

SCOPE *newsletter*

QUALITY PHARMACY CARE IN SASKATCHEWAN

IN THIS ISSUE

Mandatory Prescriptive Authority Training for 2014 -2015 Practising Membership	1
Council Highlights	2
Online Membership Renewal	4
Ondansetron for Palliative Care	4
COMPASS Update	5
2014 Budget Summary	6
Delisting of Meperidine and Pentazocin	7
Mobile Apps	7
Schedule F moves to Prescription Drug List (PDL)	8
Regulatory Bylaw Amendments	9
From the Desk of the Dean	10
NAPRA NEWS	11
Attention all Pharmacy Assistants	12
PEBC (OSCE) New Assessor Invitation	13
Prescriptive Authority - Q & A	13
Discipline – November 20, 2013	14
CPS	15
Has your Contact Information Changed?	15
2014 Wellspring Pharmacy Leadership Award Program	16
2014 Conference Details	17
Jurisprudence Exam	17
Contract Opportunity	18

Mandatory Prescriptive Authority Training for 2014 -2015 Practising Membership

PRESCRIPTIVE AUTHORITY TRAINING MANDATORY FOR THIS YEAR'S PRACTISING MEMBERSHIP RENEWAL

Effective August 16, 2013, Prescriptive Authority training for practising membership became mandatory. With renewal time fast approaching, we encourage members to go online and ensure all member information is accurate and up-to-date. After logging in to your member profile, the Prescriptive Authority information we have on file is at the bottom of the left hand column. If you have taken the training, please review this information to make sure it is correct. If you have taken the training and it does not show up there, please contact the CPDP office. If you have not taken the training, please make sure you do so prior to renewing your membership which must be in the College office on or before June 1, 2014.

In the event of changing membership classifications from Non Practising to Practising, you will need to have taken this course as well.

The Bylaw states:

1. Prescriptive Authority Requirement - Effective August 16, 2013, it is mandatory for all pharmacists to complete Level I Prescriptive Authority training including Minor Ailment training if practising in a self-care environment where they have an opportunity to provide self-care services as described in the bylaws. In other words, this training is required where members have an opportunity to treat minor ailments, such as in community pharmacies. For membership *Regulatory Bylaw 23* – [Click Here](#). For a pharmacist to be able to prescribe, two training courses **must** be completed. These courses are:

- 1. Level I Training Basics (5 CEUs); and**
- 2. Minor Ailments Training (5.25 CEUs).**

These courses are currently available **online** through the Continuing Professional Development Unit (CPDP) at the College of Pharmacy and Nutrition, University of Saskatchewan. Contact CPDP by [clicking here](#).

If you have any questions please email info@saskpharm.ca. All requirements must be met by June 1, 2014 in order to renew your membership.



SASKATCHEWAN
COLLEGE OF
PHARMACISTS

700-4010 PASQUA STREET
REGINA, SK S4S 7B9
TEL: 306-584-2292
FAX: 306-584-9695
INFO@SASKPHARM.CA
WWW.SASKPHARM.CA

PRESIDENT

Barry Lyons, Saskatoon

PRESIDENT-ELECT

Spiro Kolitsas, Regina

PAST PRESIDENT

Kim Borschowa, Radville

DIVISION 1

Shannon Clarke, Estevan

DIVISION 2

Lori Friesen, Melfort

DIVISION 3

Geoff Barton, Meadow Lake

DIVISION 4

Doug MacNeill, Saskatoon

DIVISION 5

Jarron Yee, Regina

DIVISION 6

Leah Perrault, Swift Current

DIVISION 7

Bill Gerla, Humboldt

DIVISION 8

Justin Kosar, Saskatoon

EX OFFICIO

Dean David Hill, Saskatoon

College of Pharmacy and Nutrition

PUBLIC MEMBERS

Barbara deHaan, Biggar

Pamela Anderson, Regina

STUDENT OBSERVER

Andrew Plishka

SCP STAFF

ANDREA CRAIN

Administrative Assistant

JEANNE ERIKSEN

Assistant Registrar

PAT GUILLEMIN

Administrative Assistant

RAY JOUBERT

Registrar

DARLENE KING

Receptionist

HEATHER NEIRINCK

Administrative Assistant

LORI POSTNIKOFF

Field Officer

GINGER RITSHIE

Administrative Assistant

JEANNETTE SANDIFORD

Field Officer

AUDREY SOLIE

Administrative Assistant

AMANDA STEWART

Administrative Assistant

Council Highlights – February 27 & 28, 2014

DIN SPINNING MEDIA REVIEW

Council convened on the evening of February 27, 2014 to begin the regularly scheduled meeting and to participate in a facilitated Media Relations Review as an opportunity de-brief on the recent media attention to the DIN Spinning discipline. The review was led by Tyler Hopson, Director of Media Relations & Issues Management with SaskPower, and Jennie Avram, Parachute Communications and SCP's Communications Consultant. Tyler and Jennie identified the strengths and weaknesses within the media relations activities around the DIN Spinning story and an excellent discussion with council ensued. We will use this information to strengthen our internal media strategy and will plan to hold a Media Training Workshop later in the year.

SMA INVITES SCP TO JOINT MEETING

Council has received an invitation from the Saskatchewan Medical Association for a joint meeting to enhance our collaborative relationship. The College's goal is to explore how we can be more effective working together to improve the delivery of primary care services.

From a strategic perspective we propose to reinforce the messages that:

- We promote interdisciplinary collaboration
- One of our strategic goals is practice re-design to in part accommodate teamwork
- Another of our strategic goals is to reduce or eliminate regulatory barriers to interdisciplinary collaboration
- Prescriptive authority for pharmacists was, and continues to be an important role within collaborative practice environments. In that context, we continue to believe that this role of the pharmacist is intended to help physicians manage the care of their patients
- We are pursuing other enhancements to our scope of practice (e.g. administration of drugs by injection and other routes, accessing, ordering, interpreting and conducting medical laboratory tests) under the same collaborative practice environment guiding principle
- Council has committed resources to in part enhance the role of the pharmacist as a member of the primary care team
- Overall we are prepared to join physicians in optimizing the primary care of our patients and in so doing, we will strive to position the pharmacist in an enhanced and responsible medication therapy management role.

