



It's Cold Outside, but How Cold is it Inside Your Refrigerator?

If we want to know what the weather is like outside, we simply click on the television and consult the forecast for local conditions. We all know the weather can change very quickly, so sometimes we check the temperature multiple times a day or maybe you even open the front door and stick your head outside. When it comes to vaccine storage, pharmacists must monitor the temperature of the refrigeration and freezer units they use to store vaccines with the same diligence. The importance of vigilant vaccine storage and handling cannot be underestimated! Mistakes are prevalent but the good news is that most are preventable and easily avoided. One source estimates that 17% to 37% of healthcare providers expose vaccines to improper storage temperatures. What would happen to population health if 17% to 37% of the population received a non-viable vaccine or one that was compromised and as a result did not confer proper immunity?

Immunization programs protect the public from the spread of

communicable disease and have been a critical link in improving the health status of Canadians. Vaccine programs, although cost-effective, have a very costly component — the vaccines themselves! Vaccines are sensitive to temperature fluctuations. Cold sensitive vaccines experience an immediate loss of potency following freezing whereas repetitive exposure to heat episodes results in a cumulative loss of potency that is not reversible for heat sensitive vaccines. A mandatory temperature requirement of +2°C to +8°C for refrigerated and -15°C for frozen vaccines must be constantly maintained throughout the cold chain, a term used to represent the numerous steps from manufacture to administration. Some exceptions do exist,

so always consult the product leaflet for specific instructions.

Public health officials and other key stakeholders in vaccination programs have expressed concern that there is an overall general lack of awareness regarding key principles for proper vaccine storage and handling. Evidence of improper thermometer monitoring, documentation, patient education, vaccine transportation, and untimely reporting of cold chain breaches has been brought to the attention of the Saskatchewan College of Pharmacists. National guidelines do exist containing up to date detailed information regarding vaccine storage and handling. In response to the concern of stakeholders, the Saskatchewan College continued on page 2

Contract Field Officer – Jeannette Sandiford

We are pleased to announce that Jeannette Sandiford has been appointed as Part-Time Contract Field Officer. She will begin her duties on March 23, 2009, for a one year term. She will assist with meeting our target of visiting each pharmacy at least once every three years to conduct routine pharmacy evaluations and inspections such as pharmacy relocation and lock and leave installations. Jeannette is a Past-President of the College, and brings volunteer as well as community, long-term care and hospital pharmacy practice experience to this position.

We ask members to join us in welcoming Jeannette to this position and in working with her during the coming year.



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SCP Council 2008-09

Division 1

Jodie Simes, Fort Qu'Appelle
(term expires June 30, 2009)

Division 2

Joan Bobyn, Saskatoon
(term expires June 30, 2010)

Division 3

Randy Wisner, Prince Albert
(term expires June 30, 2009)
President-Elect

Division 4

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

Division 5

George Furneaux, Regina
(term expires June 30, 2009)
President

Division 6

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

Division 7

Debbie McCulloch, Rosetown
(term expires June 30, 2009)

Division 8

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

Past President

Bev Allen, Saskatoon

Ex Officio

Dean Dennis Gorecki
College of Pharmacy and Nutrition,
Saskatoon

Public

Ken Hutchinson, Fort Qu'Appelle
Joseph Jeerakathil, Saskatoon

Student Observer

Haley Gill

SCP Staff

Jeanne Eriksen,
Assistant Registrar

Pat Guillemin,
Administrative Assistant

Ray Joubert,
Registrar

Cheryl Klein,
Senior Administrative Assistant

Reola Mathieu,
Receptionist

Heather Neirinck,
Administrative Assistant

Lori Postnikoff,
Field Officer

Jeannette Sandiford,
Contract Field Officer

Audrey Solie,
Administrative Assistant

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of Pharmacists has agreed to increase awareness of the guidelines and additionally has developed a companion statement for pharmacists and pharmacies titled "Guidelines Regarding Vaccine Storage, Handling, and Transport" that highlights sections of the national guidelines as they specifically pertain to pharmacy practice. By using the companion summary statement, pharmacists will be incorporating the existing national guidelines into their practice sites, thus creating assurance of effective vaccine administration. The companion summary statement should only be used to outline the most pressing issues for pharmacists from the national guidelines and serve as a supplement to already existing in-house policies. Each pharmacist is encouraged to evaluate and revise their procedures for both routine and urgent vaccine transport, storage, and handling procedures. Upon Council approval, the document will be accessible on the website.

