

SCOPE newsletter

QUALITY PHARMACY CARE IN SASKATCHEWAN

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The Ethics of Quotas

By Ray Joubert, Registrar

This June in Pharmacy Practice Plus Derek Jorgenson wrote, in part:

Q: What do you think about pharmacies that set quotas for minimum numbers of clinical services that pharmacists must provide?

A: *This practice is so shockingly unprofessional it is hard to believe that it is actually happening.....*

I sincerely hope that our professional organizations and regulatory bodies can find the support to ban this practice before it further damages our professional reputation and before payers realize their funding may be utilized inappropriately.



Ray Joubert, Registrar

The full text of the article can be found at: [Canadian Healthcare Network](#).

Council considered this article during their September meeting. Council has decided to draft a position statement to achieve a proposed policy in the interest of public safety. Utilizing our knowledge-based strategic decision making process, Council is asking many questions to obtain the information needed to properly inform SCP policy on this issue. These questions include:

- To what extent do clinical service quotas, or other types of professional service quotas exist?
- Do quotas of any sort damage the image of the profession?
- Do quotas cause public harm?
- Do quotas serve other purposes that do not harm the public or the profession?
- What are the root causes of quotas?

As Council strategizes on this policy, we plan to gather as much information as we can.

We also invite your feedback through social media. We are implementing a private members Facebook page and anticipate input through this channel. Please watch for announcements soon.

SCP COUNCIL 2014-2015

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Administrative Assistant

AMANDA STEWART

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Council Highlights

September 24 & 25, 2014

On Wednesday, September 24, 2014, President Spiro Kolitsas welcomed both new councillors and Council veterans to their annual orientation session in Regina. The new Councillors in attendance were:

| | |
|------------------|--|
| Division 2 | Sheldon Ryma, Prince Albert |
| Division 4 | Tamara Lange, Saskatoon |
| Ex Officio | Dean Kishor Wasan, College of Pharmacy and Nutrition, Saskatoon |
| Student Observer | Karolina Koziol, Senior Stick, College of Pharmacy and Nutrition |

Those in attendance received an introduction to the College and the Role of Council, a review of the Strategic Plan and important operational policies.

Council's regularly scheduled meeting began the morning of Thursday, September 25, 2014. Dean Wasan gave the College of Pharmacy and Nutrition Report, highlighting the many initiatives underway at the College and the level of involvement he is seeking from Council and our membership at large.

During our **Environmental Scan**, which consists of each Councillor sharing feedback they have received from the public or colleagues within their Division, some themes emerged that were common throughout the province:

- The public is not as aware of the most recent minor ailment conditions;
- Increasing awareness by other health care professionals of minor ailment prescribing;
- Concerns raised that the documentation of minor ailment prescribing is time-consuming;
- Uptake by the public of medication assessments has been very positive.

As well, the Registrar shared his report of issues impacting the College either externally with our stakeholders or internally within the profession:

1. Health system five-year plan focus on safe patients and workplaces: COMPASS pilot Phase I has been completed and Phase II is underway.
2. Ministry of Health 2013-2014 Plan: Improvements in chronic disease management – Pharmacist access to the eHR Viewer is growing. Still unsure of our involvement with the Chronic Disease Management Quality Improvement Project (CDM QIP).
3. Soft launch of eHR Viewer by eHealth SK: PIP CeRx Integrated pharmacies – the update is beyond expectations. By June 30, 2014, 2382 Health Care Providers had eHR Viewer access. One third of these are associated with community pharmacies. This represents 784 providers (the target for 2013/2014 was 455 pharmacists).
4. eHealth SK Quality Action Plan: now the Quality Improvement Program. Implementation planning is underway and we are exploring integration with COMPASS.
5. CPhA reorganization: PAS is a member and all PAS members are associates and can access member benefits and programs.

