



PIP Usage Disappointingly Low

As reported at recent district meetings, viewing patient profiles in the Pharmaceutical Information Program viewer by community pharmacists is disappointingly low. The charts to the right illustrate this concern.

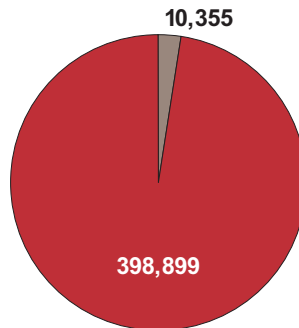
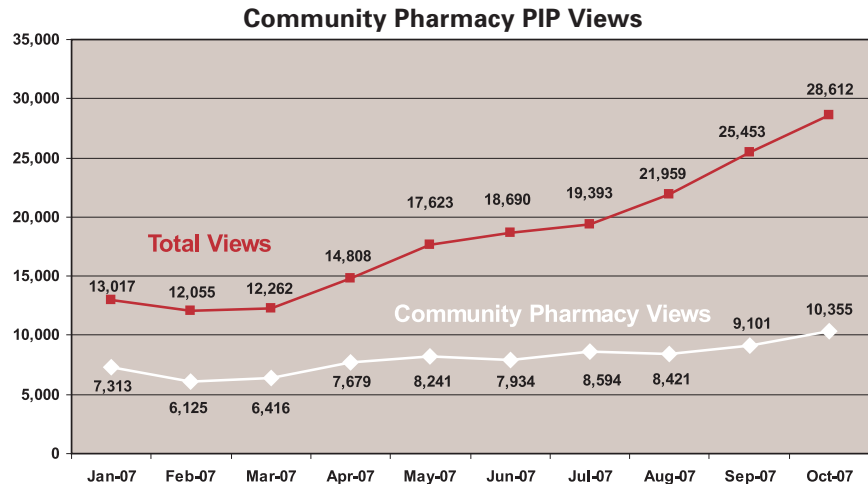
The top line shows the growth in the number of views by all users, including community pharmacists, physicians and Regional Health Authorities, during 2007. The bottom line shows that the number of community pharmacy views during each month has remained relatively stable from 7,313 views during January to 9,101 views in September.

Out of a total estimated 408,000 opportunities (i.e. patient encounters) to view patient profiles during September 2007, only 9,101 profiles (2.2%) were viewed by community pharmacists.

Of those community pharmacies accessing PIP during September, one pharmacy accessed 1,815 profiles during the month of September 2007. At the other end of the spectrum, 152 pharmacies in the 1 to 24 profile access range for a total of 1,526 accesses. In other words, out of 345 pharmacies, 36 (10.4%) represent 47.5% of the usage, and 113 (32.8%) represent 83% of the usage during September. **80 pharmacies did not access profiles at all!**

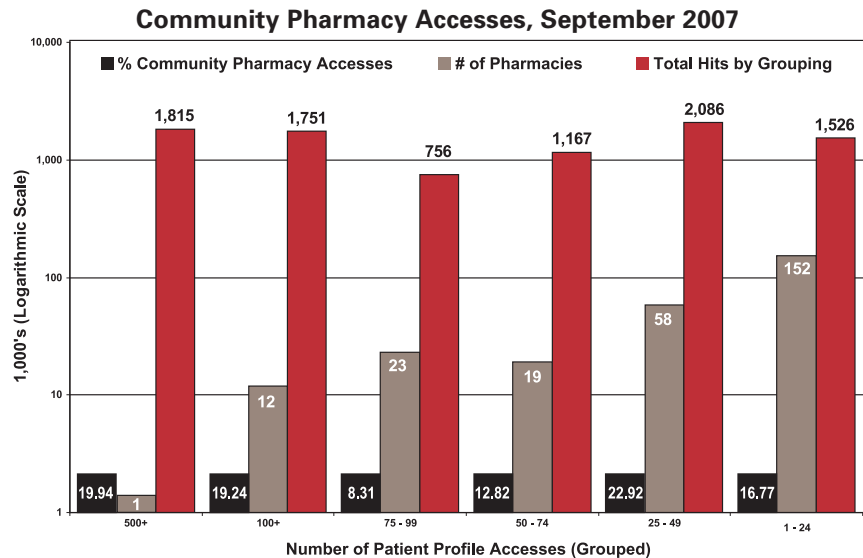
Frequent users report a high level of satisfaction with PIP, and advise that the benefits far outweigh the inconvenience of going to another system to access the information. They have found ways to effectively

