



Mid-Point in the SCP Strategic Plan 2007-2011 – Where are We Today?

Registrar Joubert recently presented to Council the quarterly report of the 2007-2011 Strategic Plan for the College. We have reached the mid-point in the Plan and it is time to consider our process.

1. Strategy for the Public

Educate the Public

The College will initiate public education strategies to promote how the pharmacist can work with the public to achieve positive health outcomes, a positive professional image and optimum use of pharmacy services.

- *A request for proposal (RFP) for the public education program is approved, consultant selected, planning underway to launch public education campaign March 1, 2010 or thereafter to coincide with prescribing legislation announcement.*

2. Strategies for Pharmacists

Optimize the Role of the Pharmacist

To promote pharmacists as medication resource professionals, the College will implement regulatory strategies to enable pharmacists to actively participate in the drug prescribing process in collaboration with other health care providers.

Prescriptive Authority

- *Training developed for the pharmacist in a new role.*
- *As of March 7, 2010, four Level I prescribing training sessions held.*
- *Session planned for: April 30, 2010 at Elk Ridge*

- *Training programs for Level II prescribing initiatives under development.*

Pharmacist specialties pilot is on hold pending national initiatives and Canadian Pharmaceutical Association (CPHA) Blueprint action plan.

Participation in sustaining a role for pharmacists on primary health care teams continued.

Implement Quality Assurance

The College will implement quality assurance processes focusing on patient safety, in particular professional competency and safe medication practices.

- *New Professional Practice Reviews initiated to track and monitor improvements. (See separate article on page X of this issue).*
- *Public feedback on pharmacy services under development but may be a feature of public opinion research following public education campaign.*

Educate/Engage Pharmacists

Through active discussions with pharmacists, the College will initiate educational strategies and opportunities for pharmacists to optimize their role as a member of the health care team.

- *The expected launch of our public education campaign to coincide with the prescriptive authority legislation announcement is set for March 1, 2010 or thereafter. The target audience of the campaign will include pharmacists.*

3. Strategies for Other Players

Optimize Legislation

The College will maximize the ability of our current legislation to support the role of the pharmacist. The College will pursue regulatory reform where needed to fulfill this strategic plan.

Gap and opportunity analysis conducted and submitted to government identifying necessary changes to the Act.

Pursue formation of a legislative framework to regulate pharmacy technicians and licensed members in a defined scope of practice with title protection.

- *Technician Regulation Advisory Working Group report approved in principle.*
- *Await formal response from Ministry of Health on gap analysis prepared to demonstrate the need for regulated pharmacy technicians in Saskatchewan.*
- *College solicitor's opinion is that The Pharmacy Act 1996 must*

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SCP Council 2009-10

Division 1

Kim Borschowa, Radville
(term expires June 30, 2011)

Division 2

Joan Boby, Saskatoon
Vice-President
(term expires June 30, 2010)

Division 3

Randy Wiser, Prince Albert
President
(term expires June 30, 2011)

Division 4

Chris Hrudka, Saskatoon
President-elect
(term expires June 30, 2010)

Division 5

Spiro Kolitsas, Regina
(term expires June 30, 2011)

Division 6

Joe Carroll, Moose Jaw
(term expires June 30, 2010)

Division 7

Leah Butt, Leader
(term expires June 30, 2011)

Division 8

Janet Harding, Saskatoon
(term expires June 30, 2010)

Past President

George Furneaux, Regina

Ex Officio

Dean David Hill
College of Pharmacy and Nutrition
Saskatoon

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Barbara DeHaan, Biggar
Ken Hutchinson, Fort Qu'Appelle