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VISION

Quality Pharmacy Care in Saskatchewan

VALUES

Visionary Leadership
Professionalism
“Patient First” care
Accountability
Effective Communications
Collaboration, Education

KEY ACTION AREAS

Increased Public Involvement
Organizational Structure Review
Practice Re-design and Regulatory Reform
Citizenship in the Saskatchewan College of Pharmacists (SCP)

6. NAPRA:

- a) The IPG Gateway has been implemented. Full impact on SCP will not be known until after the next set of PEBC exam results have been released.
- b) Pharmacy Technician Bridging – SCP will promote bridging as a part of the registration pathway.

| Internal – Statistics (Pharmacies) | 2013 | YTSEP1/14 |
|------------------------------------|------|-----------|
| Number | 352 | 351 |
| Openings | 11 | 0 |
| Closures | 4 | 1 |
| Mgr. changes | 43 | 38 |
| Owner changes | 9 | 21 |
| Name changes | 5 | 7 |
| Relocation | 5 | 1 |
| Renovation | 5 | 6 |
| L & L Permits | 6 | 1 |
| L & L Amendments | 27 | 10 |

| Registration | 2013 | YTSEP1/14 |
|---------------------|------|-----------|
| SK Grads | 76 | 62 |
| CDN | 17 | 16 |
| IPG | 9 | 10 |
| IPG Inquiries | 350 | 145 |
| IPGs in training | 16 | 23 |
| Jurisprudence Exams | 32 | 38 |

Council approved amendments to the Terms of Reference for the Complaints Committee. The Committee had previously recommended to Council that we establish fixed terms and to specify the complement for Committee representation. Council approved the following:

1. That the fixed term for members of the Complaints Committee is:
 - a. That the maximum length of service be nine years, the terms to be fixed at three years, renewable twice.

Council received a report on the **COMPASS Pilot Project** from Field Officer Jeannette Sandiford and an overview of the “Survey of Quality Related Event Reporting and Learning in Saskatchewan Community Pharmacies” report compiled by the SafetyNET-Rx research team.

SafetyNET-Rx is a community pharmacy-tailored research and outreach program. SafetyNET-Rx encourages an open dialogue on medication errors among pharmacy staff so that the pharmacy can learn as a whole from QREs (quality related events) and make workflow / dispensing, technology, or other appropriate changes to reduce the likelihood that similar errors occur again. These activities are supported through leading-edge research and best practices, a pharmacy-tailored continuous quality improvement (CQI) cycle, in-store CQI facilitators, an integrated information system that allows for anonymous QRE reporting to a national database, and analysis of errors at the pharmacy, provincial, and national levels to determine root causes or errors and/or make proactive changes to reduce errors before they occur.

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The survey included eight constructs:

- 1) Effort;
- 2) Reward;
- 3) Commitment;
- 4) Self-efficacy;
- 5) Working conditions;
- 6) Blame culture;
- 7) Safety focus; and
- 8) Organizational learning

These constructs support the importance of a safety culture and effort-reward balance as a precursor to improved reporting and learning from QRE.

Please see COMPASS article on page 6 of this issue.

Council received the Ministry of Health's regular quarterly statistics for Prescriptive Authority and Minor Ailments. Planning continues on coordinating training, compensation and research on the introduction of Table 2 conditions (prescribed by a pharmacist upon initial diagnosis of a physician), smoking cessation agents as an adjunct to recognized smoking cessation programs, and short course oral contraceptives as an adjunct to emergency contraception.

Council also was asked to consider the impact of **federal deregulation of prescription drugs** on minor ailments prescribing. There have been a few drugs on the Prescription Drug List (PDL) that have been recently removed from the PDL or are in that process: diclofenac, minoxidil, omeprazole and triamcinolone (not all strengths and package sizes). Council has approved these switches instead of leaving them on our provincial prescription drug schedule. They believe it is more important to comply with the national drug scheduling model than to preserve these drugs on prescription for the sake of prescriptive authority. The switches provide the pharmacist with another factor to consider and option when deciding whether or not to prescribe (e.g. the 14 day package of omeprazole). We are asking medSask to incorporate these options into the guidelines.