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Patient Profiles Viewed at Community Pharmacies
(Estimated Total of 408,000 per month)

■ Community Pharmacy Views
■ Estimated Total Patient Profiles not viewed



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Council Highlights – September 13-14, 2007

The following issues were discussed at the Council meeting held in Saskatoon:

- Prior to opening the meeting for regular business, a councillor orientation was held to introduce the new councillors to the College and to the role of Council. Since Council follows a Policy Governance process, an overview of the policies was presented. The strategic plan that had been developed in the fall of 2006 was reviewed. New councillors who began their terms July 1, 2007, are Jodie Simes, Division 1, and Joe Carroll, Division 6 (Joe was appointed to the Division 6 position at this meeting, as per Bylaw 1.1.16).
- Council received for consideration a progress report and future plans regarding the proposed "Practice Change Summit". Council has directed that we continue our support of the summit and to work towards integration with our strategic milestones related to public education and optimizing the role of the pharmacist. More information will be issued as this project moves forward.
- The Registrar provided his quarterly report on progress with our Strategic Plan. Planning has begun on the implementation of a Quality Assurance program based on outcomes (performance) rather than the more traditional pharmacy evaluation (adherence to physical requirements of the bylaws).
- One of the strategies identified in the strategic plan is to build interdisciplinary teams. The first annual (we hope) Interdisciplinary Conference hosted by the SCP, the College of Physicians and Surgeons of Saskatchewan (CPSS) and the Saskatchewan Registered Nurses' Association (SRNA) was held September 14th and 15th. Please see article on page 3.
- Following Council's direction under 'optimize use of technology' the office continued the online renewal project: going live with the proprietary pharmacy permit renewal early in October. At time of writing we are encouraged that this mode of submission is being adopted by the membership and proprietors.
- Acting upon Council's response we will continue our efforts to 'optimize the role of the pharmacist' through collaboration with other stakeholders. More specifically we will be leading an Interdisciplinary Working Group to advise Council on policy arising from the document, **Consultation Paper Enhanced Authority for the Pharmacist to Prescribe Drugs In a Collaborative Practice Framework** (document accessible in the Saskatchewan section on the NAPRA website www.napra.org)
- The College has been invited to join the National Association of Boards of Pharmacy (NABP) District 5. Jurisdictions in District 5: North Dakota, South Dakota, Minnesota, Iowa, Nebraska and Manitoba. Membership in this organization offers opportunities to network with our neighbours, and allows access to NABP tools and sharing of innovation between all the partners.
- Council approved amendments to the two documents in the Pharmacy Reference Manual: *Policy Statement on the Role of the Pharmacist in Disease State Monitoring, Screening, Testing or Risk Assessment Activities* and *Role of the Pharmacist in the Distribution of Diagnostic Products and Laboratory and Diagnostic Testing*. Copies of the amendment documents may be found in the SCP section of the NAPRA website www.napra.org.
- During the afternoon of September 14, 2007, Council met with the Councils of the College of Physicians and Surgeons of Saskatchewan (CPSS) and the Saskatchewan Registered Nurses' Association (SRNA) for a joint meeting. Scott Livingstone and Diane Wells from the Health Information Solutions Center (HISC) of Saskatchewan Health presented to the group on the electronic health record. The objective was to explore how an electronic health record can help improve patient safety.

PIP Usage Disappointingly Low

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integrate PIP access into their workflow. Benefits include detecting drug-related problems such as monitoring for compliance, drug interactions and incompatibilities, to detecting multiple doctoring and poly-pharmacy, even amongst patients perceived to be loyal to their pharmacy.