Student Observer

Brent Goeres

SCP Staff

Jeanne Eriksen
Assistant Registrar

Pat Guillemain
Administrative Assistant

Ray Joubert
Registrar

Cheryl Klein
Senior Administrative Assistant

Nicole Leach
Receptionist

Heather Neirinck
Administrative Assistant

Lori Postnikoff
Field Officer

Jeannette Sandiford
Contract Field Officer

Audrey Solie
Administrative Assistant

Council Highlights – January 20, 2010

- From the meeting held in Regina:
- Council was introduced to the two newest members of Council: Kim Borschowa has been appointed for Division 1 and Leah Butt has been appointed for Division 7 according to the requirements as outlined in Regulatory Bylaw 3.0. Both new councillors will sit on Council for the unexpired portion of the term until July 30, 2011. Welcome to each of the new Councillors. Also sitting at the meeting as an observer, while completing her specialty rotation at the College office, was 4th year SPEG student Jessica Huber.
 - Council was updated on the following initiatives currently underway:
 - Integration of PIP with pharmacy computers. Contrary to our understanding, vendor testing is somewhat behind schedule as the vendors are currently focusing on the first program scheduled for implementation (Prince Edward Island). The new CeRx messaging will allow pharmacy systems and physician systems to receive and send secure clinical electronic information, thereby eliminating the need to log into a separate website.
 - Proposals for public education campaign. The contractor has been selected – Tap Communications. The campaign's focus is to promote how the pharmacist can work with the public to achieve positive health outcomes, a positive professional image and optimum use of pharmacy services. Information will be forwarded to the membership prior to the release of any public information.
 - District Meetings have been scheduled for May 2010. Dates and locations for the meeting in your area are published on page 10 of this issue. The agenda for the meetings is:
 - Prescriptive Authority – Implementation issues
 - Prescription Review Program – Explanation of the proposed legislation and how it and the changes in process will affect members
 - PIP System – Implementation issues with integration
 - Removal of tobacco products from pharmacies
 - Open Forum
 - Changes have been made to the Inter D4 – the joint conference with the College of Physicians and Surgeons and the Saskatchewan Registered Nurses' Association. It has been decided to hold the larger Interdisciplinary Conference bi-annually rather than annually.
 - Following the October 27, 2009, announcement made by Health Minister McMorris regarding amendments to *The Tobacco Control Act* to, among other things, prohibit tobacco sales from pharmacies in Saskatchewan, Council reviewed the information that has become available. While the effective date and regulations have not been finalized, from the original announcement it appears that the sale of tobacco will be prohibited from:
 - 1) a pharmacy; or
 - 2) a retail store if a pharmacy is located in the retail store; or,
 - 3) a retail store if "customers of a pharmacy can enter into the retail store directly or by the use of a corridor or areas used exclusively to connect the pharmacy with the retail store."The new legislation will accomplish one of Council's Ends policies:
 - 3. E-6 The End, "public policy supporting health" is further interpreted to include, but not limited to: ...In consultation with the public and collaboration with government, complete dissociation of pharmacists and pharmacies from

the sale of tobacco (i.e., no tobacco sales in pharmacies, or from the premises in which the pharmacy is located, or no permits for pharmacies located in premises from which tobacco is sold).

- Council appointed Bill Paterson to fill the vacancy as member-at-large on the Audit Committee. The seat has been vacant since Tom Chen retired and resigned his seat on this Committee.
- Council approved the Terms of Reference for the Centennial Celebration Planning Committee to be chaired by Past President George Furneaux. The College (formerly the Saskatchewan Pharmaceutical Association) will be celebrating its 100th year in 2011 and plans are underway for activities to celebrate the centennial.
- Field Inspectors Lori Postnikoff and Jeannette Sandiford presented to Council the new process for Professional Practice Reviews. With the adoption of the new "Standards of Practice for Canadian Pharmacists", revisions were made to the reviews to reflect modifications to the process, focusing on patient safety indicators supported by the

standards of practice. Further to this initiative, a new data capture and reporting system to monitor trends and improvements is being implemented.

The safety focus of the review is to address appropriate and effective therapy. In general, there will be eight main themes to the review:

- 1) Patient information
- 2) Identifying and resolving drug related problems
- 3) Patient education
- 4) Sources of information
- 5) Pharmacy personnel and work flow
- 6) Medication errors, near misses, and unsafe practices
- 7) Safe drug distribution
- 8) Documentation requirements

- Council approved the *Disclosure of Personal Health Information to Law Enforcement Authorities* guidelines prepared by our Solicitor. The guidelines are intended to supplement the College guidelines entitled *Patient Confidentiality and the Release of Confidential Records*. Templates of consent forms that should be completed whenever a case of disclosure to a law enforcement authority is requested are included

in the guidelines. The complete document can be accessed in the Pharmacy Reference Manual located in the Saskatchewan section of the NAPRA website at www.napra.ca.