In order to prevent the re-emergence of vaccine preventable disease, wastage of costly and

limited vaccine supplies, potential re-immunization of clients who have received compromised vaccines, and the resultant loss of public confidence in the vaccination program and the health care system, pharmacists and pharmacies must uphold the integrity of the cold chain. Every pharmacy should follow recommendations set out by the Public Health Agency of Canada as outlined in the Canadian Immunization Guide and the National Vaccine Storage and Handling Guidelines for Immunizations Providers. As a reminder, the next time you find yourself perusing the Weather Network wondering what the temperature is like outside, make sure you check the temperature inside your refrigerator and freezer too. Read the companion statement for pharmacists and pharmacies to determine what essential changes you can make within your own pharmacy to help ensure the viability of vaccines. As health care providers, we operate in the best interest of the patient. By ensuring vaccines remain viable through proper storage and handling, we undoubtedly protect the health of the population.

Member Emeritus Status – MESCP

Attention Retired Members

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

4.5.5 Any member on the Retired Register may be designated as a "Member Emeritus" of the College and may use the designation "Member Emeritus Saskatchewan College of Pharmacists" or "MESCP" if:

a) he has been a practising or non practising member continually in good standing with the Saskatchewan College of Pharmacists or any other regulatory body for

pharmacists for at least 25 years;
b) he has not been found guilty of professional misconduct or professional incompetence;
c) his name remains on the Retired Register; and,
d) his name is confirmed by the Awards Committee, or successor committee of the Saskatchewan College of Pharmacists.

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

Application forms and criteria are available from the College office by request. Submissions are subject to approval and confirmation by the SCP Awards Committee.

BYLAW AMENDMENTS

Legal Status to Work in Saskatchewan

Bylaw 4.1.1 has been amended to update the requirements for registration with the College. This Bylaw now includes the provision of evidence of eligibility to work in Saskatchewan.

4.1.1 Any person who wishes to become a member must register by meeting the requirements of the Act and Bylaws, or otherwise by meeting the requirements of Council, in a manner or according to the procedures specified by the Registrar-Treasurer including completing the required forms and payment of the prescribed fees. Once registered, the name of the member is entered into the register and remains on the register until removed due to resignation, termination of membership for non-payment of fees, or a decision of the Discipline Committee.

Any person who wishes to become a member must be a Canadian citizen, landed immigrant, hold a valid employment visa or valid Canadian work permit.

When the name of a member has been removed from the register due to non-payment of fees and the person wishes to be reinstated as a member, the person must register with the Association within one membership year of the date of termination by meeting the requirements of the Act and Bylaws, including, without limitation, Bylaw 4.2.5, completing the required forms and paying the prescribed fees.

Reference Library Requirements

Upon the recommendation of our Professional Practice Committee, the Reference Library Requirements bylaw has been repealed and replaced with the following effective February 20, 2009, upon publication in the Saskatchewan Gazette. The change has been made to the online Pharmacy Reference Manual accessible on the NAPRA website. If you are maintaining your paper copy of the Reference Manual, please print and add the following information for future reference.

Bylaw 14.6 Reference Library Requirements

Every pharmacy shall have a reference library consisting of electronic or printed versions (recommended resources are provided in the **Policy Paper on Reference Library Requirements which is accessible in the Pharmacy Reference Manual** which is updated from time to time) of:

- (a) Pharmacy Reference Manual containing current pharmacy related Federal and Provincial Acts and Regulations and Schedules;
- (b) a medical dictionary;
- (c) a Canadian drug compendium (i.e. CPS);

- (d) a drug interaction reference;
- (e) a non-prescription medication/therapy guide;
- (f) a drug therapy text;
- (g) professional journals – (Journals can be electronic (online), on PDA or in print);
- (h) a natural products reference;
- (i) a pregnancy and lactation reference;

The following are supportive references based on practice environment:

- (j) a paediatrics reference;
- (k) a geriatric reference;
- (l) websites;
- (m) a patient counselling reference.