We will notify the membership once these amendments to the Drug Schedules have been approved by the Minister of Health and published in the Saskatchewan Gazette.

Dr. Jason Perepelkin presented the findings of the study "**Experiences of Saskatchewan Pharmacists and Pharmacies Providing Services to Long Term Care Homes in Saskatchewan**" (see the report in the Reference Manual [here](#)). The Pharmacists' Association of Saskatchewan (PAS) and the Saskatchewan College of Pharmacists (SCP) expressed interest in better understanding the experiences of pharmacists and pharmacies who provide goods and services to long-term care (LTC) homes (facilities) in the province. The objectives of this project were to identify how medication reviews are being performed by community pharmacists (e.g. how often, for how long, how many residents, preparation time, etc.) and to identify any barriers or challenges to performing medication reviews.

Some of the challenges/limitations to completing LTC medication reviews were:

- Lack of appropriate reimbursement for pharmacist time
- Too many LTC medication reviews to complete
- Shortage of pharmacists or insufficient staffing of pharmacists
- Incomplete blood work
- Unavailability of nursing home staff to answer questions regarding patient
- Is there scientific evidence that quarterly reviews provide benefit to residents?

Take Aways from the Study:

- a. Overall there appears to be a general consensus that the remuneration model requires attention to more accurately reflect the services pharmacists/pharmacies are providing to LTC homes.
- b. Expressed concern with the difference between the service remunerated to LTC residents and those in the ambulatory geriatric population.
- c. As our population continues to age, the demands placed on pharmacists and pharmacies to provide services to LTC homes and residents are sure to increase.

Council received the **Report from the Complaints Committee** following their June 18, 2014 meeting. From the 13 new files that were presented at the June meeting, there were 37 allegations raised (NOTE: one complaint may have more than one allegation). It is worth noting that in 11 of the 13 files, there was an allegation of communication/unprofessional behaviour:

- Advertising
- 1 Alcohol/Drug Abuse
- 11 Communication/Unprofessional Behaviour
- 3 Medication Error
- Adverse Drug Reaction (OTC)
- 1 Record Keeping
- 3 Bylaws/Standard/Guideline/Ethical Infractions
- 1 Refusal to Fill
- Prescription Transfers
- 2 Dispensing Without Authority
- 2 Overcharging/Billing Irregularities
- 1 Patient's Right to Choose Their Pharmacy
- Inappropriate Product Selection
- 1 Privacy/Pharmacy Assistant
- 2 Unsupervised Assistant
- 2 Prescription Short Fills
- 1 Pharmacist Not on Duty
- 3 Privacy/Confidentiality
- 4 Miscellaneous/Other

The Complaints Committee has noticed a trend regarding the increased number of complaints received in which the complainant alleges behavioral issues (i.e. lack of empathy, rudeness, rushed or slow service etc.) on the part of the pharmacist. For those complaints in which a written complaint was received, the investigations generally concluded that

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members interact with patients in a professional manner within the expected standards and suggests an underlying issue in regards to effective communication, including active listening and conflict resolution skills. The Complaints Committee will continue to monitor as this trend evolves.

The development of the electronic complaints reporting system is now complete and became operational on July 11, 2014. The new reporting system assists authorized SCP staff in the efficient administration of complaints files directly from our secure in1touch database. We now have a complaints

webpage on our website, which can be found by selecting the Complaints/Discipline tab. The webpage contains information for the public regarding the complaints resolution process, as well as a secure electronic Complaint Form, which can be submitted online directly from the webpage. Future development of the complaints webpage will include a link to CanLII where all future Discipline decisions will be published.

Council's next meeting will be held on December 16, 2014 in Regina.