- Registrar Joubert updated Council on the current status of the draft Regulations Regarding the Authority to Prescribe. Stakeholder feedback was shared and we await confirmation of the Ministry's position. Two Level 1 training sessions were held in November with approximately 40% of members attending. Since then, two additional sessions have been held. The Saskatchewan Drug Information Service has conducted two focus groups from the membership to assist with developing guidelines for self-prescribing. There is one Level I training session scheduled for April 30, 2010 at the PAS Annual Conference, Elk Ridge Resort – registration through the PAS office (306-359-7277) just prior to the beginning of the Conference.
- Council approved the budget for the 2010-2011 membership year. See chart on page 4 for budget details.

Regulatory Bylaw Amendment Malpractice Insurance Minimum

Effective December 31, 2009 upon publication in the Saskatchewan Gazette, Bylaw 13(4)(a)(i)(2) has been amended to increase the minimum amount of the malpractice insurance coverage per claim for annual membership with the College from \$1 million to \$2 million.

13(4) Malpractice Insurance

(a) in this subsection

(i) "acceptable malpractice insurance" means personal insurance that:

- (1) Insures a practising member against liability claims relating to the performance, or alleged performance, of professional services.
- (2) provides a limit for each claim of a minimum of **two** million dollars:

.....

This means that for all candidates seeking registration and membership with the College and all members renewing their practising membership annually, the malpractice insurance coverage must be a minimum of two million dollars.

It is our understanding that malpractice insurance coverage that is a benefit of membership with the Pharmacists' Association of Saskatchewan and the malpractice insurance offered by the Canadian Society of Hospital Pharmacists meets this requirement. If you purchase your malpractice insurance from other sources, please confirm this requirement.

2010 Budget Highlights

Council approved a 2.9% increase in practising membership fees (\$680 to \$700) and a 4.8% increase in pharmacy permit fees (\$1,050 to \$1,100) to sustain our statutory obligations and priorities. These include current grants and programming respecting registration and licensing of pharmacists, granting pharmacy permits, field operations, complaints management, continuing professional development and governance. The increases cover the costs of inflation and growth in these areas. For example, we added a part-time contract Field Officer in 2009 that will continue in 2010 to meet our target of visiting every pharmacy at least once every three years.

Council authorized a surcharge on pharmacy permit fees of \$300 per year for three years to fund development of pharmacy technician regulation (total fee for the 2010-11 permit will be \$1,400). After approval of a concept paper and business case (refer to <http://napra.ca/pages/skPublications/default.aspx>), we are pursuing a regulatory model similar to other provinces where qualified technicians will become members and be licensed to practice within a defined scope with title protection. Council agreed that these costs for development should be borne by pharmacy proprietors, rather than individual members, as proprietors will be impacted the most by the regulatory regime.

Council also authorized the use of reserves to cover an unprecedented increase in the number of complaints and disciplinary hearings expected for 2010, along with authorizing the establishment of a financial plan to recover these costs. What this means is that we will cover the additional costs from reserve funds, and then determine the re-payment plan from surpluses and membership fees in subsequent years.

Reserves will also be used to fund:

- capital expenditures on hardware and software as we progress towards a “paper light” administration; and
- special projects like our public education campaign launched in conjunction with the announcement of new regulatory amendments being developed to enhance the authority of the pharmacist to prescribe drugs.

Fee Schedule 2010-2011

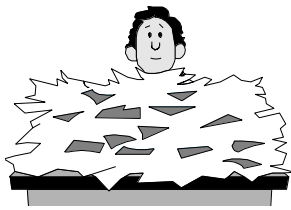
On January 20, 2010, Council approved the fee schedule for the upcoming membership year as follows:

	Actual 2009	Proposed 2010	Difference	Change
Fees – Registration and Other				
Registration	265.00	270.00	5.00	1.89%
Out of Province	710.00	715.00	5.00	0.70%
Locum Tenens	265.00	270.00	5.00	1.89%
Dispensing Physicians Intern	815.00	820.00	5.00	0.61%
Appraisal Training	110.00	115.00	5.00	4.55%
Application Fee	215.00	220.00	5.00	2.33%
Assessment Fee	690.00	695.00	5.00	0.72%
Total	905.00	915.00	10.00	1.10%
Re-Instatement	265.00	270.00	5.00	1.89%
Jurisprudence Exam	265.00	270.00	5.00	1.89%
Lock & Leave	430.00	435.00	5.00	1.16%
Permit Amendment	245.00	250.00	5.00	2.04%
Late Payment	200.00	205.00	5.00	2.50%
Membership and Permit Fees				
Practising*	680.00	765.00	85.00	12.50%
Non-Practising	575.00	660.00	85.00	14.78%
Associate	140.00	145.00	5.00	3.57%
Retired	65.00	70.00	5.00	7.69%
Pharmacy	1,050.00	1,180.00	130.00	12.38%
Satellite Pharmacy	525.00	590.00	65.00	12.38%
Service Charges				
Narcotic Letter Subscription	275.00	280.00	5.00	1.82%
Newsletter Advertisements	145.00	150.00	5.00	3.45%
Mailing Subscription Service	225.00	230.00	5.00	2.22%
Professional Services				
Area Signs	190.00	195.00	5.00	2.63%
Nominal Roll	175.00	180.00	5.00	2.86%
Expense Reimbursement				
Per diem	205.00	210.00	5.00	2.44%
Meal Allowance	100.00	105.00	5.00	5.00%
Travel per Km.	0.43	0.44	0.01	2.33%

Eligibility for relicensure in the 2010-2011 membership year includes completing the “Professional Development Log” with a minimum 15 CEUs. As well, all malpractice insurance requirements must be met and application forms, fees, and any arrears must be received in the office on or before June 1, 2010. A penalty of \$205.00 + GST will be assessed for requirements received after June 1.

All applications are subject to approval by SCP.

*Practising Membership does not include Malpractice Liability Insurance



From the Desk of the Dean

Dr. David Hill
College of Pharmacy and Nutrition

As you know, the evolution of pharmacy in Canada has recently been captured in two change management initiatives, led by CPhA: *Moving Forward: Pharmacy Human Resources for the Future* and *The Blueprint for Pharmacy*. Through comprehensive consultation with stakeholders, these documents have outlined key measures that need to be taken to ensure that our profession is fully able to achieve its significant and expanding role in health care overall and in providing optimal outcomes for our patients.

You will also have likely read and heard much about the changes that have/are taking place to pharmacy education in Canada, to engage in this evolution. The University of Montreal has replaced its four-year baccalaureate degree with a four-year PharmD program for the first professional degree in pharmacy. The Universities of Toronto, Alberta and at Laval are in the process

of seeking approval from their respective provincial ministries to make such a conversion.

Pharmacy faculty at the U of S have been actively involved in discussions about our pharmacy program and how we will address not only the vision for education of future pharmacists, but how we will work with SCP and PAS to ensure that current pharmacy professionals have the opportunity to attain the knowledge and expertise needed to embrace their future roles.

To quote from CPhA's March 2009 Position Statement on a Doctor of Pharmacy Degree as an Entry-Level to Practice, leaders and organizations in our profession have called for the education of pharmacy students to include: "more interprofessional experiences; more training in communications, management, and leadership; more clinical practice in primary care and hospital settings; additional skills in the documentation

of care (especially using electronic health records); greater development of skills relating to prescribing and monitoring of outcomes; and more training in chronic disease management through drug therapy. Increased practical exposure to expanded or innovative pharmacy roles, through a greater variety of quality experiential training opportunities, is seen as a key curriculum enhancement." So, our task is to determine how best to achieve these goals.

This is an exciting time for our profession and our College. Over the coming months, we look forward to working closely with the pharmacists and pharmacy leaders in the province to shape a restructured curriculum and a continuing professional development process that will align us with the enhanced and vital responsibilities that we are being called upon to deliver.

Initial Steps for Regulation of Pharmacy Technicians

Since our last report on the status of work regarding the regulation of pharmacy technicians, we have met with Ministry of Health officials to present the concept paper and business plan approved by Council. Health officials agreed that amendments to *The Pharmacy Act, 1996* will be required but Ministerial approval to place these amendments on the Ministry's legislative agenda is required. We anticipate that the earliest our legislation will proceed will be in the fall 2011 session.

Essentially there are two phases to develop:

1) Interim regulation with bylaws specifying which tasks can be delegated to which technicians, including the level of supervision required by pharmacists (i.e. what ratio will apply and under what circumstances and independent

double check, often cited as tech-check-tech); and

2) Developing the infrastructure required to register and licence pharmacy technicians as members and to enforce their scope of practice. This will include early steps to enrol individuals currently working as pharmacy assistants to determine their number and level of qualification.