We remind members that one of the purposes for PIP is to prevent drug abuse. Therefore, we strongly encourage members to access profiles when dispensing prescriptions for drugs monitored under the Prescription Review Program.

Other benefits of PIP include access to Health Services Numbers and prescriber names and numbers. Accessing PIP gives members opportunities to experience the wealth of information in the system,

and to identify improvements before integration with your pharmacy system. The PIP team relies on member feedback to continuously upgrade the system. The more the system is used, the better it becomes. At the district meetings, the PIP team reported that they are preparing for integration as soon as possible in 2008. Thus, we encourage members to experience the benefits of the system, suggest improvements and in turn encourage your system vendors to prepare for integration as soon as possible.

Members continue to express concerns that accessing PIP may violate privacy legislation. We want to assure members that accessing patient profiles in PIP for any valid clinical reason does not violate privacy legislation. By "any valid

reason" we mean to identify, prevent or resolve a drug related problem, regardless of whether or not a prescription is involved. This is confirmed in the privacy impact assessment conducted for PIP and supported by all authorities. For further guidance, members should refer to the following documents in the pharmacy reference manual:

- PIP Guidelines for Pharmacists
- Policy for Pharmacists Accessing PIP
- Or online at <http://www.napra.org/docs/0/203/262/269.asp>



2007 Interdisciplinary Conference Collaborative Care Models to Advance Patient Safety

TCU Place, Saskatoon, was the site on September 14 and 15, 2007, of what we hope will be the 1st Annual Interdisciplinary Conference in Saskatchewan. On that weekend, 280 health care professionals and health system administrators convened to "gain new insights with respect to the opportunities and challenges inherent in interdisciplinary collaborative practice".

During the conference we heard from Saskatchewan health professionals who currently are working collaboratively — focusing on patient-centered care and the individual roles of each professional and how collaboration improves patient safety.

It was an opportunity for members of each of the professions to hear and learn from each speaker, and more importantly to ask questions regarding their personal practice and issues that they see arising when contemplating forming collaborative practices.

Pharmacists that presented to the conference (either on a panel or independently) were: Collaborative Practice, Radville, Saskatchewan (Kim Borschowa); West Winds Primary Health Centre, Saskatoon (Derek Jorgensen); How PIP Supports Patient Safety (Kim Sentes); How Medication Reconciliation Supports Patient Safety (Dave Morhun).

The closing keynote speaker was Michael Decter, economist and leading Canadian expert on health systems. His latest book, *Navigating*

Canada's Health Care System (Nov. 2006) is a users guide to getting the care you need. It is written for the patient entering the system. Mr. Decter's message for the health care professionals in the room was to understand the whole journey from the patient's perspective. While the patient will receive vast amounts of information during his journey, it is not the quantity of information, but how that information is communicated to the patient that will impact on the patient's wellbeing.

To view a copy of the presentations notes please view the News and Events tabs on the SK section on the NAPRA website www.napra.org/docs/0/203/262/270.asp

Feedback from attendees supports continuing the conference. We will keep you posted on future developments.



Issues Addressed to the Office ...

Frequently we receive inquiries from various health care professionals (pharmacists or members of other health disciplines) regarding our regulations, standards of practice or common practice on different situations that arise. The following examples are intended as a refresher regarding some of the issues that have come to our attention recently.

Labelling Issues

Please take a moment to look at the labels used in your pharmacy from the patient's perspective — often times the largest font on the label is used for the pharmacy name and logo while directions for use and name of drug are in much smaller font (especially difficult to read for elderly patients or those with any vision impairment). From the SCP document, "*Standards of Practice for Saskatchewan Pharmacists*":

Prescription Labels: The label shall be of sufficient size to allow all necessary information to be included, in a clear type size large enough for all information to be easily discernable.

Auxiliary Labels: When appropriate, auxiliary labels may be selected by the pharmacist to meet the information needs of the patient concerning the use, storage, precautions or other relevant information pertaining to the particular drug or medication sold or dispensed.