PHARMACY TECHNICIAN REGULATION & CERTIFICATION

Work will begin immediately to proceed with **pharmacy technician regulation**. This will take the form of either self-regulation as a new health profession, or through certification at the pharmacy level.

We will begin planning for certification of pharmacy technicians at the pharmacy level. Such certified technicians would be permitted to perform advanced or expanded roles, not under their personal licence, but under some form of delegation where the pharmacist retains accountability and liability. The rationale is that technicians or assistants in an advanced role would qualify in the same way as we intend for regulated, licensed technicians. In other words, we would introduce an added quality and competency assurance process modeled after the process we would use if we were granted the authority to register and license technicians. We anticipate



VISION

Quality Pharmacy Care in Saskatchewan.

VALUES

Visionary Leadership

Professionalism

“Patient First” care

Accountability

Effective Communications

Collaboration, Education

KEY ACTION AREAS

Increased Public Involvement

Organizational Structure Review

Practice Re-design and Regulatory Reform

Citizenship in the Saskatchewan College of Pharmacists (SCP)

Continued from Council Highlights...

that there may be a mechanism to “grandfather” these “certified” technicians as regulated pharmacy technician members once we receive that authority.

We anticipate clarification of the Ministry’s position in the coming weeks. While we have nothing concrete to share at this time, please watch the upcoming issues of SCOPE for further developments.

NEW CHAIR APPOINTED – COMPLAINTS COMMITTEE

The **Complaints Committee** had requested a Councillor be appointed to assume the Chair of the Committee as the current Chair, Kim Borschowa, will be retiring from Council at the end of this term, June 30, 2014.

After discussion as to the terms of reference for this Committee and the time commitment involved, Council appointed Leah Perrault as the new Councillor on this Committee.

OTHER HIGHLIGHTS

Jeannette Sandiford provided a verbal update on the progress with the **COMPASS** pilot project. Please see separate article on page 5 of this issue.

Regulatory Bylaw Amendments approved at earlier Council meetings have been published in the Saskatchewan Gazette following Ministerial approval and are now in effect:

- Prescription Review Program
- Discipline Committee

Please see separate article on page 9 for more details.

Council received the draft report on the recently conducted public opinion research on **inducements**. Council will review the report to determine next steps at their next meeting May 30, 2014.

Playing a leading role in preventing **prescription drug abuse** continues to be one of our major unfulfilled strategic goals. Recent events have refocused our resolve:

- The federal government has committed \$44.9 million over 5 years to expand the National Anti-Drug Strategy to address this problem
- The Canadian Centre on Substance Abuse (CCSA) has reacted favourably and will likely play a key role in accessing this funding based upon the “First Do No Harm” recommendations written by the National Advisory Council on Prescription Drug Misuse: Debbie McCulloch of Rosetown is the NAPRA representative to the Advisory Council
- CPhA has testified before the House of Commons Standing Committee on Health
- We propose to continue monitoring CCSA developments, and opportunities within our Prescription Review Program

The National Association of Pharmacy Regulatory Authorities (NAPRA) has released the document “**Pharmacy Practice Management Systems: Requirements to Support NAPRA’S Model Standard of Practice for Canadian Pharmacist**” to come into effect January 1, 2016. In accepting these requirements, Council has asked that we develop implementation and enforcement strategies. More to follow as these strategies become known.

Council approved the **2014 Budget** and reports that there will be no fee increases for the 2014 – 2015 year. See separate article on page 6.

Online Membership Renewal

ONLINE RENEWAL

2014-2015 MEMBERSHIP RENEWAL REMINDER – DUE JUNE 1, 2014

Members are reminded that all requirements for the annual membership renewal must be in the SCP office as of **June 1, 2014**.

Practising Member Requirements:

- Continuing Professional Development (CPD) Declaration – complete the declaration in the online renewal application. A minimum 15 CEU's logged in the Continuing Professional Development Portfolio and accumulated between April 1, 2013 and June 1, 2014 is required. Note: 2013 Pharmacy graduates must meet the CPD requirement.
- Malpractice Insurance Declaration – complete the declaration in the online renewal application. Malpractice insurance must meet the requirements of the SCP bylaws.
- **NEW** Prescriptive Authority Declaration – complete the declaration in the online renewal application. All practising members must have completed Level 1 Prescriptive Authority Training (including Minor Ailment Level 1, if practising in a self-care environment).

On-line membership renewal will once again be accessible through the SCP website. Information regarding the renewal will be sent to each member in **April, 2014** via email to the email address on your profile. Please ensure that the SCP has the most appropriate and current email address for you to avoid delay in receiving this information.



Ondansetron for Palliative Care

An SCP member has requested that we inform the membership that Ondansetron is covered by the Drug Plan for palliative care patients and that they do not have to access it through the Cancer Clinic. The process for accessing this benefit is the same as for all EDS products.

From the July 1, 2013 Formulary Bulletin #141:

Zofran ODT (ondansetron) (GSK)

4mg orally disintegrating tablet 02239372 13.0867

8mg orally disintegrating tablet 02239373 19.9687

Ondissolve (ondansetron) (TAK)

4mg orally disintegrating tablet 02389983 4.5810

8mg orally disintegrating tablet 02389991 6.9900

a) Severe nausea in patients refractory to other anti-emetics. All of the following must be on the profile or have a reason why they are not appropriate for the patient: prochlorperazine, dimenhydrinate, dexamethasone, metoclopramide

(b) Hyperemesis gravidarum





WHAT HAVE WE LEARNED SO FAR?

SafetyNET-Rx Pharmacist Survey

As we approach the half-way point of the COMPASS (Community Pharmacists Advancing Safety in Sask.) pilot project, it is important to reflect on what we have learned so far. As a component of the pilot project, researchers from the SafetyNET-Rx research team conducted a survey of Saskatchewan pharmacists regarding their reporting processes and procedures of QREs (quality related events), which are medication incidents that either reach the patient or are identified and resolved prior to reaching the patient.