The following is the companion policy statement that refers to the approved options to meet the above bylaw requirements. **This policy statement can be accessed in the Pharmacy Reference Manual online at the NAPRA website, SK section.**

Policy on Reference Library Requirements

1. Current copy of the Acts and Regulations and Drug Schedules:
 - *The Pharmacy Act, 1996*
 - *The Controlled Drugs & Substances Act and The Narcotic Control Regulations and Benzodiazepines and Targeted Substances Regulations*
 - *The Food and Drugs Act and Regulations*
2. Medical Dictionary:
 - Blakiston's Gould Medical Dictionary
 - Dorland's American Illustrated Medical Dictionary
 - Dorland's American Pocket Medical Dictionary
 - Taber's Cyclopedic Medical Dictionary
 - Stedman's Medical Dictionary for Health Professions and Nursing
3. Compendium:
 - CPS – either in paper version or online as e-CPS or e-Therapeutics+
4. Drug Interaction Reference:
 - Lexi-Interact program (PDA, online, or as part of e-Therapeutics)
 - Drug Interaction Facts – by Facts and Comparisons
 - Evaluations of Drug Interactions – by the American Pharmaceutical Association
 - Stockleys Drug Interactions
5. Non-prescription Medication/Therapy Guide:
 - Patient Self-Care AND Compendium of Self-Care Products

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6. Drug Therapy Reference:
 - Therapeutic Choices or e-Therapeutics or E-Therapeutics+ AND The Merck Manuals Online Medical Library – for Healthcare Professionals as an adjunct
 - Pharmacotherapy: a Pathophysiologic Approach – DiPiro
 - Pharmacotherapy Handbook – DiPiro
7. Professional Journals (Journals can be online, PDA or in print:
 - A Journal to provide updates on professional affairs in pharmacy (one of the following):
 1. Canadian Pharmacists Journal
 2. Pharmacy Practice
 3. Pharmacist's Letter
 - Recommend a second journal relevant to the particular pharmacy practice.
8. Natural Products Reference:
 - Natural Medicines Comprehensive Database
 - Lexi-Natural Products on the Lexi-Complete PDA program or Lexi-Online
9. Pregnancy and Lactation Reference:
 - Drugs in Pregnancy and Lactation
 - Drugs During Pregnancy and Lactation
 - Medications and Mothers' Milk
10. Pediatrics Reference:
 - Pediatric Dosage Handbook or Lexi-Pediatrics (PDA or online)
 - Harriet Lane Handbook (book, PDA or desktop version)
 - The HSC Handbook of Pediatrics (book, PDA, or desktop version)
11. Geriatrics Reference:
 - Geriatric Dosage Handbook
 - Clinical Handbook of Psychotropic Drugs
 - Lexi-Comp Geriatric reference on Lexi-Online
 - Merck Manual of Geriatrics – online (recommended adjunct)
12. Websites:
 - Saskatchewan Drug Information Services (SDIS)
 - Continuing Professional Development for Pharmacists (CPDP)
 - Kellogg Library list of "Websites Pertinent to Pharmacy"
 - RxFiles
 - Quackwatch
 - Do Bugs Need Drugs?
 - National Library of Medicine- Medline/PubMed and MedlinePlus
 - Cochrane Library
13. Patient Counseling Reference:
 - e-CPS (online)
 - MedlinePlus (www.medlineplus.com)
 - Drug Digest (www.drugdigest.org)
 - Drug Information Online (www.drugs.com)
 - Mayo Clinic website (www.mayoclinic.com)

NOTE: Lexi-Comp and Skyscape PDA programs contain many references that can be considered substitutes and required references.

PEPID and MICROMEDEX PDA programs contain reference that can only be considered as adjuncts to the required references. They are therefore recommended PDA programs only.

Supportive References

Based on practice specificity:

10. Pediatrics Reference:
 - Pediatric Dosage Handbook or Lexi-Pediatrics (PDA or online)
 - Harriet Lane Handbook (book, PDA or desktop version)
 - The HSC Handbook of Pediatrics (book, PDA, or desktop version)



**Saskatchewan
Health Information
Resources
Partnership**

Did you know that you have access to essential information resources online at no cost? All Saskatchewan pharmacists can find a wealth of information at their fingertips 24/7 including resources such as the RxFiles, the e-CPS, IPA (International Pharmaceutical Abstracts), Medline, Natural Medicines Comprehensive Database, Handbook on Injectable Drugs, Canadian Pharmacists Journal, and many many more.

SHIRP, the Saskatchewan Health Information Resources Partnership,

provides an online library of electronic health information resources. To get access to the SHIRP library, simply go to www.shirp.ca and click on "create new account." Fill out the form, submit the information, and upon account approval, you will be able to access the entire SHIRP library with one username and password. If you need help creating your account, there is a handy online tutorial on the SHIRP home page, or you can contact the SHIRP coordinator, Virginia Wilson, at 306-966-8739.