When attaching auxiliary labels, if at all possible, attach them so that all written information is orientated on the vial in the same direction as the prescription label. Remember too, if the pharmacist has difficulty reading small print, then the patient will also have difficulty reading it easily — therefore not receiving the information.

Issue: There is evidence that some pharmacies are putting incorrect auxiliary labels on vials (e.g., putting "take at bedtime" labels on all SSRIs) and/or not instructing patients to take certain medications

at key times, thus affecting efficacy of that drug (e.g., not telling patient to take PPIs before meals or actually telling patients to take PPIs at bedtime). Getting the auxiliary label correct is as important as any other labelling directive, as patients rely on this information to optimize the efficacy of their medication.

The Saskatchewan Drug Information Service at the College of Pharmacy and Nutrition has compiled a chart, *Optimal Dosing Times*, which is included as an insert with this issue of the Newsletter. It provides optimal dosing information on proton pump inhibitors and antidepressants. References for guidance on auxiliary labels for medications include: the CPS 2007 Clin-info section on "Drug Administration and Food", or individual PPI monographs in the CPS. If the practice management system at your practice provides this information, please be aware of where and when the information is sourced (reputable source with updates provided frequently).

While Council has adopted the *Model Standards of Practice for Canadian Pharmacists* as the standards of practice for Saskatchewan, the concepts contained in the previous standards document, *Standards of Practice for Saskatchewan*

Pharmacists, remain in effect: it stands as a companion document to the Model Standards. We have been receiving calls regarding some of the issues that appear in the earlier document and have been requested to remind members of the content of this document which can be accessed in the Pharmacy Reference Manual found in the Saskatchewan section of the NAPRA website: www.napra.org

Refills for Products Containing Non-Scheduled Drugs

Issue: Can a pharmacist attach refills to a prescription for a non-scheduled drug (originally prescribed by a physician but no refills indicated on original) and bill to a third party payer?

No prescription shall be renewed unless properly authorized by the prescriber and in conformity with the appropriate legislation. Where permitted under the law, authorization for refills must be obtained from the prescriber, whether or not the law requires a prescription for a given medication. Therefore, a pharmacist may not refill a prescription for a non-scheduled drug under the original prescriber's authorization if he did not indicate refills on the original prescription.

New Online Postings for the Pharmacy Reference Manual

Members are directed to the Pharmacy Reference Manual on the Saskatchewan section of the NAPRA website www.napra.org for all updates to the PRM. The following documents have been added:

1. *SaskTech* – an overview of this tool which can be used "to assist pharmacists in hiring qualified assistants to meet the needs of their pharmacy; specifying functions an assistant may perform if that is within their training, skills and abilities; and questions which may be used to assess the skills and knowledge of assistants". This information has been for-

warded to pharmacy managers. Managers wishing a copy of the test section are to contact the College for further information.

2. Council has approved the new *Standards of Practice for Pharmacists Providing Services to Residents of Special Care Homes*, August 2007 – this document replaces the current document, *Standards of Practice for Pharmacists Providing Services to Long-Term Care Residents*, January 25, 1999. We ask all members providing service to these facilities to please review the current standards.

Standards of Practice for Pharmacists Providing Services to Special Care Homes

(Revised – approved by Council
September 2007)

The revised document *Standards of Practice for Pharmacists Providing Services to Special Care Homes* has been approved by Council and is accessible online in the Saskatchewan section of the NAPRA web-site.

From the Introduction

“The purpose of the ‘Standards of Practice’ is to protect residents of special care homes in Saskatchewan. This is accomplished by identifying the level of pharmacy service required to ensure safety and benefit to the resident. The following “Standards” represent those pharmacy functions that are the responsibility of the pharmacist providing the service.

It is understood that at all times the pharmacist will practice in accordance with the *Model Standards of Practice for Canadian Pharmacists* and must abide by the provincial and federal laws governing the sale of drugs: *Controlled Drugs and Substances Act* and *Narcotic Control Regulations*; *Food and Drugs Act*, and *Food and Drug Regulations*; and *The Pharmacy Act, 1996*, Bylaws, and Regulations.