The preliminary results from the survey showed that approximately:

- 22.1% of respondents have a mostly/entirely computerized reporting process
- 29.2% of respondents have a mostly or entirely manual reporting process
- 35.6% of respondents indicated that there is no formal reporting process/steps in place

Written comments indicated that many pharmacists would like a formal reporting process that allows for anonymous reporting, with follow-up discussions and learning from reported medication incidents.

With respect to attitudes and comfort level in reporting of QREs, pharmacists reported that:

they are comfortable with reporting and discussing medication incidents regardless of the severity, if the error was made while following existing dispensing procedures and for near miss and no patient harm medication incidents when they are unaware of the specific dispensing procedure.

Pharmacist comfort level with reporting and discussing medications incidents is lowest when:

the current dispensing procedures were not followed regardless of the severity level of the incident. Written comments from the respondents supported these results; more blame and thus more reluctance to report and discuss incidents was felt by the respondents when either they or others deviated from the required dispensing procedure.

SafetyNET-Rx researchers are just finishing up the second round of surveys and will be tabulating the final results for SCP very soon. If you wish to participate there is still a lot of time to return the survey. The SafetyNET-Rx team welcomes your input. The response rate so far is very favourable, with over 300 questionnaires returned. For survey questions or information contact Jeannette Sandiford at (306) 584-2292 ext. 6.

The complete results of the survey, such as the effort-reward of pharmacy practice in Saskatchewan, self-efficacy of pharmacists, and safety climate of Saskatchewan pharmacies, will be a part of the final report provided to SCP by the SafetyNET-Rx research team and will be reported in subsequent newsletter articles.

Pilot Pharmacy Phone Survey

In addition to the pharmacist survey led by SafetyNET-Rx, a phone survey of all ten COMPASS pilot pharmacies was completed by SCP's SPEG student Chet Mack. The goal of the phone survey was to gather information on the pilot pharmacies initial engagement and their progress of implementing the pilot project tools into their practice.

The results of the phone survey were interesting, yet consistent with the expected engagement. All pharmacies had completed their initial orientation on the tools which had been provided by ISMP Canada.

6 of the 10 pharmacies had submitted at least one medication incident report, with one pharmacy having submitted over 150 incidents reports.

3 of the 10 pharmacies had started completing the Medication Safety Self-Assessment (MSSA), with one pharmacy very close to completion. None of the 10 pharmacies had yet accessed the quality improvement tool.

The average rating for "ease of use" of the tools e.g. Community Pharmacy Incident Reporting (CPhIR) & MSSA was 8. The rating scale used was 0-extremely difficult, to 10-extremely easy. Clearly, most pharmacists that had used the tools found them very easy to apply.

With respect to previous reporting systems, 3 of the 10 pharmacies had a mostly/entirely computerized process, 4 of the 10 had a mostly/entirely manual process and 3 of the 10 had no formal reporting process/steps in place prior to the pilot.

Continued from COMPASS...

With respect to barriers, time was identified as the biggest barrier. Reporting of medication incidents usually took less than 3 minutes, but if there were several incidents in a day then reporting them all took more time. Orientating all staff to the tools and finding time to gather the pharmacy staff to complete the MSSA was also reported as a challenge. With time as a concern, pharmacies indicated that they were able to come up with reporting solutions that worked within their workflow. With respect to supports, one pharmacy that was further along in the implementation process commented

that one of the reasons for their success was that the staff had the right attitude and were very open to change in order to improve safety within the pharmacy.

SCP is very encouraged by the results of the phone survey that shows good engagement by the pilot pharmacies to implement the COMPASS tools into their practice. Consideration is being given to addressing issues identified by the pilot pharmacies through the phone survey in order to facilitate an even greater engagement by the pilot pharmacies.

2014 Budget Summary

Council approved the 2014 budget and fee schedule as follows:

There are no fee increases for the 2014 fiscal year.

The 2014 budget projects \$2,194,991 in revenue, \$2,078,324 in expenditures generating a surplus of \$116,667 contributing to the operating surplus.

Highlights of the 2014 Budget are:

- Continue with new governance, strategic and operational plans
- Sustained growth in number of members and no growth in number of pharmacies
- Predicts no increase in interest rates, with inflationary increase in principal
- Return to regular discipline hearing load

- Continue developing the primary care role of the pharmacist by committing resources over 2 years
- Continue Council priorities on primary care and quality, to include refining the revisions to our pharmacy and professional practice evaluation procedures and concluding the COMPASS pilot
- Increase to per diem (+ \$5.00) and meal allowance (+\$5.00) and travel per Km (+ \$0.01)
- Includes the cost of the communication strategy, district meetings, website, social media and secure network improvements, plus continuing costs to contribute data to the Saskatchewan Health Provider Registry, the CIHI Pharmacist Human Resource Database and to the NAPRA International Pharmacy Graduate Portal
- medSask request for a 5% grant increase approved



Delisting of Meperidine and Pentazocine from the Saskatchewan Formulary

The Ministry of Health has provided the following information regarding meperidine and pentazocine. **Effective January 1, 2014**, meperidine (Demerol) and pentazocine (Talwin) are no longer listed as eligible benefits under the Saskatchewan Prescription Drug Plan. The injectable form of meperidine has been added to the Hospital Benefit Drug List.

Patients who had claims for either of these medications in the last six months of 2013 were identified and their coverage was extended until June 30, 2014. This is to provide additional time for prescribers to review and manage their patient(s)

and for patients to follow-up with their prescriber and/or pharmacist as needed. Letters have been sent to patients and their prescribers notifying them of this change.

Please note that Drug Plan beneficiaries remaining on either of these medications after June 30, 2014 will be responsible for the full cost of their prescriptions.

For questions or any further information, please contact the Drug Plan toll free at 1-800-667-7578 or 306-787-3315.

Mobile Apps for Prescription Request

Casey Balon

The Use of Mobile Apps for Prescription Requests

The utilization of mobile applications to request prescription refills, transfers, and other pharmacy-related information is growing amongst the patient population. The use of these apps presents the potential for forgeries, as well as breaches in privacy and confidentiality.