Membership Statistics

| Membership Renewal Summary as of July 1, 2014 | | | | | | | |
|---|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
| Practising Members | 1261 | 1297 | 1310 | 1317 | 1373 | 1418 | 1479 |
| Community | 928 | 913 | 975 | n/a | 976 | 965 | 969 |
| Hospital | 200 | 215 | 213 | n/a | 231 | 245 | 250 |
| Out of Province | 36 | 41 | 32 | n/a | 84 | 35 | 21 |
| Other | 76 | 102 | 80 | n/a | 38 | 119 | 176 |
| Conditional Practising | 21 | 26 | 10 | n/a | 44 | 54 | 63 |
| Non-Practising Members | 60 | 57 | 56 | 52 | 45 | 44 | 48 |
| Associate Members | 75 | 71 | 69 | 59 | 55 | 50 | 48 |
| Retired Members | 62 | 60 | 74 | 85 | 91 | 91 | 99 |
| TOTAL MEMBERSHIPS | 1458 | 1485 | 1509 | 1513 | 1564 | 1603 | 1674 |
| Membership Terminations | 67 | 71 | 66 | 77 | 79 | 69 | 65 |

As of July 1, 2014 there were a total of 1674 members on the register, compared to 1603 members in July of 2013. This year's total consists of: 1479 Practising Members, 48 Non-Practising Members, 48 Associate Members and 99 Retired Members.

We wish to welcome our newest members and encourage them to become active in their profession within their communities and provincially by working with the College and other regulatory and advocacy bodies.

There were 81 graduates from the 2014 pharmacy class at the University of Saskatchewan. Out of the 81 graduates, 68 became registered. Of the 68 who registered, 13 registered as Practising members and 55 registered initially as Conditional Practising members. To date 50 of the Conditional Practising members have had the conditions removed.

Between July 1, 2013 and July 1, 2014, there were 21 candidates from outside of Saskatchewan who registered (of the 21, 10 were University of Saskatchewan Grads). There were 13 International Pharmacy Graduates (IPG) who registered as Practising members during that time.

COMPASS Report – Thank you to Saskatchewan Pharmacists!

By Jeannette Sandiford

Phase I of the COMPASS (Community Pharmacists Advancing Safety in Saskatchewan) pilot project has just concluded and the feedback from the pilot pharmacies has been overwhelmingly positive. Pilot pharmacies have reported that the tools and processes included in the COMPASS pilot are easy to use and have changed the way that the pharmacy staff looks at safety within their pharmacies.

The participating pharmacy staff members were asked to use the COMPASS tools to the best of their ability during Phase I of the pilot project, in order to test the feasibility of implementing a standardized continuous quality improvement process. The tools included reporting medication incidents to the Community Pharmacy Incident Reporting (CPhIR) system, completing a Medication Safety Self-Assessment (MSSA) and developing improvement plans by having quarterly staff meetings where medication incidents, MSSA issues and educational needs were discussed. Throughout the first phase of the pilot the participating pharmacies were also asked to provide feedback on the processes and any other information they felt was important. Although some pharmacies took a little more time to get going, almost all pharmacies were able to fulfill the mandate of the pilot. The feedback the pilot pharmacies provided will be used to determine any revisions to Phase II of the pilot, which will begin in January 2015.

The Saskatchewan College of Pharmacists (SCP) would like to take this opportunity to thank the following pharmacies and



their staff for their participation in Phase I of the pilot and to commend them for their hard work;

Loblaw Pharmacy # 4375 – Saskatoon

Shoppers Drug Mart # 427 – Regina

Pharmasave # 418 – Rosetown

Loblaw Pharmacy # 1585 – Regina

Pharmasave # 408 – Moosomin

Central Plains Co-op Pharmacy – Rosetown

Madill's Drugs – Meadow Lake

Pharmasave # 439 – Carlyle

Moose Jaw Main Street Pharmacy – Moose Jaw

Victoria Square Compounding Pharmacy – Prince Albert

As Phase II of the COMPASS pilot project mobilizes, the staff of the pilot pharmacies have expressed their willingness to talk to others considering participating in Phase II and to provide their support and encouragement.