Call for Submissions for "On Being a Pharmacist"

I believe in angels.

It was busy as normal in the satellite on that Wednesday night. I was the only pharmacist servicing three high acuity medicine floors in an urban, academic hospital. Things were under control when the code was called.

"Come on, let's go!" I urged my third year pharmacy student, who also happened to be one of my technicians that night. She wanted to see what the pharmacist did during a code.

We raced through the hallways and down the stairs, joining many others on their own pursuit to the code. We knew we arrived when we saw a room overflowing with nurses, respiratory therapists, and physicians from many different teams.

Upon entry into the room, I saw that the patient was awake. He was having a heart attack. The physicians were trying to gather information because he had just been admitted from the emergency department.

"Are you having chest pain?"

"Where does it hurt? Does it radiate anywhere?"

"Are you having problems breathing?"

"Can you chew this aspirin?"

The patient lay there speechlessly. All alone.

A nurse cried, "He can't understand you!"

A physician glanced up from the chart and looked around helplessly. "Does anyone speak Ukrainian?" he shouted.

The room fell silent. People looked at each other.

Beside me came a movement, a voice. My student came forward and said, "I do."



Your experiences have helped mold you into the pharmacist and person you are today. Because these stories are valuable, you are invited to submit your personal pharmacist stories for a book titled *On Being a Pharmacist*, being published by the American Pharmacists Association (APhA). We are seeking all types of pharmacy practice stories (humorous, sad, meaningful, amazing, etc.) from all areas of pharmacy practice. Stories can be about patients, co-workers, inventory problems, direct patient care, compounding, supervisors, employees, other healthcare personnel, ethical dilemmas, you name it!

All submissions will be considered. If your submission(s) is accepted, a contributor agreement will be emailed to you. Any information in the story must be accurate and cannot contain unlawful, obscene, or libelous material; must not infringe any trade name, trademark, or copyright; and must not invade or violate any right of privacy, personal or proprietary right, or other common law or statutory right. Submissions should be between 50 and 1000 words in length.

Please include your name, email address, degrees, titles, and institutional affiliation with your submission. Upon request, your name and/or institutional affiliation may be withheld.

Take advantage of this opportunity to share your personal story!

Please send your story and any questions to pharmaciststory@hotmail.com.

**Submission deadline is
April 30, 2009.**

Many Thanks,
J. Aubrey Waddell,
PharmD, FAPhA, BCOP
Associate Professor, University of
Tennessee College of Pharmacy
Oncology Pharmacist
Blount Memorial Hospital
Maryville, TN

Joanna Maudlin Pangilinan,
PharmD, BCOP
Pharmacist, University of Michigan,
Comprehensive Cancer Center
Ann Arbor, MI

Online Renewal

Annual Membership Renewal for Pharmacists

The implementation of the "online" application for pharmacists' annual membership renewal has been successful. Feedback from members on this paperless option indicates that it is fast and easy to use. The SCP team is available to assist members with completion of the online application, and to address any concerns.

All requirements must be met on or before June 1, 2009.

For the 2009-10 membership year, no application forms will be mailed to members. Information on how to complete the online renewal application will be distributed to members in April.

Getting Started

Once the site is activated mid-April, members will be able to login to "SCP Online Renewal". At that time, go to www.napra.org, click on the "SK" link (which opens up the SCP homepage at the NAPRA website) and click on the SCP Online Renewal button.

Login

The login screen will request your USER NAME and PASSWORD,



which will be provided to members in the information package. Once logged in, members will be guided through the process until a confirmation number is provided.

Payment

The College has heard from a few members that did not realize that they would be able to complete their renewal online because they were paying by cheque. The process does allow for payment by cheque.

At the payment step, simply indicate "cheque personal" or "cheque paid by employer" and **send in the payment along with name, SCP member number and confirmation number.** Employers submitting cheques should provide a compiled list of payees' names, SCP member numbers, and confirmation numbers if possible. Payment options include Visa, MasterCard, cheque or money order. Credit card charges are processed at the time the online application is completed.

Practising Member Requirements

- *Continuing Professional Development (CPD) Declaration* — complete the declaration in the online renewal application. A minimum 15 CEUs logged in the Continuing Professional Development Portfolio and accumulated between April 1, 2008 and June 1, 2009 is required. Do not submit your professional development log or background information to the SCP office but ensure a completed professional development log and background materials are available for audit if requested. Note: 2008 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.