Receiving a request in regard to a patient's prescriptions from an unverified source does not provide justifiable reason to access a patient's profile. In order to ensure the legitimacy of a request of this nature, the pharmacy must contact the patient for confirmation, thereby defeating the purpose of utilizing such an app in the first place.

One such app, "Refill Buddy," is advertised as a convenient way for patients to request to have their medications filled. The application possess a feature that enables the user to take a photograph of a prescription, which can then be faxed to a pharmacy to be filled. This feature alone could potentiate forgeries. Furthermore, according to Health Canada's policy on e-prescribing, the presentation of a prescription in this matter would not be considered secure.

Until there are measures in place to verify the identity of an individual sending a request, as well as protective measures established to ensure patient privacy and confidentiality, a phone call to the pharmacy would be a more efficient means of communication.



Schedule F moves to Prescription Drug List (PDL)



FROM “SCHEDULE F” TO THE NEW “PRESCRIPTION DRUG LIST”

On June 29, 2012, the *Jobs, Growth and Long-term Prosperity Act* received Royal Assent by the Government of Canada. With this approval, the Government amended the *Food and Drugs Act* giving the Minister of Health the power to establish a list that contains all medicinal ingredients that require a prescription when sold as a drug in Canada, except for the ingredients listed in the *Controlled Drugs and Substances Act* Schedules. This list is called the **Prescription Drug List (PDL)**. Previously, the list of all available prescription drugs was known as Schedule F to the *Food and Drug Regulations*. When this list of drugs was maintained in a regulatory table (Schedule F), a regulatory amendment requiring the approval of the Governor of Council was needed to give a drug “prescription status” or to switch its status from prescription to non-prescription when removing it from Schedule F. The new Prescription Drug List is a more efficient administrative process that allows the addition or removal of a prescription drug to the list without the need for the Governor of Council to amend the list of prescription drugs. The main rationale for this new regulatory change was to create operational efficiencies for Health Canada through a more efficient, non-regulatory approach.

The Prescription Drug List (PDL) will look different than the previous Schedule F which had been divided into two parts:

“Part I” listed medicinal ingredients that, when found in a drug, required a prescription for human use and for veterinary use.

“Part II” listed medicinal ingredients that, when found in a drug, required a prescription for human and veterinary use, except those drugs labelled for veterinary use only or in a form unsuitable for human use.

The new PDL however, is divided into two lists;

Products for Human Use - lists medicinal ingredients that, when found in a drug, require a prescription for human use.

Products for Veterinary Use – lists medicinal ingredients that, when found in a drug, require a prescription for veterinary use.

It is important to note that all prescription veterinary drugs are listed in the veterinary drug section of the PDL and if a veterinary drug product with a drug identification number (DIN) is not on this list, it is then considered a non-prescription drug.

Major key points to know about the new PDL:

- The list came into effect December 19, 2013
- All drugs previously listed in Schedule F have been moved into the Prescription Drug List
- The PDL is comprised of two sections; Products for Human Use and Products for Veterinary Use
- The PDL does NOT include medicinal ingredients listed in *The Controlled Drugs and Substances Act*
- The scientific evidence required to assess drug products for safety, efficacy, and quality have not changed and nor has the regulations surrounding the sale, advertising, or import of prescription drugs changed
- Updates (if any) to the list are published on a weekly basis
- The PDL as well as a guidance document and FAQs regarding the new list can be found on the Health Canada website at: <http://www.hc-sc.gc.ca/dhp-mps/prodpharma/pdl-ord/index-eng.php>

Overall, the regulatory change should have minimal impact on day-to-day pharmacy practice in Saskatchewan. The Saskatchewan College of Pharmacists will be making all of the necessary amendments within the provincial regulations, policy statements, guidelines, etc. that are necessary to coincide and align with the newly implemented Prescription Drug List.

Regulatory Bylaw Amendments

Regulatory Bylaw Additions and Amendments

1. Prescription Review Program

Effective December 20, 2013 upon publication in the Saskatchewan Gazette, the following new Bylaw was added to the Regulatory Bylaws as Bylaw 25 and amending the numbering for subsequent Bylaws from Bylaw 25 – 30 to become Bylaw 26 - 31:

PRESCRIPTION REVIEW PROGRAM

25(1) *The College may participate in the Prescription Review Program established in Saskatchewan.*

(2) Panel of Monitored Drugs – The Prescription Review Program shall apply to all dosage forms of the drugs listed in the panel of monitored drugs under the Prescription Review Program bylaw of the College of Physicians and Surgeons of Saskatchewan.

(3) Prescriptions for drugs covered by the Prescription Review Program shall be dispensed by a pharmacist according to the dispensing policies and procedures agreed to by the College of Dental Surgeons of Saskatchewan, the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Registered Nurses Association and the Saskatchewan College of Pharmacists.

(4) The office of the Registrar may gather and analyze information pertaining to the dispensing of medications to which the Prescription Review Program applies in Saskatchewan for the purpose of limiting the inappropriate dispensing and inappropriate use of such drugs. In order to fulfill that role, the office of the Registrar may, among other activities:

(a) generally, provide education to pharmacists in order to encourage appropriate dispensing practices by Pharmacists;

(b) alert pharmacists to possible inappropriate use of medications to which the Prescription Review Program applies by patients to whom they have dispensed such drugs;

(c) alert pharmacists to possible inappropriate dispensing of medications to which the Prescription Review Program applies;

(d) make recommendations to a pharmacist with respect to that member's dispensing of medications to which the Prescription Review Program applies;

(e) require a pharmacist to provide explanations of his or her dispensing of medications to which the Prescription Review Program applies. In making requests for an explanation, the office of the Registrar may require the member to provide information about the patient, the reasons for dispensing to the patient, and any knowledge which the member may have about other narcotics or controlled drugs received by the patient;

(f) cause information, concerns or opinions of general application to the profession to be communicated to the pharmacists without identifying the particular member to whom such information relates;

(g) provide information gathered in connection with the Prescription Review Program to another health professional regulatory body including the College of Dental Surgeons of Saskatchewan, the Saskatchewan Registered Nurses Association or the College of Physicians and Surgeons of Saskatchewan, provided the information gathered is required by that body to perform and carry out the duties of that health professional regulatory body pursuant to an Act with respect to regulating the profession. Where the personal health information relates to a member of the health professional body seeking disclosure, disclosure by the office of the Registrar of that information may only be made in accordance with The Health Information Protection Act, and in particular section 27(5) of that Act.