In the *Standards of Practice for Pharmacists Providing Services to Residents of Special Care Homes*, (the Standards), each standard forms the basis for the provision of pharmacy services. The aim of pharmacy services is to ensure the resident receives medication in a safe, reliable, and cost-effective manner. In the pharmaceutical care model, the resident, not the service provided by the pharmacist, is the primary focus. The activities of pharmaceutical care include identifying and preventing potential drug-related problems, and identifying and resolving actual drug-related problems.

Adopting the pharmaceutical care model, the pharmacist’s goal is to improve a resident’s quality of life

through the responsible provision of drug therapy. The pharmacist works in conjunction with the resident, the family (or responsible representative) and the multidisciplinary care team to determine the resident’s needs and what care should be provided by the pharmacist to meet these needs.

The pharmacist shall be available to the resident and their family (or responsible representative) to discuss medication issues and provide specific information to assist them with safe and effective drug therapy.

Provision of Pharmacy Services

Pharmacy service is comprised of clinical, educational and distributive services. In this document, specific services are categorized as either *core services* or *enhanced resident care services*.

(The issue of reimbursement is beyond the scope of the regulatory body and is negotiated between the involved parties).

Core Services

Core services are the essential services pharmacists should provide to residents of special care homes. These services include both distribution services as well as resident care services. Providing core services will foster multidisciplinary, resident-centered care.

Such services revolve around providing medication to a resident in a manner that would ensure safety of the medication and its delivery. Services would include:

- basic pharmaceutical care;
- providing the medication in a controlled format;
- providing a Medication Administration Record for safe medication administration; and
- a profile for review.

Distribution Services

Distribution services involve the processes which must be completed to deliver medication to a

resident. Professional fees are traditionally awarded for the professional services routinely provided by a pharmacist during the process of dispensing a drug.

• Core Resident Care Services

Core resident care services are the clinical and professional activities fundamental to initiating resident-centered care and multidisciplinary team involvement. These services expand upon the pharmacist’s drug distribution services to provide residents with more thorough and inclusive care. The pharmacist must participate in the residents’ well being; this may be in the form of a care conference, or some acceptable routine pharmacy review at regular scheduled intervals.

Enhanced Resident Care Services

Enhanced resident care services provide improved, advanced, or sophisticated resident care. The addition of any or all of these functions to core resident care services produces a comprehensive model of resident care and pharmacy services. These services will require additional time to perform and may involve supplementary training, as well as in-depth data collection and analysis. These activities may include an in-depth study of a disease state with the development of a comprehensive in-service for staff. Such activities would be considered beyond the scope of the core services; therefore, the level of detail required and remuneration granted is to be negotiated between the pharmacist and the facility/health region.”

Please review the document in its entirety. It is available at the NAPRA web-site www.napra.org/pdfs/provinces/sk/skreference_manual/StandardsOfPractice-SpecialCareHomes.pdf

District Meeting Report

Ten district meetings were held from October 1 to 25, 2007. Attendance (112) was slightly lower than normal, but the demographic mix of members was similar to past years. The overall usefulness rating was 4.28 out of 5, up significantly from past years in the 3.2 to 4.02 range.

Pharmaceutical Information Program

Members from the PIP team presented on recent developments, usage and future plans.

PIP can be used to generate a medication reconciliation form upon admission to hospital. Some hospitals have successfully piloted this form and report improvements in patient care. More RHAs are interested in implementing this process.

Data validation strategies have significantly enhanced the reliability of the information available on PIP, but improvements are still needed. Members aware of incorrect data are strongly encouraged to contact PIP.

Community pharmacy usage of PIP is disappointingly low. Please refer to the separate article in this Newsletter.

Next steps include planning for integration with pharmacy computer systems, expansion of electronic prescribing, designing a medication reconciliation process upon discharge from hospital and working to collect cancer drugs.