Pharmacy Permit Amendments

We wish to remind all pharmacy managers and proprietors that pharmacy permit amendments are required for changes in:

- pharmacy manager
- ownership
- directors
- trade name
- address
- renovation
- relocation.

It is prudent that the pharmacy manager or proprietor contact the College office as soon as any change is contemplated to determine the permit implications.

The pharmacy manager is the licensed pharmacist accountable to SCP and maintains the responsibility for that pharmacy until the amended permit is approved. Refer to *The Pharmacy Act, 1996*, Section 20 and "Responsibilities of a Pharmacy Manager" in the Pharmacy Reference Manual. The pharmacy permit will be approved on the date all requirements are met: a permit will not be backdated.

Ketoconazole vs. Voriconazole Confusion

Recently a written prescription for voriconazole was incorrectly filled with ketoconazole. The pharmacist did not contact the physician for confirmation as he believed the prescription was for ketoconazole. Only when the patient requested that EDS be applied for was the error realized.

Upon reflection, the dispensing pharmacist offered the following factors that may have contributed to this event:

- filled on Monday, the busiest day of the week
- lone pharmacist working with a technician
- voriconazole is very expensive and rarely used in a community practice

- both drugs are antifungals
- both are 200 mg tablets

An unfortunate choice of words in this case has caused an instance of human error to be seen as a "cavalier attitude" with regards to this situation. When the patient dropped off the prescription, he asked "how the pharmacist could determine the drug when I couldn't read it?" The pharmacist responded, "Oh, we will all have a look at it and decide what it should be/figure it out." This is likely not the actual practice of this pharmacist but to this patient, it showed a lack of care and attention when looking back on the events of the day. Things said in haste can deliver a different message than intended.

Secure Distribution of Narcotics in Long Term Care Facilities

Recently a health center with a combination acute and long term care services in a Saskatchewan town reported two narcotic/controlled drug losses. Medications were delivered to the facility by the local pharmacy. No one was available to accept the medications for storage, so they were left at the nursing station. When the nursing staff was putting away the medication, they noted that a narcotic prescription was missing. In another instance, a woman came to the facility for care, bringing her own medications with her, including narcotic prescriptions. The medications were kept in a locked area while she was in the facility, but upon her release, the narcotic could not be found.

The "Standards of Practice for Pharmacists Providing Services to Residents of Special Care Homes" August 2007 in the Pharmacy Reference Manual provides information on both core and enhanced services. If your pharmacy is providing services to a facility, you are expected to follow the guidelines.

In the 'core' services section, the safe delivery of medication is addressed:

Section 1.x) Procedures for pharmacy deliveries shall ensure security for the safe delivery of medications to the facility. Medications shall be delivered to a responsible individual employed at the facility.

The pharmacy involved in this incident has since changed its procedures to ensure medications are accepted by a responsible individual within the facility.

In the instance of the personal narcotic medication which was missing, long term care and acute care are in the same building. This can cause confusion in regards to the responsibility of staff. Pharmacists providing services to these facilities as either the contract pharmacy for the long term care section, or on a contract basis for the acute and/or long term care sections, should be aware of their responsibilities under

the *Controlled Drugs and Substances Act* and corresponding regulations.

The secure distribution of narcotics within health care facilities is the responsibility of the administration. This responsibility is usually designated in policies and procedures — all of which should also comply with the CDSA and its regulations. Regularly scheduled checks of narcotic records and inventories will help reduce the risk of losses.

In the "Standards of Practice for Pharmacists Providing Services to Residents of Special Care Homes" August 2007 Core Services:

2.c) iii) *The pharmacist shall work collaboratively with nursing staff to ensure medication room audits are performed and documented regularly.*

All staff should be aware of the importance of proper record keeping and secure distribution and storage of narcotics.

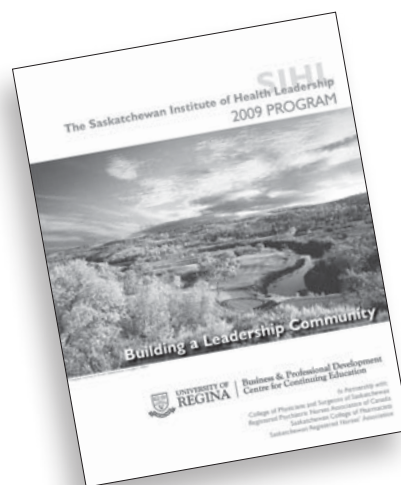
BRIDGE Saskatoon – Interdisciplinary Partnership

BRIDGE Saskatoon (Building Relationships with Injection Drug users for Greater Engagement) is an interdisciplinary partnership. Their primary goal is to improve the health outcomes of people in Saskatoon and area who inject drugs, as well as others directly affected by IDU.