(5) A pharmacist shall respond to such requests for explanation, as described in paragraph (4)(e) above, from the office of the Registrar within 14 days of receipt of such a request for information.

(6) The office of the Registrar may extend the deadline for reply at his or her discretion, upon receipt of a written request for extension from the member.

(7) A pharmacist who receives such a request for information shall comply, to the best of his or her ability, fully and accurately with such requests for information.

(8) The College may enter into an agreement with a person or organization to do any or all of the following:

(a) access and analyze information in the prescription review database pertaining to pharmacist dispensing;

(b) advise the College of concerns pertaining to pharmacist dispensing;

(c) advise the College of possible inappropriate use of medications to which the Prescription Review Program applies by patients to whom pharmacists have dispensed such medications;

(d) provide general education to pharmacists pertaining to dispensing of Prescription Review Program medications; and

(e) alert the College to possible inappropriate use of medications to which the Prescription Review Program applies by patients to whom a pharmacist has dispensed such medications.

Continued on next page...

From the Desk of the Dean

Dr. David Hill

College of Pharmacy and Nutrition

The College is pleased to announce the appointment of Dr. Kishor Wasan as the new dean of the College of Pharmacy and Nutrition at the University of Saskatchewan. Dr. Wasan was appointed for a five-year term effective August 1, 2014.

Dr. Wasan joins the U of S from the University of British Columbia (UBC), where he is presently a professor and associate dean of research and graduate studies in the Faculty of Pharmaceutical Sciences and the director and co-founder of the UBC Neglected Global Diseases Initiative (NGDI). In this role, he is responsible for undergraduate and postgraduate development, as well as pharmaceutical and global health research and scholarship. Under his leadership, the UBC-NGDI has raised over \$45 million for research.

In addition to his role as dean, he will also be a tenured full professor. Dr. Wasan has extensive involvement in the development of new research and educational programs and has published over 480 peer review articles and abstracts in top journals. He has demonstrated success in leading research initiatives through his 19 years of independent research at UBC. Dr. Wasan completed his undergraduate pharmacy education at the University

of Texas at Austin, and a PhD in Cellular and Molecular Pharmacology from the University of Texas Medical Centre in Houston, Texas. Dr. Wasan has been a practicing pharmacist

in both the retail and hospital settings and still maintains a pharmacist license from the State of Texas.

Dr. Wasan is also a Distinguished University Scholar and Canadian Institutes of Health Research/iCo Therapeutics Inc. Research Chair in Drug Delivery for Neglected Global Diseases, as well as a fellow of the Canadian Academy of Health Sciences, the American Association of Pharmaceutical Scientists and the Canadian Society of Pharmaceutical Scientists. He is well-known in the post-secondary field for his strengths in research and education curriculum change.

If you have questions or comments on the above, please get in touch with me at david.hill@usask.ca. We welcome your feedback.



Continued from Regulatory Bylaw Amendments...

What this means is that now the Prescription Review Program is no longer only in the Bylaws of the College of Physicians and Surgeons of Saskatchewan with pharmacists honoring the program, The Prescription Review Program is now in our legislation under the Regulatory Bylaws. This change was necessary to finalize agreement on proposed regulations under the Health Information Protection Act (HIPA) authorizing the collection, use and disclosure of personal health information under the Program.

2. Discipline Committee

Effective, March 21, 2014 upon publication in the Saskatchewan Gazette Bylaw 27 (1) (c) and (d) was repealed and has been replaced with the following:

(c) Three (3) members of the Discipline Committee constitutes a quorum of the Discipline Committee;

(d) A decision made by such a quorum of the Discipline Committee is a decision of the Discipline Committee.

Council had been considering ways to improve upon the following goals:

- ensure the integrity of the discipline process
- complete disciplinary hearings in a timely manner
- reduce the hearing burden on committee members including Councillors

These goals can be achieved by revising our quorum requirements. Council has also approved new procedures for the Discipline Committee that involve the scheduling of discipline hearing sittings during pre-determined periods throughout the year and utilizing pre-hearing conferences to reach agreement amongst the parties on the process.



National Association of Pharmacy Regulatory Authorities
Association nationale des organismes de réglementation de la pharmacie

NEWS RELEASE
FOR IMMEDIATE RELEASE
January 16, 2014

NATIONAL PHARMACY TECHNICIAN BRIDGING PROGRAM ENTERS SECOND SEMESTER

OTTAWA—Building on its success from the first semester of course offerings, January 2014 ushers in the next cycle of the National Pharmacy Technician Bridging Education Program™. The new program, launched by the National Association of Pharmacy Regulatory Authorities (NAPRA) in September 2013, is intended to assist individuals already working in the role of pharmacy technician to upgrade their skills to align with changes in the scope of practice of pharmacy technicians, without returning to school to complete a full-time training program.

As the association moves into the second semester offering online and classroom courses as well as prior learning assessment and recognition (PLAR) examinations at authorized institutions across Canada, NAPRA is looking to build on the success of the first semester (September to December 2013).

National Pharmacy Technician Bridging Education Program™ by the numbers:

- National online program delivery for Fall 2013 semester: just under 400
- Other program delivery offered provincially at authorized institutions for Fall 2013 semester: just under 500

- As of January 2014, total number of institutions offering either online or classroom course offerings or prior learning assessment and recognition examinations: 12

The beginning of the new year also ushers in the introduction of French classroom offerings at designated schools in Ontario. Course offerings as well as PLAR examinations will be offered at the discretion of the institutions. (Information made available on NAPRA's website).