Thanks again to all the COMPASS pilot pharmacies!

COMPASS: Phase II Coming – Time to Volunteer

By Jeannette Sandiford

Phase II of the COMPASS pilot project is just around the corner and the Saskatchewan College of Pharmacists is looking for 80 pharmacies to participate. Participating pharmacies will be provided with access to all of the COMPASS tools for the length of the pilot, at no cost to them. Support, guidance and education will also be provided.

The second phase of COMPASS will begin in January 2015 and run until December 2015. In order to participate, SCP is asking that at least one pharmacy staff member from each pilot pharmacy attend one of two educational sessions being held **November 2, 2014** in Saskatoon and **November 9, 2014** in Regina.

- Up to three staff members may attend.
- It is recommended that a staff pharmacist, a pharmacy assistant and the pharmacy manager attend.
- Education will be provided during the session on the

COMPASS tools. It is therefore encouraged to bring a laptop or tablet in order to access the online tools (Wi-Fi is provided).

- The educational sessions are 1.5 – 2 hrs in length and are being provided free of charge to the attendees.

By participating in Phase II, the pharmacy will receive the benefit of having access to the COMPASS tools, as well as support, guidance and education throughout the second phase of the pilot. More importantly though, it is an opportunity to review your systems and processes, with the ultimate goal of improving safety within your community pharmacy by ensuring safe medication practices and also ensuring that what you are doing is safe for your patients.

For more information or to sign up for phase II of the COMPASS pilot project – contact Jeannette Sandiford at 306-584-2292 ext. 6 or via email at jeannette.sandiford@saskpharm.ca.

Let's Make Saskatchewan Pharmacies Safer for Patients' Sake

Amendment to The Drug Schedules Regulations, 1997

Effective August 8, 2014 an amendment to The Drug Schedules Regulations, 1997 came into force:

Practitioners prescribed

1.2 For the purposes of clause 2(t) of the Act, the following health care professionals are prescribed as practitioners:

- (a) registered nurses who are entitled pursuant to *The Registered Nurses Act, 1988* to practice:
 - (i) in the nurse practitioner category; or
 - (ii) in the general category with additional authorized practice;

...

Prescription privileges – registered nurse

9.2(1) Subject to the *Controlled Drugs and Substances Act* (Canada) and the bylaws of the Saskatchewan Registered Nurses' Association, a registered nurse mentioned in clause 1.2(a) may prescribe any drug listed in Schedule I, II or III that is intended for the purpose of treating humans.

(2) A nurse who possesses qualifications similar to those of a registered nurse mentioned in sub clause 1.2(a)(i) and who is licensed pursuant to the legislation of another jurisdiction in



Canada may, subject to the terms, conditions and restrictions of that licence, prescribe any drug listed in Schedule I, II or III that is intended for the purpose of treating humans.

This means that pharmacists can accept prescriptions from Nurse Practitioners from other provinces. It is the pharmacist's responsibility to ensure the Nurse Practitioner is licensed with their local regulatory body.

Regulatory Bylaw Amendment

Effective September 5, 2014 Regulatory Bylaw 23(2)(c) was repealed and replaced with:

23(2)(c) a licensed pharmacist who prescribes a drug under the authority of these Bylaws:

- (i) Must provide, or cause to be provided, the Pharmacist Assessment Record associated with that prescription to the patient's primary practitioner:
 - (1) immediately, if in the judgment of the licensed pharmacist, the practitioner immediately requires the record to provide safe care to the patient: or
 - (2) as soon as reasonably possible, in all other cases?.

The change to the Bylaw is the removal of the following section that previously was included in the Bylaw:

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

This amendment was made to improve data quality issues within the Pharmaceutical Information Program (PIP).