As a first step to developing the infrastructure for registration of regulated pharmacy technicians, we need to know who these individuals are and how to contact them.



The College is requesting that all pharmacy managers provide the College office with the names and addresses (with the individual's consent) of all staff currently working as pharmacy assistants or pharmacy technicians.

This will allow the College to communicate with these individuals as we move forward with plans to regulate pharmacy technicians in Saskatchewan. The information required is:

- Name
- Address
- Daytime telephone contact numbers
- Personal email address
- Place of employment

This will allow SCP to develop a database for future communications. We thank you in advance for your support.

Professional Practice Review – Revised for 2010

Since 2007, the Field Office staff of the SCP has been striving to use a quality improvement/quality assessment process in their pharmacy visits. The focus of the visit has changed from an evaluation to a review as a result.

With the adoption of the 2009 NAPRA “Model Standards of Practice”, a new practice review report has been developed with a primary focus on patient safety. The review asks the question “Is this pharmacy practice safe?” This is in line with the vision and missions of the SCP: “Quality Pharmacy Care in Saskatchewan” and our first mission statement: “Public Safety”.

The report uses ratings of 1 to 4 to gauge the compliance with each of the review statements and recommends an Action Plan when improvements are required.

The Practice Review focuses on eight major areas including:

1. Obtain and document all relevant patient information

Pharmacists are very good at documenting the relevant demographic patient information, allergies and intolerances. Improvement is needed in the documentation of current patient medication and medical history (including diagnosis, symptoms being treated), relevant social history, such as smoking and/or consumption of alcohol and relevant and available test results.

2. Provide best medication therapy by identifying and resolving drug related problems

Reviews have shown that pharmacists are identifying and solving medication related problems but need to improve in ensuring that the patient understands the benefits of the medication, ongoing monitoring of the patients medication therapy and documentation of that monitoring and interventions with the patient and/or the physician. Interactions between the pharmacist and patient upon refills are limited and need to be used by the pharmacist as an opportunity to ensure there are no questions or concerns about

the medication therapy and that the patient is adhering with therapy.

The use of the Pharmaceutical Information Program (PIP) to assist the pharmacist in monitoring the patient’s medication is an area which requires a great deal of increased usage.

3. Patient education to ensure the best possible medication therapy

Pharmacists are very good at “telling” patients about their medication but need to improve so they ensure the patient understands the benefits of taking the medication. Pharmacists seem very resistant to the idea of showing the patient their medication (i.e. opening the vial). The Institute for Safe Medication Practices (ISMP) recommends this process as a last chance to catch dispensing errors as both the patient and pharmacist have an opportunity to see the medication. This gives the patient a visual clue as to the medication – “the blue pills for your heart” – and re-enforces the message the pharmacist is conveying. At refills it ensures that no dispensing errors have occurred by giving the patient a chance to see the medication at pick up and discuss any concerns with therapy with the pharmacist.

4. Pharmacists have access to and are using the best sources of medication information

Pharmacists have access to a good variety of references online, in printed format and on Personal Digital Assistants (PDAs). The Pharmacy Information Program resource section has an excellent variety of online information including the SHIRP library (Saskatchewan Health Information Resources Partnership).

5. Pharmacy personnel and workflow are optimal to ensure safe practices

The pharmacy manager and all staff in the pharmacy are able to assess whether there is enough staff and the correct compliment of staff, i.e. pharmacists and assistants to provide safe and effective pharmaceutical care. The workflow in the pharmacy is also assessed

to ensure it does not impede safe practices. The access and use of PIP within the pharmacy workflow has been identified as an area requiring improvement.

6. Identify and resolve medication errors, near misses and unsafe practices

Many pharmacies have formal reporting mechanisms for pharmacy errors. Pharmacists have been encouraged to use these formal, or in some cases informal, identification processes to look for trends. All incidents should be viewed as opportunities to learn and make improvements in the system to prevent reoccurrence. By asking why and reviewing the incident, the source or ‘root cause’ of the problem can be identified, reviewed, and improved. Communication with the patient and physician must be timely and properly documented.

7. Drug inventory is safely maintained

Most pharmacists have a system in place to ensure expired stock is not dispensed. We have also been educating and encouraging pharmacists to monitor the temperature of the vaccines stored in their fridges to ensure that the cold chain is maintained.