With four jurisdictions currently regulating pharmacy technicians, it follows that the number of individuals seeking registration/licensure in this newly regulated profession continues to grow across Canada. NAPRA is pleased to offer the National Pharmacy Technician Bridging Education Program™ as one of the tools in the path to registration/licensure for those who will benefit from it.

Additional information on the program can be found by visiting the NAPRA website at <http://napra.ca/pages/bridgingprogram/default.aspx>.

About NAPRA

Established in 1995, NAPRA is the national voluntary association of provincial and territorial pharmacy regulatory bodies as well as the Canadian Forces Pharmacy Services, whose mandates are the protection of the public. NAPRA's members regulate the practice of pharmacy and operation of pharmacies in their respective jurisdictions in Canada.



Attention All Pharmacy Assistants – PEBC exams

The Pharmacy
Examining Board
of Canada



Le Bureau
des examinateurs
en pharmacie du Canada

Celebrating 50 years • Célébrons les 50 ans

Attention all Pharmacy Assistants: PEBC Pharmacy Technician Evaluating Exam Saturday, October 18, 2014 in Saskatoon (Information provided by PEBC)

The Pharmacy Examining Board of Canada (PEBC) will be offering the Pharmacy Technician Evaluating Exam in **Saskatoon on Saturday, October 18, 2014**. This is the first step for pharmacy assistants working in Saskatchewan who are interested in becoming Certified with PEBC. **The Registration deadline for this exam is Monday, June 30, 2014.**

A major responsibility of the Board is to assure the achievement of a minimal level of competence for practice at an entry-level. The PEBC is the national certification body for the profession of pharmacy in Canada. The www.pebc.ca website is the official source for information regarding the PEBC certification process for pharmacists and pharmacy technicians.

The purpose of the PEBC is to assess qualifications for pharmacists and pharmacy technicians on behalf of participating provincial regulatory authorities. Provincial legislation restricts the practice of pharmacy to qualified persons. To that end, the Board awards Certificates of Qualification to those applicants who pass a Qualifying Examination. The PEBC Certificate of Qualification for pharmacy technicians is one entry-to-practice licensing requirement in all provinces that have regulated pharmacy technicians. The rigorous certification process administered by PEBC ensures that there is a high quality of pharmacists and pharmacy technicians entering practice. This is a vital component in the delivery of safe and effective health care to Canadians.

Although pharmacy technicians are not currently recognized as a regulated health profession in Saskatchewan, there is some urgency for pharmacy assistants who are interested in regulation to begin the process for Certification through PEBC. PEBC has approved a request from the Council of Pharmacy Registrars of Canada to extend the deadline for successfully passing the Evaluating Exam to December 31, 2018 which allows those currently working in the field an opportunity to make arrangements for completing the necessary steps leading to Certification with PEBC and ultimately registration as a Regulated Pharmacy Technician in the future.

Steps to Certification with PEBC for candidates who have not graduated from a Canadian Council for Accreditation of Pharmacy Programs (CCAPP) accredited program:

1. Document Evaluation
2. PEBC Evaluating Examination
3. PEBC Qualifying Examination

Steps to Certification with PEBC for candidates who have graduated from a CCAPP accredited program:

1. CCAPP accredited program diploma/certificate
2. PEBC Qualifying Examination

To become registered for the exam you must have your qualifications evaluated. This is a two-step process:

1. **Document Evaluation** – is the evaluation of applications and accompanying documents to ensure that applicants possess the qualifications that are acceptable for admission to the Evaluating Examination. The minimum qualification is the provision of acceptable evidence of completion of at least 2,000 hours of work and/or teaching in the past 36 months in the field of pharmacy.
2. **Evaluating Examination** – The Evaluating Examination is designed to determine if the applicant has the knowledge and skills comparable to that of a graduate of a program of study accredited by the Canadian Council for Accreditation of Pharmacy Programs (CCAPP). It will evaluate the applicant's knowledge in all areas of current pharmacy technician education curricula that are accredited by CCAPP. The Evaluating Examination is a multiple choice question (MCQ) examination. It is written in a three hour sitting.

All questions regarding Certification with PEBC must be directed to the PEBC office. The PEBC website (www.pebc.ca) has detailed information about application procedures, examination locations, examination costs and what to expect when taking the examinations. As well, there is detailed information on the examination blueprints and resources that may be helpful in preparing for an examination, such as sample questions, sample OSPE stations, and listings of references and learning resources. Additional information may be obtained by emailing the PEBC office at pebcinfo@pebc.ca or by contacting the office by telephone at 416-979-2431 or by fax at 416-599-9244. PEBC is not available for in-person candidate visits.

PEBC (OSCE) New Assessor Invitation

Dear Pharmacists,

The Pharmacy Examining Board of Canada (PEBC) invites you to consider participating as an assessor for the PEBC Qualifying Examination – Part II (OSCE). Pharmacists are eligible if they have been fully licensed in a Canadian jurisdiction for at least two years. 2012 graduates are now eligible.

Please Note: Your application is not considered to be a commitment to or confirmation of participation, but is an indication of your interest. You will be contacted by the Saskatoon examination centre to follow up with you about participating in an examination.

Only **NEW** assessors need to complete and submit the attached application. If you have previously assessed or applied to be a PEBC-OSCE assessor you will be contacted regarding the May 2014 exam.

[CLICK HERE](#) for the link.



Prescriptive Authority – Level II Collaborative Agreement Q and A

Q. We received a prescription written by a pharmacist who works at an ambulatory setting (e.g. mental health). Can we fill this prescription? If there are refills indicated, are they valid?

A. Yes you can honour the prescription and the refills as with prescriptions from other practitioners. The onus is on the prescribing pharmacist to ensure that they are practising within the parameters of the Collaborative Practice Agreement under which they are a signatory.

