Council and bylaws of the Saskatchewan College of Pharmacists recognizes students from Canadian Universities whose pharmacy programs have been accredited by the Canadian Council for Accreditation of Pharmacy Programs (CCAPP). The College of Pharmacy and Nutrition at the University of Saskatchewan has received a request to host undergraduate pharmacy students from the Qatar University as part of an international student experience. The Qatar University pharmacy program is a CCAPP accredited program with the same standards for their Structured Practical Experiences Program (SPEP) as that which all Canadian pharmacy students must participate in. They have asked to be recognized as interns to complete one, four-week practice placement in Saskatchewan.

Previously the Bylaw states: “3(11) Pursuant to subsection 17(1) of the Act, a student enrolled in a pharmacy degree program in a province other than Saskatchewan and which is accepted by Council, may register as an intern in Saskatchewan ...

Effective December 6, 2013 the Bylaw now reads:

(11) Pursuant to subsection 17(1) of the Act, a student enrolled in a pharmacy degree program in a jurisdiction other than Saskatchewan at which the pharmacy program is accredited by the Canadian Council for Accreditation of Pharmacy Programs (CCAPP) and is accepted by Council, may register as an intern in Saskatchewan provided that the student:

- (a) submits a statement from the head of the program to confirm his enrolment in the pharmacy degree program and the year of the program he has completed;
- (b) submits a statement from the program or pharmacy regulatory authority in the jurisdiction to confirm:
  - (i) his status as an intern where intern registration is required; and
  - (ii) that he is of good moral character; and
- (c) completes the required application form and submits the required fee.

## *Primary Care Teams*

### **Primary Care Teams – Information for Integration**

Derek Jorgenson is a corresponding author on two recent publications created to assist pharmacists integrating into primary care teams. Both articles are very collaborative.

#### Description of the documents:

##### **Document #1:**

Guidelines for pharmacists integrating into primary care teams – published this month in Canadian Pharmacists Journal

- Here is the link to the full text article:  
<http://cph.sagepub.com/content/146/6/342>

##### **Document #2:**

Taking responsibility for patient care: A toolkit for pharmacists integrated into primary care teams

- Here is the link to the full text article:  
[scp.in1touch.org/uploaded/web/site/PrimaryCare\\_TakingRespforPatientCare\\_11292013.pdf](http://scp.in1touch.org/uploaded/web/site/PrimaryCare_TakingRespforPatientCare_11292013.pdf)
- Meant as a companion document to the CPJ guidelines (above), which expands significantly on one of the recommendations in the Guidelines
- Derek owns the copyright to these two documents. If you choose to, he would like you to disseminate them any way you like (email, posting to websites, etc.) so long as you don't charge anyone for them or profit from them (e.g., accept a fee to present / distribute them).

## Health Canada - Section 56 Class Exemption



Health  
Canada

Santé  
Canada

Your health and  
safety... our priority.

Votre santé et votre  
sécurité... notre priorité.

### Section 56 class exemption for pharmacists and persons in charge of a hospital for the sale or provision of narcotics and controlled drugs to licensed dealers for destruction

On September 18, 2013, Health Canada issued a class exemption for pharmacists and persons in charge of hospital for the sale or provision of narcotics and controlled drugs destined for destruction pursuant to section 56 of the *Controlled Drugs and Substances Act*.

The exemption authorizes the sale or provisions of narcotics and controlled drugs under circumstances which are not currently addressed in the *Narcotic Control Regulations* (NCR) and Part G of the Food and Drug Regulations (FDR-Part G).

This exemption gives authority to a pharmacist and a person in charge of a hospital to sell or provide narcotics or controlled drugs for the sole purpose of destruction to a licensed dealer (LD) who is licensed to destroy narcotics or controlled drugs pursuant to a written order signed and received from the LD. Records of the name, quantity and strength per unit, name of the pharmacist that requested the destruction, name and address of the LD to whom it was sold or provided and the date of the transaction must be retained for a period of two years, in a manner that permits an audit to be made. This exemption does

not prohibit pharmacists from returning narcotics and controlled drugs to the licensed dealer who initially provided them, nor does it exempt persons in charge of a hospital from adhering to the provisions of section 65 of the NCR and section G.05.003 of the FDR-Part G as applicable.