Also the recording of prescribing in PIP by pharmacists is a barrier to hospital pharmacist prescribing, in particular in outpatient clinic and medication reconciliation circumstances. The Interdisciplinary Advisory Committee on Prescriptive Authority addressed the question of whether or not both creating the Pharmacist Assessment Record (PAR) and recording the prescription in PIP are needed. Due to concerns with how recording the prescription in PIP appears to be serving no useful purpose and is causing PIP data quality issues, the committee's consensus was to ask Council to delete this requirement, but retain creating the PAR and providing it to the primary practitioner. This will continue to support the principle of pharmacist prescribing within a collaborative practice environment because communication of the pharmacist's prescription and rationale via the PAR to the patient's primary practitioner is important but may only be relevant to this practitioner in most circumstances. Council approved the recommendation.

This amendment requires that the pharmacist provide the Pharmacist Assessment Record (PAR) to the primary practitioner, but no longer requires pharmacists to record your prescriptions in the Pharmaceutical Information Program (PIP).

Electronic Storage and Destruction of Prescriptions

The following memo is the response from Acting Assistant Deputy Minister, Anne Lamar to the question of electronic storage and destruction of prescriptions posed by Perry Eisenschmid of CPhA and Denise Carpenter of the Canadian Association of Chain Drug Stores:



Health Santé
Canada Canada

Health Products Direction générale des produits
and Food Branch de santé et des aliments

SUBJECT: Electronic Storage of Prescriptions

Thank you for your letter dated October 31, 2013, in which you request a regulatory amendment to Section C.01.041.1 (2) and (3) of the *Food and Drug Regulations* (Regulations). This section requires that written prescriptions, or verbal records, be retained for at least two years after the day they were filled. As per your letter, and your subsequent meeting with officials from the Health Products and Food Branch (HPFB), I understand that the reason for requesting an amendment to the Regulations is to allow the retention of prescriptions and other paper records by means of an electronic scan.

As the current Regulations support the electronic storage or original paper prescriptions, a regulatory amendment is not required. The term “written” prescription as per section C.01.041 (2) and (3) of the Regulations can be interpreted to include: (1) the original written prescription, or (2) the electronically-scanned copy of the original prescription. If the original written prescription is scanned into a secure electronic database, then the requirement to store a “written prescription” is considered to be met and there is no need to keep the original hand-written prescription.

During your meeting with HPFB officials, you also discussed the possibility of removing the current requirement of Section C.01.041.1 (3) to retain the prescription for two years after the date it was filled, to better align with provincial regulatory frameworks (e.g. some provinces had a 10-year retention requirement). As the provincial and territorial governments have primary jurisdiction over the administration and delivery of health care services, additional provincial/territorial requirements (e.g. some provinces requiring a 10-year retention period for scanned prescriptions rather than the 2-year minimum requirement under the Regulations) can be applied. Since there is no conflict with the 2-year federal requirement, as it serves as a minimum requirement for the provinces and territories, there is no need to amend the Regulations.

I hope the above information addresses your concerns. I encourage you to share it with your members.

Should you have further questions, please do not hesitate to contact me.

Yours sincerely,

Anne Lamar
A/ Assistant Deputy Minister



The College understands that this policy applies to all drugs regulated by Health Canada including prescriptions for Controlled Substances.

PEBC Pharmacy Technician Evaluation Exam

Attention all Pharmacy Assistants: PEBC Pharmacy Technician Evaluating Exam

APPLICATION DEADLINE: Friday January 9th, 2015

(Information provided by PEBC)

The Pharmacy Examining Board of Canada (PEBC) will be holding a sitting of the Pharmacy Technician Evaluating Exam in **Saskatoon on Sunday April 12th, 2015**. For all pharmacy assistants working in Saskatchewan who are interested in becoming Certified with PEBC this exam is the first step. **The Registration deadline for this exam is Friday January 9th, 2015.**

The Pharmacy Examining Board of Canada is the national certification body for the profession of pharmacy in Canada. The www.pebc.ca website is the official source for information regarding the PEBC certification process for pharmacists and pharmacy technicians.