Below is a review of the decision-making framework and guiding principles used to apply an answer to the above question:

Level II Prescriptive Authority

Level II prescriptive authority has been in place since the original legislation came into force March 4, 2011;

- The decision making framework and guiding principles discussed during the Level I training continue to apply;
- All members with Level I training can prescribe at Level II which is intended for those of you with advanced skills AND/OR involved in more highly functioning or sophisticated teams;
- Can only occur at this time according to **written and signed collaborative practice agreements** between pharmacists and other prescribers (e.g. physicians, nurse practitioners) to;

- Initiate drug therapy upon receipt of a diagnosis or therapeutic goal;
- Evidence based therapeutic substitution of one molecule for another in the same therapeutic class;
- Altering dosage and/or dosage regimen such as in community warfarin dosage adjustment programs;
- Written agreements are required in hospitals as well but can be executed by signing officers according to Regional Health Authority policy;
- Beyond Level I, additional training is required by SCP if it is a requirement under the agreement;
- SCP approval of such agreements is not needed. Instead SCP relies upon members to use the following resources for guidance;
 - “Framework for Developing a Safe and Functional Collaborative Practice Agreement” available on the SCP website under Prescriptive Authority-Resources or [click here](#).
 - Collaborative Practice (Prescribing) Agreement template available on the SCP website under Prescriptive Authority-Resources or [click here](#).

Discipline – November 20, 2013

On **November 20, 2013**, the Discipline Committee was convened to consider charges that the Respondents, Ernest Uhryn and 101021866 Saskatchewan Ltd., operating as Don's Pharmachoice Drugs, Lestock, Saskatchewan were guilty of professional misconduct and proprietary misconduct within the meaning of Sections 25 and 26 of *The Pharmacy Act, 1996* (the "Act").

The charges were that the Respondents:

Did not properly inform clients who are beneficiaries under the Non-Insured Health Benefits Program (NIHB) that the Respondents' direct billing privileges had been revoked as of January 2011 and that they would be required to pay cash for their prescriptions and subsequently seek re-imburement from NIHB.

The Respondents did not communicate their inability to access direct billing privileges to their patients clearly or honestly and instead continually indicated that the "computer was down". As a result, for at least one patient, antibiotic treatment was delayed for a number of days. When the Saskatchewan College of Pharmacists asked about the Respondents' ability to dispense prescriptions to NIHB program patients in that community, they did not respond clearly or directly.

The matter proceeded by way of an Agreed Statement of Facts which included an admission by Mr. Ernest Uhryn that the conduct described in those charges constituted professional misconduct and proprietary misconduct.

The Discipline Committee accepted this plea and found Mr. Ernest Uhryn and 101021866 Saskatchewan Ltd., operating as Don's Pharmachoice Drugs guilty within the meaning of Sections 25 and 26 of the Act. The Committee made the following orders pursuant to Section 34 and 35 of the Act:

1. Pursuant to Section 34(1)(b) of *The Pharmacy Act, 1996* (the "Act") Ernest Uhryn's licence shall be suspended for a period of one month as of December 1, 2013.
2. Pursuant to Section 35(1)(b) of the Act, the proprietary permit issued to 101021866 Saskatchewan Ltd., operating as Don's Pharmachoice Drugs shall be suspended for a period of one month effective December 1, 2013 in the event the proprietary permit is renewed before the deadline date of November 30, 2013. If the permit is not renewed as of November 30, 2013, the proprietary permit will stand suspended for one month from the date that the proprietary permit is reinstated by the College.

3. Pursuant to Section 35(1)(g) of the Act, the proprietor 101021866 Saskatchewan Ltd. shall:

- a) Post a Notice in the dispensary at Don's Pharmachoice Drugs which clearly advises that NIHB clients are required to pay directly for pharmaceutical services and seek reimbursement for those services through the processes as may be established by First Nations and Inuit Health Branch (FNIHB). Verification of this shall be provided to the College Registrar.
- b) Take all necessary steps with Express Scripts Canada and NIHB to restore direct billing privileges of NIHB claims so that those privileges are restored within 90 days of the date of the Order or such other date as may be approved by the Registrar. Verification of this shall be provided to the Registrar.

4. Pursuant to Section 34(2)(a)(ii) and Section 35(2)(a)(ii), costs of the investigation and hearing shall be fixed in the amount of \$12,000. Ernest Uhryn and 101021866 Saskatchewan Ltd. shall be jointly and severally liable for the payment of costs. The costs shall be paid in three equal installments of \$4,000 to be paid on January 1, March 1 and June 1, 2014. In the event any installment payment is not made on the deadline date or within seven days of the deadline date, Mr. Uhryn's licence shall stand suspended until the installment payment is made or other arrangements for payment satisfactory to the Registrar of the College acting in his sole discretion are made.

5. A digest of the Discipline Committee decision and its Order shall be published in the College newsletter. Further, a copy of the decision shall be provided to NIHB (attention: Kevin Ryan) and Express Scripts Canada (attention: Mary Bozoian)



Dear Members,

We have been informed by the Canadian Pharmacists Association (CPhA) that the *Compendium of Pharmaceuticals and Specialties (CPS)* is changing. The world of publishing is transforming and pharmacy is no exception.

To satisfy this demand for digital content and take advantage of the benefits now available through technology, CPhA is introducing a new, **professional e-book**.

The **CPS e-book** will have all the information from print CPS without its physical limitations and the content can be delivered to any desktop, laptop, tablet or mobile device anytime, anywhere. Better still, it will be updated faster

and more frequently than with the traditional print version. Powerful full-text search, personalization and collaboration features will also be built in, making it even more practical for pharmacists.

Next Spring CPhA will provide details on how the new CPS e-book can be purchased and downloaded from their website. Please note pharmacy library requirements will be updated to reflect the new format. Contact Marilyn Maynard, CPS Product Manager, with any questions or concerns at mmaynard@pharmacists.ca or 1 800 917-9489 ext. 223. You may also visit www.pharmacists.ca/CPSe-book for more information.

Thank you.

Has your Contact Information Changed?