Furthermore, it is always possible for a pharmacist to locally denature expired narcotics or controlled drugs after receiving authorization from the Office of Controlled Substances (OCS). Destruction requests sent to the OCS should ensure that the total quantity of the product can be easily calculated. For example, either the total quantity of the controlled substance to be destroyed should be specified or the concentration AND volume of the product should be indicated. The request should indicate the trade names of the substances and include the pharmacist's signature with his/her licence number issued by his/her Provincial Licensing Authority. The destruction request form is available on request from the National Compliance Section of the OCS.

Any questions concerning this notice should be directed to the National Compliance Section of the Office of Controlled Substances by e-mail at:

[national\\_compliance\\_section@hc-sc.gc.ca](mailto:national_compliance_section@hc-sc.gc.ca)

Section 56 Class exemption

## eHR Viewer – How to sign up

The eHR Viewer, or electronic Health Record Viewer, is a secure online website that allows authorized health care providers access to a wide array of health information including lab results, medication information, immunization records, and discharge summaries. It also has chronic disease management observations collected as part of the Chronic Disease Management - Quality Improvement Program (CDM-QIP).

To gain access to the eHR Viewer, contact eHealth Saskatchewan by calling Bernie at 306-337-5024 or Tanya at 306-337-0974. Visit and explore the eHR Viewer homepage at <http://www.ehealthsask.ca/services/ehrViewer/Pages/default.aspx>.







## Awards and Honours



### Member Recognition

#### Deadline for SCP Award Nominations - January 31, 2014

It is that time of year again! The SCP Awards and Honours Committee invites you to nominate a colleague(s) who has made significant contributions to our profession and/or community and is justly deserving of a College award.

Please see below for a complete list of awards and criteria. Nomination forms may be requested from the SCP office, and are also available on the SCP [website](#). *Please note that in all cases, nominations must be accompanied by a summary of the qualifications consistent with the terms of reference.*

**The deadline for receipt of nomination of a colleague(s) for an SCP Award is January 31, 2014. In all cases, the selections will be approved by the SCP Council, following recommendation from the Awards and Honours Committee.**

#### AWARDS AVAILABLE TO MEMBERS OF THE SASKATCHEWAN COLLEGE OF PHARMACISTS

Nominee(s) must be a member(s) in good standing of the SCP

#### Honorary Life Member Award

Recognizes an SCP member for outstanding contributions to the profession and/or the SCP beyond the normal call of professional or voluntary obligations.

An Honorary Life Member Award may be granted in recognition of:

- Outstanding contribution to the SCP; and/or

- A distinguished record of service to the SCP; and/or
- Specific achievements that enhanced the profession; and/or
- Long-term service to the profession with a distinguished record; and/or
- A distinguished record of professional service to the community.

The nominee must have made a special contribution to the SCP either on a local, provincial or national level.

**Honorary Life members will have their annual personal membership fees waived, but are responsible for all other conditions of membership.**

[Click here](#) for more information.

[Click here](#) for Nomination form.

#### Presidential Citation

Recognizes an SCP member who has made special contributions to pharmacy.

[Click here](#) for more information.

[Click here](#) for Nomination form.

#### AWARDS AVAILABLE TO THE GENERAL PUBLIC

(not members of the SCP)

## Honorary Member Award

Recognizes any person for outstanding contributions to the profession and/or the SCP beyond the normal call of professional or voluntary obligations.

An Honorary Member award may be granted in recognition of:

- An outstanding single contribution to the SCP; and/or
- A distinguished record of service to the SCP; and/or
- A single specific achievement that enhanced the profession; and/or
- Long term service to the profession with a distinguished record; and/or
- A distinguished record of professional service to the community.

The nominee must have made a special contribution to the SCP either on a local, provincial, or national level.

[Click here](#) for more information.

[Click here](#) for Nomination form.

## SCP Award of Merit

Recognizes any person, who through their active participation has promoted the SCP and/or the profession of pharmacy in Saskatchewan.

The nominee must have made a special contribution to the SCP either on a local, provincial, or national level.

[Click here](#) for more information.

[Click here](#) for Nomination form.

## Member Emeritus Status (MESCP)

**Attention Retired Member(s):** Have you previously been a Practising or Non Practising member of the Saskatchewan College of Pharmacists in good standing for at least 25 years? If so, you may be eligible to apply for the designation 'Member Emeritus Saskatchewan College of Pharmacists' or 'MESCP'.