Enhanced Authority for Pharmacists to Prescribe Drugs

After the first consultation phase and finalizing our response to stakeholder feedback to our proposals, Council asked that we determine member needs. In response to 11 different scenarios, members were asked to describe what they would need to be properly regulated, or feel properly guided or supported. Generally, to summarize, members need:

- enabling legislation;
- adequate training;
- clear understanding of ethical and

- scope-of-practice boundaries;
- clear limits, evidence-based guidelines, or protocols where appropriate;
- sufficient time, and other resources such as pharmacists and qualified technicians, systems and compensation;
- access to complete patient information;
- understanding of accountabilities with adequate liability protection;
- understanding from patients;
- support from other members of the health care team;
- dispute resolution mechanisms, and
- effective communications systems.

Strategies to address these needs will be considered during the next phase as we develop our final position and regulatory framework.

SCP Updates

Members were updated on the following:

- 1) Technicians – the release of *SaskTech*, a competency-based tool to help members hire qualified technicians and expand their roles;
- 2) Practice Change Summit – plans to hold a summit of opinion leaders to obtain commitment on a sustainable practice change strategy;
- 3) Interdisciplinary Collaboration – a report on the success of the recent interdisciplinary conference in Saskatoon, and the prospects for a similar event next year;
- 4) Prescription Review Program – progress with establishing a new legislative framework to enable the partners to more effectively utilize the data, and recent data analysis and reporting capabilities under the Program;
- 5) Safe Medication Practices – a discussion of the role SCP might play in medication incident reporting;
- 6) Strategic Plan – in addition to the foregoing, a progress report on the milestones for 2007:

- National collaboration on competency assurance strategies;
- Results of the review of *The Pharmacy Act, 1996*, submitted to Saskatchewan Health for consideration of amendments;
- Organizational accountabilities in achieving the plan's strategies;
- Promoting PIP utilization;
- Online membership and pharmacy permit renewal systems, and;
- Member response to a public education video on the role of the pharmacist produced in New Brunswick.

Desmopressin Tablets and DDAVP Melt®

Ferring Canada has contacted the SCP office, as they are receiving numerous calls from members asking if generic desmopressin tablets are interchangeable with DDAVP Melt® sublingual tablets.

From *The Pharmacy Act, 1996*:

Formulary and interchangeable pharmaceutical products

53 The minister shall designate in the formulary all drugs that are interchangeable pharmaceutical products.

Interchangeable products are designated in the Saskatchewan Formulary on the recommendation of an expert committee, the Formulary Committee. The DDAVP Melt® sublingual dosage form does not appear in the formulary, and therefore is not a benefit under the Drug Plan and is not interchangeable with other formulations of desmopressin that are benefits of the program (i.e. 0.1 mg and 0.2 mg tablets, 4 ug/ml injection and (3) intranasal solutions).



Make Your Now **WOW**, Your Minutes **MIRACLES** and Your Days **PAY!**

In August, Canada's Minister of Health, the Honourable Tony Clement, announced a new goal when he said, "Reaching a 12 per cent smoking rate is a very ambitious goal, but it is by no means unrealistic."

As a Smokers' Helpline Fax Referral partner, I am calling on you to lend your active support to help achieve such an ambitious goal. There are significant challenges that must be overcome to meet and sustain the goal.

Given that intervening with a smoking patient can produce bigger health returns than **any** other intervention, every pharmacist should view himself or herself as a tobacco interventionist. The Smokers' Helpline's gold standard "Ask, Advise, Refer" is very effective. Please remind every member of your team to master these three easy steps and lead smoking patients through

them. It will only take 30 seconds to alter or save a life. Ask, Advise, Refer to the Smokers' Helpline; have the patient fill in a fax referral form, fax it to the Smokers' Helpline and we'll do the rest.



The Smokers' Helpline is intended to be an additional confidential resource to traditional in-person counseling. Patients who would not otherwise be seen will receive counseling via the telephone. Some patients prefer the convenience or the anonymity of the Smokers' Helpline. They can receive our free, one-to-one, confidential, bilingual

service in the comforts of their home. I encourage you to use our straightforward protocol to help patients. Simply ask patients whether they smoke or use tobacco, advise them to quit, and have them fill in a Fax Referral form for assistance, including counseling and advice about medications.