Please remember to inform the SCP office (through the **website**) if your email address, mailing address or place of employment has changed. It is the member's responsibility to keep personal information current and up-to-date with the College. It is also the member's responsibility to inform the College of your current place of employment. This information helps the College in determining the electoral divisions for College election and allows the College to keep the member informed of urgent matters. These **changes** can be done by **using your member log-in** at the SCP website www.saskpharm.ca



2014 Wellspring Pharmacy Leadership Award Program

The **Canadian Foundation for Pharmacy** is pleased to announce the **2014 Wellspring Pharmacy Leadership Award Program**

Inspired by the work and career of pharmacist Barb Wells, and supported by the generous donations of her friends, colleagues and the Wells family, this award is intended to encourage and support the development of pharmacy leadership in Canada.



Up to \$11,000 will be awarded to a worthy recipient(s) to help fund initiatives fostering their development and leadership.

Pharmacists may be nominated by another individual or they may nominate themselves.

Pharmacists are encouraged to submit entries or nominations via email to submissions@cfpnet.ca

- Grants will be awarded at the discretion of the organizing committee.
- Applications in any amount are welcomed up to a total of \$11,000 (maximum) annually.

For complete information visit our website at <http://www.cfpnet.ca/index.php?pg=59#>

Deadline for submissions is March 31, 2014.

The Award(s) will take place in **June in conjunction with the CPhA Conference (Saskatoon)**. We invite you to share this with all of your colleagues.

We hope to have many applicants for this program, so feel free to encourage submissions.

The Canadian Foundation for Pharmacy is a non-profit charity supporting the profession of pharmacy. In 2013 CFP provided \$85,000 in grants. The Innovation Fund Grant has provided over \$700,000 in recent years in support of pharmacy practice research.

MDCme.ca

Written by: **The National Pain Centre**



We are pleased to inform you that the opioids on-line course developed between Memorial University and the Michael G. DeGroote Pain Centre is now available!

Opioids for Chronic Non-Cancer Pain: Using the Canadian Guideline in Your Practice. This on-line teaching module explores each of the five clusters of the Canadian Guideline

for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain. Accredited by: Mainpro-M1, Maintenance of Certification (Section 1), Canadian Council on Continuing Education in Pharmacy (CCCEP). <https://www.mdcme.ca/courseinfo.asp?id=127>. Accreditation for this course expires on Friday, December 05, 2014.

There is also a link from the main page of the National Pain Centre's website under News: <http://nationalpaincentre.mcmaster.ca/>

2014 Conference Details

CANADIAN PHARMACISTS CONFERENCE 2014

MAY 31 TO JUNE 3 • SASKATOON, SK

REGISTRATION IS NOW OPEN!

Online registration is now open for the **Canadian Pharmacists Conference 2014**. This year's conference promises to be our biggest and best yet as we partner with the Association of Faculties of Pharmacy of Canada (AFPC) and The Pharmacists' Association of Saskatchewan (PAS) to welcome over 600 pharmacists and pharmacy stakeholders from across the country.

Join us May 31–June 3 to:

- **Build Networks** with colleagues and peers during social events
- **Learn New Skills** during our superior continuing education program with sessions on hypertension, minor ailments, deprescribing and more
- **Share Information** throughout the conference while you learn about new products and services at the Trade Show while exchanging ideas with industry peers and leaders from across Canada



Jurisprudence Exam Now Available in Electronic Format!

Out thanks goes out to a small group of hard working pharmacists who agreed to spend a very full day as they assisted with the development of a new electronic jurisprudence exam for new registrants to the College. This exam is to be used by new members who are not current graduates from the College of Pharmacy and Nutrition: those arriving in Saskatchewan from other Canadian provinces, those from far away shores who are international pharmacy graduates and former members who had left practice and now wish to return.

This type of project could not be completed without the volunteer assistance of our members. A big thanks today to our Subject Matter Experts:

- **Laith Abu-Anza**
- **Shannan Neubauer**
- **Linda Suveges**
- **Kelly Vinge**

Along with the assistance of Karine George with Assessment Strategies Inc (ASI) and Stephen Challis with Olatech, the jurisprudence exam is now operational.

And here are the results: Our first candidate sat through the electronically marked exam. With an unmistakable smile, he emerged from the testing area knowing he had been successful and so did everyone else who saw him!

Primary Health Care Coordinator - Contract Opportunity



CONTRACT OPPORTUNITY

Primary Health Care Coordinator

Expressions of interest are invited from pharmacists interested in this opportunity. SCP is seeking to outsource the services of a pharmacist to operationalize the recommendations in the report commissioned with the Pharmacists' Association of Saskatchewan entitled "Pharmacist Service Framework within Saskatchewan Primary Health Care, June 28, 2013."

The report is available at:

http://scp.in1touch.org/uploaded/web/Pharmacist_Services_Framework.pdf

Based upon this report, the contractor will collaborate with PAS, the Pharmacy Coalition on Primary Care, the Pharmacist Practice Change Working Group, Regional Health Authorities, Ministry of Health, other professions and their organizations to coordinate and facilitate a recognized and meaningful role for the pharmacist in primary health care, and a functional role for the pharmacist on primary health care teams. We expect this will involve developing models, assembling appropriate tools and resources, preparing educational, communication and promotional strategies and networking and facilitating appropriate relationships consistent with the report's recommendations.

We also expect that the work will be guided by the Ministry of Health's "Patient Centred, Community Designed, Team Delivered - A Framework for Achieving a High Performing

Primary Health Care System in Saskatchewan," available at: <http://www.health.gov.sk.ca/phc-framework-report>

Specific goals include:

- Assembling an inventory of pharmacist involvement in primary care;
- Identifying successful primary care team practices;
- Developing strategies to spread successes; and,
- Networking with Regional Health Authorities in their community needs assessments.

Because some of the report's recommendations are beyond the mandate of SCP, we will be exploring a joint initiative with the PAS.

Expressions of interest should:

- 1) Be in writing;
- 2) Contain your qualifications;
- 3) Include reasons why you are interested in this opportunity and why you believe you can contribute to operationalizing the recommendations in the report; and
- 4) Be submitted in confidence by April 15, 2014 to: Registrar, Saskatchewan College of Pharmacists, #700-4010 Pasqua Street, Regina, SK S4S 7B9

The terms, conditions and specifications of the contract, including deliverables, are negotiable.