Any member on the Retired Register may be designated as a 'Member Emeritus' of the College and may use the designation 'Member Emeritus Saskatchewan College of Pharmacists' or 'MESCP' if they can declare the following:

- a) Have been a Practising or Non Practising member continually in good standing with the Saskatchewan College of Pharmacists or other regulatory body for pharmacists for at least 25 years;
- b) Have not been found guilty of professional misconduct or professional incompetence;
- c) Understand that their name must remain on the Retired Register of the SCP;
- d) Ask that their designation be confirmed by the Awards

Committee of the Saskatchewan College of Pharmacists.

NOTE: Where a member is ineligible pursuant to clause (b) herein, Council may, upon receipt of a written request giving reasons, determine that the member is eligible to be designated as a "Member Emeritus".

[Click here](#) for more information.

[Click here](#) for Nomination form.

## Centennial Pharmacy Award

In 2011, the Saskatchewan College of Pharmacists celebrated its Centennial Anniversary. At that time, we invited all pharmacies celebrating their Centennial Anniversary in 2011 and those pharmacies in operation for more than 100 years to celebrate this milestone alongside the College by introducing a new award to recognize the great accomplishment.

The Saskatchewan College of Pharmacists would like to continue to recognize this achievement of operating as a pharmacy for 100 years by making the Centennial Pharmacy Award an annual award which will be given to those pharmacies who can document their roots back 100 years.

In each year, the Saskatchewan College of Pharmacists will be looking for all Saskatchewan pharmacies that have been in continuous operation by the same or different owners for 100 years or more.

If your pharmacy is celebrating its' centennial year and your pharmacy's history can be traced back more than 100 years, the College would like to hear from you and asks that you forward an outline of your pharmacy's history, including ownership and key dates and changes. The College would also like to know of any outreach and involvement in your community that your pharmacy has done and/or continues to do.

We look forward to hearing your stories and sharing them with our members!

[Click here](#) for more information.

[Click here](#) for Nomination form.



## 2014 Conference

### 103<sup>rd</sup> Annual General Meeting

Saturday, May 31, 2014 - 9:00 – 10:00 a.m. | Delta Bessborough - Saskatoon, Saskatchewan

### SCP 10, 25 & 50 Year Anniversary Recognition Award Reception

(\*\*Please note that this event is PRIOR to Conference 2014)

Dinner Buffet | Friday, May 30, 2014 - 6:00 p.m.

### SCP President's Luncheon

Saturday, May 31, 2014 - 12:00 Noon

Mark your Calendars now!

Please contact the PAS office at 306-359-7277 for detailed Conference 2014 Registration and accommodation information.



# CONFERENCE 2014

SASKATOON, SK • May 31–June 3

**Join us at the  
Canadian Pharmacists  
Conference**

Jointly presented by  
CPhA. AFPC. PAS



The Pharmacists' Association  
of Saskatchewan  
L'Association des pharmaciens  
de la Saskatchewan

## Saskatchewan Interprofessional Stroke Conference



January 25, 2014  
Saskatoon Inn, Saskatoon, SK

It is an interprofessional conference, and has been approved for 4.75 CEUs by Continuing Professional Development for Pharmacists.

For more information or to register visit [www.usask.ca/cme](http://www.usask.ca/cme)  
Early Bird Registration Deadline January 9, 2014

**Wishing you a Holiday Season full of peace, hope  
& happiness and a prosperous 2014!**

**Best Wishes from the Staff at SCP**

**Andrea Crain  
Jeanne Eriksen  
Pat Guillemin  
Ray Joubert  
Darlene King  
Heather Neirinck  
Lori Postnikoff  
Ginger Ritshie  
Jeannette Sandiford  
Audrey Solie  
Amanda Stewart**

**At this special time of year, we wish to thank our many members  
who gave of their time this past year to serve on Council and our  
committees – your work is greatly appreciated!**

**To the many organizations we partner with, we extend our gratitude as  
we work together as health professionals.**

**In the giving spirit of the Season, this year the money designated for our  
annual Holiday Cards has been donated to the Children's Hospital  
Foundation of Saskatchewan (Children's Miracle Network).**

**Holiday Office Schedule: Closed December 24 at 12 noon to January 1**

**Regular Office Hours: Resume January 2, 2014**

**8:00 am – 12:00 noon**

**1:00 pm – 4:30 pm**

**Happy Holidays**