The Fax Referral program can help to achieve a significant drop in Saskatchewan smoking rates. Every year we lose 1000 people to smoking. That is like losing all the residents of Foam Lake, Saskatchewan. These people are your friends, family, co-workers. Don't let them fall through the cracks. YOU can make a difference; catch the good that is within your reach. Please implement the Fax Referral protocol in your day-to-day practice. Please make your now **wow**, your minutes **miracles** and your days **pay**; 1000 people will thank you for it.

P R O F E S S I O N A L O P P O R T U N I T I E S

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The town is situated close to lakes, parks, snowmobile trails and downhill ski areas.

Elementary (K-5) and High School (6-12) offer excellent academics and extracurricular programs.

Mosaic Potash, the main employer of the town, operates two mine sites in the area.

Please submit resume to:

Keith Sapara

Sapara's Drug Mart Ltd.

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Fax: (306)745-6654

Email: rksapara@sasktel.net



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WHOLESALE

Insulin Analogues in the Treatment of Diabetes Mellitus

In patients with type 1 diabetes mellitus, two short-acting insulin analogues, insulin lispro and insulin aspart, can significantly reduce glycated hemoglobin compared to human insulin. However, the treatments do not appear to have a similar effect on type 2 patients. Long-acting insulin analogues do not seem to significantly reduce glycated hemoglobin in type 1 or 2 patients.

These are among the findings of two recent health technology assessment reports by the Canadian Agency for Drugs and Technologies in Health (CADTH). The reports evaluate the clinical and cost effectiveness of insulin analogues for diabetes mellitus.

Among other key findings is that insulin glargine can reduce the risk of severe hypoglycemia in type 1 and the risk of nocturnal hypoglycemia in type 2.

If publicly funded drug plans cover insulin analogues, the treatments will require a significant additional investment. However, more studies are needed on the long-term benefits of insulin analogues.

CADTH's COMPUS group has updated the assessment with additional studies and broadened the scope to include additional patient outcomes. The COMPUS optimal therapy report will be posted in early 2008, followed by supporting intervention tools.

For more information on this or other CADTH projects, please visit www.cadth.ca or contact Brenda-Lynn Ens, Saskatchewan Liaison Officer at 306-655-6486.

CADTH is a national body that provides Canada's federal, provincial, and territorial health care decision makers with credible, impartial advice and evidence-based information about the effectiveness and efficiency of drugs and other health technologies.



SASKATCHEWAN
COLLEGE OF
PHARMACISTS

AWARDS Invitation for Nominations

Awards and Honours Committee – Member Recognition

Each year we take the opportunity to recognize those members who have contributed to the profession and their communities during the annual conference.

The SCP Awards and Honours Committee invites you to nominate a colleague(s) who has made significant contributions to the profession and his/her community, and is justly deserving of a College award.

The Awards Committee wishes to offer the following general information to assist as you contemplate your nominations.

Members

- **Honorary Life Member**
Recognizes a pharmacist for outstanding contributions to the profession or the College.
- **Presidential Citation**
Recognizes a pharmacist who has provided exemplary service through the practice of pharmacy, to the profession or to society, which is beyond the normal call of professional or voluntary duty.
- **Certificate of Recognition**
Recognizes a pharmacist for outstanding service to the Saskatchewan College of Pharmacists.
- **Member Emeritus**
Oxford Dictionary defines "emeritus" as "retiring and retaining one's title as an honour". The conferring of the "Member Emeritus" status upon retired members is to recognize at least 25 years of continuous affiliation with this College or other regulatory bodies for pharmacists.

Non-Members

- **Honorary Member**
Recognizes any person for outstanding contributions to the profession and/or the College beyond the normal call of professional or voluntary obligations.
- **Award of Merit**
Recognizes any person, who through their active participation, has promoted the College and/or the profession of pharmacy in Saskatchewan.

Nomination forms and/or terms of reference for these awards are available upon request from the SCP office. Criteria for each award can be obtained from the SCP office.

Deadline for receipt of nominations is January 31, 2008.