Our partnership is based on the Vancouver Four Pillar Model. Individuals can choose to join the activities of one of four groups: Harm Reduction, Health Promotion and Primary Prevention, Treatment and Recovery, or Enforcement. Please contact the co-ordinator at *Meaghan.Friesen@saskatoonhealthregion.ca* or 306-655-4339 for further information or to become involved. You may also visit *www.saskstreetsigns.ca* for more info.

Building a Leadership Community

Saskatchewan Institute of Health Leadership (SIHL)



2009 Program

The SIHL 2009 program begins with a four-day retreat from May 11-15, 2009, and ends with a two-day follow-up retreat on November 12-13, 2009, with both events taking place at the Hotel Saskatchewan Radisson Plaza, Regina.

Program Content

- Life Balance and Personal Development
- Visioning and Planning
- Systems Thinking
- Conflict and Collaboration
- Policy and Politics
- Community and Culture

Program partners are: Business and Professional Development Centre for Continuing Education, University of Regina; College of Physicians and Surgeons of Saskatchewan; Registered Psychiatric Nurses Association of Saskatchewan; Saskatchewan College of Pharmacists and the Saskatchewan Registered Nurses' Association.

Program registration forms and information are available at the University of Regina's Centre for Continuing Education at 306-585-5739 or email: *bpd@uregina.ca*

Gaining Momentum

Pharmacists' Association of Saskatchewan

8th Annual Conference

May 1-3, 2009

Saskatoon, Saskatchewan

"Gaining Momentum" is the theme of this year's PAS Annual Conference being held May 1 to 3 in Saskatoon. The theme reflects the changes that are impacting pharmacy and pharmacists in Saskatchewan.

Saturday, May 2 – The Deputy Minister of the provincial Ministry of Health will speak about the impact of the Patient First initiative on the health care system. The afternoon will feature concurrent sessions with two streams – treatments for chronic disease and responding to your clients' interest in lifestyle. The day ends with a panel discussion on the hot topics your patients may be asking you about. The evening banquet features the "Blast from the Past" show that will keep you smiling and your toes tapping, followed by dance music.

Sunday, May 3 is devoted to practice change with a decidedly practical edge – a presentation on implementing change in the real world and concurrent session on how pharmacists have tackled and succeeded in bringing innovation to their communities.

Complete brochure information and registration forms will be available on the PAS website or by mail in the near future.

Are You Ready for the 3rd Annual Interdisciplinary Conference?



September 18-19, 2009

TCU Place, Saskatoon, Saskatchewan

Last year's 2008 Annual Interdisciplinary Conference left its mark. While the conference sessions highlighted the importance of engaging community and citizens as part of interdisciplinary teams, they also set a new precedent for collaborative thinking between health disciplines.

Be sure to mark September 18 and 19 off in your 2009 calendars, as the 3rd Annual Interdisciplinary Conference – InterD3, Your Health Journey – promises to fill TCU Place in Saskatoon with more thought-provoking stimulus and ideas than ever. Hint: * this year might even bridge the interdisciplinary gaps through technology to maintain a patient-centered focus. The three host organizations, which include the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan College of Pharmacists and the Saskatchewan Registered Nurses' Association, are gearing up with new developments and ideas that are taking formation right now. Keep your eyes and ears open as full details will be released in the next couple of months. Who knows ... information might pop up where you least expect it.



Saskatchewan
College of
Pharmacists

98th Annual General Meeting

Saturday, May 2, 2009

9:30 – 10:30 a.m.

Sheraton-Cavalier

Saskatoon, Saskatchewan

SCP 50 & 25 Year Anniversary Recognition Welcome Reception

Dinner Buffet

Friday, May 1, 2009

7:00 p.m.

SCP President's Luncheon & Awards

Sunday, May 3, 2009

12:00 Noon

Mark Your Calendars Now!

Please contact
the PAS office at
306-359-7277
for detailed
Conference 2009
Registration and
accommodation
information.