8. Prescription, record keeping and misuse/abuse/diversion

A cursory review of the prescription files is done at each visit to ensure proper record keeping is maintained. Pharmacists are reminded to review the requirements for documentation of narcotic, controlled drugs and benzodiazepines in the Pharmacy Reference Manual. The use of PIP is still low in regards to ensuring that medications which are subject to misuse, diversion and/or abuse are reviewed and monitored.

The goal of the new review process is to ensure that the pharmacy practice is safe. Ongoing monitoring of the ratings will assist the office in quality improvement initiatives, including offering future education programs and guidance documents.

Notes from the Field

Many pharmacists have begun retaining scanned copies of physicians signatures. While this assists pharmacists in practice, there is potential for this information to be used to produce a forged prescription or other falsified documentation. With the introduction of new electronic health records in many physicians' offices, the need to maintain security of electronic and paper records is enhanced for both professions.

Please review our updated policy regarding the electronic transmission of prescriptions for more information in regards to electronically generated prescriptions: http://napra.ca/Content_Files/Files/Electronic_Transmission_of_Prescriptions_Policy_Statement_and_Guidelines_Pharmacists.pdf

If a prescription is printed off of an EHR system and provided to the patient (instead of being transmitted electronically), it must be signed in ink by the physician.

Also in regards to security, please ensure you keep your unique identification code (narcotic ordering code) from your wholesaler in a secure location and do not share it with others. The potential exists for narcotics, controlled drugs or benzodiazepines to be ordered and diverted using your number. You would be held accountable for any unexplained losses of these products.

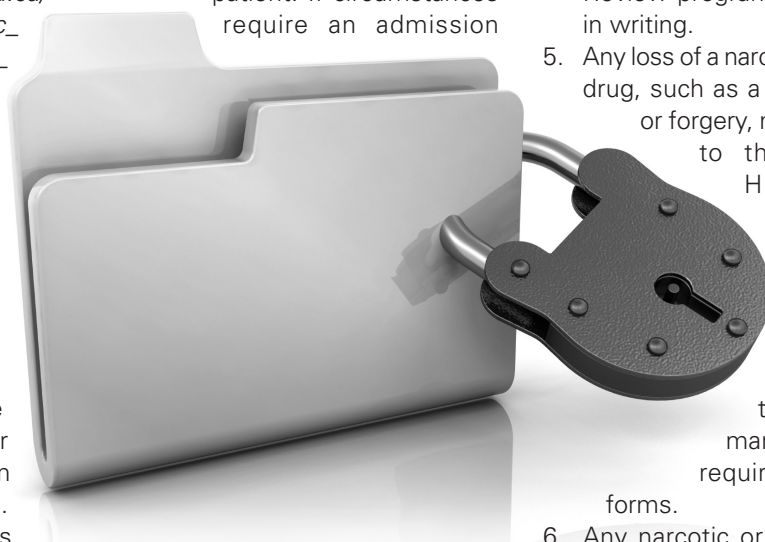
When using automatic refill systems and automatic refill requests to the physician, pharmacists need to ensure they are not interfering with the patient's medication management or the integrity of the Pharmaceutical Information Program (PIP).

Pharmacists should use each refill as an opportunity to review and discuss potential concerns about adherence and other issues of medication management with all chronic disease/therapy patients. Automation has the potential to reduce

some of the human contact within the health care system but can also create greater efficiencies if used effectively.

We have had one physician with patients enrolled in a chronic disease collaborate express his concern with the use of an automatic refill request system. Patients within these collaboratives are expected to follow up with their physicians on a regular basis for ongoing monitoring and may not do so if their prescriptions are automatically refilled.

The integrity of PIP is also altered when prescriptions are filled in advance of a request from the patient. If circumstances require an admission



to a health care facility for acute medical treatment, a review of the PIP system would lead the health care professionals treating the patient to believe they have received their medication when it may still be sitting at the pharmacy awaiting pick up by the patient.

And last but not least, we continue to receive questions in regards to the record keeping of narcotics, controlled drugs, benzodiazepines and targeted substances. We have a helpful summary chart in our reference manual at: http://napra.ca/Content_Files/Files/Saskatchewan/PFM/Prescription_Regulations_Summary_Chart_Aug2008.pdf

To summarize some of the more frequently asked questions:

1. Narcotics cannot be refilled. A smaller portion of a larger quantity may be dispensed at specified intervals, i.e. part fills. There must be documentation (hard copy) in the prescription files of each fill.
2. Controlled Drugs may be refilled if the quantity and interval is specified. Hard copy documentation of each fill must be kept on file.
3. Benzodiazepines may be refilled. An interval is not required, but if one is specified it must be honored.
4. All prescriptions for Prescription Review program drugs must be in writing.
5. Any loss of a narcotic or controlled drug, such as a break and enter or forgery, must be reported to the Minister of Health, Office of Controlled Substances (OCS) within 10 days of its discovery. Please check the reference manual should you require the reporting forms.
6. Any narcotic or controlled drug which is expired or no longer usable can only be destroyed once permission has been obtained from OCS. Please fax your requests, including the drug name, strength, quantity, etc. to 1-613-957-0110. Once you have obtained approval to destroy the narcotics, you may contact your waste disposal company. Once witnessed, denatured stock can be placed in the disposal boxes for pick up. A copy of the incineration certificate can be provided to you if you indicate which box contained the narcotics. This certificate should be retained with your OCS authorization.

SCP Strategic Plan 2007-2011 continued from page 1

be amended to include regulation of pharmacy technicians as a membership class.

- *New bylaws have been submitted to government for prescriptive authority for pharmacists.*
- *The legislative window to open the Act appears to be fall 2011.*

Build Interdisciplinary Teams

The College will collaborate with other interested parties in the health care system to find ways to incorporate the pharmacist as a member of the health care team.

- *The building of such teams was the focus for the Interdisciplinary Conferences held each September for the past three years.*
- *New discussions to begin with medicine and nursing. Part of rural primary care strategy meeting being organized.*

“Regulate” (Or Qualifying) Technicians

The College will implement a regulatory process to support the use of qualified technicians in an optimal supportive role for pharmacists.

- *See above, plus Council has approved the Pharmacy Technician Regulation Advisory Working Group’s reports in principle.*
- *Reports have been presented to representatives of Ministry of Health*
- *Operational planning underway in two phases:*
 - i) interim data collection*
 - ii) development of model similar to other PRAs (ON, AB, BC)*

4. Internal Strategies

Core Regulatory Functions

The College will strive to ensure that our legislated regulatory functions are performed effectively to sustain our role as a self governing professional body.

- *Ongoing operational plan and budget on target.*
- *All functions set out in legislation i.e. registration of interns and members; granting of proprietary pharmacy permits; complaints/*

discipline processes; pharmacy practice reviews; drug schedule amendments, are operating effectively.

Optimize the Use of Technology

The College will promote optimal use of technology to support the role of the pharmacist, and to enhance the effectiveness of our operation.

- *Online membership/permit renewal system and electronic workflow implemented in the SCP office.*
- *Prescription Information Program (PIP) use required for prescribing.*
- *Members given 18 months notice of mandatory PIP utilization. The pharmacy computer system integration is scheduled to begin spring 2010.*
- *New email system for the College to communicate with members is under development.*

Be Fiscally Responsible

The College will strive to ensure that receipt and expenditure of its funds are dedicated to fulfilling this strategic plan.

Ongoing.

College finances on target with operational and strategic plan

- *Council approved a surcharge on pharmacy permit fees of \$300 per year for three years to fund development of pharmacy technician regulation as a new health care professional group and new membership class for the College.*

Develop Staff and Council

The College will strive to ensure that governance and administration are aligned to fulfill our ends through this strategic plan.

Ongoing.

New Council members undergo an orientation with our Governance policies. Veteran Councillors often attend these sessions as refresher courses for themselves and to provide support and mentoring to the incoming members.

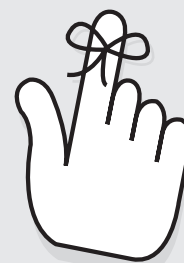
Educational opportunities are available to staff with regard to new technologies (software training) and professional development.

Membership Renewal and Continuing Education Requirement Reminder

Members are reminded that the all requirements for the annual membership renewal must be in the SCP office as of June 1, 2010.

Evidence of meeting the continuing education requirement consists of so indicating on the renewal application once you have completed the minimum of 15 Continuing Education Units. You are responsible for completing the professional development log and background materials and that they are available for audit. DO NOT submit the professional development log or any background materials to the SCP office unless you are directly contacted and instructed to do so by College staff.

Online membership renewal will again be accessible through the Saskatchewan section of the NAPRA website. Information regarding the renewal will be sent to each member in April 2010. If you have recently moved, or if your email address has changed, please notify the College of your new address to ensure that the information is directed to the correct address.



Professional Development Opportunity

The Manitoba Pharmaceutical Association is sponsoring the Manitoba 8th Annual Travel Health Conference on **April 22 and 23, 2010**.

Please access the MPhA Professional Development web page for further details: <http://www.mpha.mb.ca/livepresentations.htm>

Saskatchewan Institute of Health Leadership (SIHL)

There has been a major change in the 2010 SIHL program which historically opens with a four-day retreat in mid-May of each year and wraps up with a two-day retreat in mid-November.

Please note that the program time lines have changed. The opening retreat is now offered November 15-19, 2010 and closing/project retreat is April 14-15, 2011. New brochures are currently being re-designed and should be available by April 2010. Please watch in upcoming issues of the Newsletter for more information.

Continuing Professional Development for Pharmacists



University of Saskatchewan
College of Pharmacy & Nutrition

Presents

Emergency Postcoital Contraception (EPC)

Wednesday, March 24, 2010

1:00 – 1:30 p.m. Registration

1:30 – 4:30 p.m. Program

Physics Room 65

University of Saskatchewan
116 Science Place

RSVP BY: Monday, March 22, 2010

\$100.00 – registration must be PREPAID

Presenter: Charity Evans, BSP

Please note: There are limited openings, so registration will be on a FIRST COME, FIRST REGISTERED basis. If you are unable to attend after registering, please notify CPDP so that another pharmacist can take your place.

TO REGISTER: Continuing Professional Development for Pharmacists
Phone 306-966-6350 or fax 306-966-6377

This program has been approved by CPDP for 3.0 CEUs

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SCP Notice of District Meetings 2010

Purpose: To discuss and update implementation issues on Prescriptive Authority, the Pharmaceutical Information Program (PIP) and the Prescription Review Program.

District Meetings will be held around the province as follows:

Monday, May 10	Prince Albert – Marlboro Inn – Marlboro North
Tuesday, May 11	North Battleford – Gold Eagle Lodge – Meeting Room
Wednesday, May 12	Kindersley – Kindersley Inn – Teak Room
Thursday, May 13	Swift Current – Swift Current Days Inn – Room C
Tuesday, May 18	Weyburn – Signal Hill Arts Centre – 2nd Floor Studio
Wednesday, May 19	Moose Jaw – Temple Gardens – Mezzanine
Thursday, May 20	Regina – Travelodge – Cambridge
Tuesday, May 25	Yorkton – Ramada Yorkton – Harvest Room
Wednesday, May 26	Saskatoon – Saskatoon Inn – Courtyard Room
Thursday, May 27	Tisdale – Tisdale RecPlex – Hanover Room

Meetings commence at 7:30 p.m.
Please participate in the affairs of your College.



PAS 9th Annual Conference
Northern Lights on Pharmacy
April 30 – May 2, 2010
Elk Ridge Resort, Waskesiu Lake



ONLINE CONFERENCE REGISTRATION IS NOW AVAILABLE

https://www.regonline.ca/Northern_Lights_on_Pharmacy

PLEASE REGISTER NOW TO TAKE ADVANTAGE
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Call the Pharmacists' Association of Saskatchewan (PAS)
at (306) 359-7277 for further information

Special conference rates available at at the Elk Ridge Resort plus three additional resorts: The Hawood Inn, The Lost Creek Resort and Waskesiu Lake Lodge. A complimentary shuttle to and from Elk Ridge will be available from these resorts. PAS will cover park entrance fees for these resorts within the PA National Park gates.

We look forward to seeing you at the conference!



SASKATCHEWAN
COLLEGE OF
PHARMACISTS

**99th Annual
General Meeting**
Saturday, May 1, 2010
9:30 a.m. – 10:30 a.m.

Elk Ridge Resort
Waskesiu Lake

SCP 50 & 25 Year Anniversary Recognition

Welcome Reception
Friday, April 30, 2010
Cocktails 6:00 p.m.
Dinner Buffet 7:00 p.m.

SCP President's Luncheon & Awards

Sunday, May 2, 2010
12:00 Noon

Mark your calendars now!