The purpose of the Pharmacy Examining Board of Canada is to assess qualifications for pharmacists and pharmacy technicians on behalf of participating provincial regulatory authorities. To that end, the Board awards Certificates of Qualification to those applicants who pass a Qualifying Examination. A major responsibility of the Board is to assure the achievement of a minimal level of competence to practicing at an entry-level. The rigorous certification process administered by PEBC ensures the quality of pharmacists and pharmacy technicians entering practice and is a vital component in the delivery of safe and effective health care to Canadians.

Provincial legislation restricts the practice of pharmacy to qualified persons. The PEBC Certificate of Qualification for pharmacy technicians is one entry-to-practice licensing requirement in all provinces that have regulated pharmacy technicians.

Although pharmacy technicians are not currently recognized as a regulated health profession in Saskatchewan, there is some urgency for pharmacy assistants who are interested in regulation to begin the process for Certification through PEBC. PEBC has approved a request from the Council of Pharmacy

Registrars of Canada to extend the deadline for successfully passing the Evaluating Exam to December 31, 2018, which allows those currently working in the field an opportunity to make arrangements for completing the necessary steps leading to Certification with PEBC and ultimately registration as a Regulated Pharmacy Technician in the future.

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

1. Document Evaluation
2. PEBC Evaluating Examination
3. National Bridging Program
4. PEBC Qualifying Examination

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

1. CCAPP accredited program diploma/certificate
2. Structured Practical Training
3. PEBC Qualifying Examination

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

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

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

From the Desk of the Dean



Dr. Kishor Wasan

College of Pharmacy and Nutrition: Proud of Our Tradition and Home of Research and Practice Innovation

I am thrilled to be the next Dean of the College, and look forward to working with all of you – our practitioner partners – as we continue to move the College in a positive and upward direction!

Pharmacy and Nutrition are dynamic, challenging disciplines, committed to the promotion of health and the treatment of disease. Our programs provide students with the knowledge and skills to be professional leaders committed to high quality patient care.

The College has immense talent, outstanding students, committed partners in our professions, and a great tradition and world class reputation for research and practice innovation. Pharmacy and Nutrition graduates have gone on to be pharmacy practice innovators and nutrition leaders. We have just come off exciting Centennial celebrations for the College, and this year we celebrate the 25th anniversary of the Division of Nutrition and Dietetics joining us. Although with us for 25 years, nutrition courses have been offered at the U of S since 1916!

Our faculty is doing important research in the University's signature programs and beyond – research with societal impact, enhancing the health and wellbeing of people everywhere.

As we move into our second century, our College is poised to be one of the preeminent schools in the country. I am pleased to highlight just some of the exciting recent developments and we look forward to sharing College developments as we go forward.

- **The Medication Assessment Centre (MAC)** – officially opened this September. One of only two programs of its kind in Canada, MAC provides comprehensive medication assessments to any patients who may benefit. This is truly a significant addition to our College, the University and the Province, demonstrating national leadership in the education of pharmacy professionals while optimizing the health of our people and our communities.
- **College of Pharmacy and Nutrition Dean Emeritus Research Trust Fund** – in support of research and innovative initiatives, this fund has been established in honour of past deans of Pharmacy and Nutrition. We have already received \$100,000 and will launch the Pharmacists and Dietitians Celebration Tour, to raise additional dollars over the next year. A big thank you to the former deans who have agreed to sit on the Fund's advisory board: Bruce Schnell, Jim Blackburn, Dennis Gorecki and David Hill; former Dean and U of S alumnus Frank Abbott and former Acting Dean Wayne Riggs, both from the Faculty of Pharmaceutical Sciences, UBC.
- **New Pharmacy and Nutrition Student Scholarships**
 - *The Dana Karlson Award in Pharmacy* will provide financial assistance and recognize a 4th year student in the BSP for his/her interest in Pharmacy ownership, entrepreneurial promise, and social and interpersonal skills that extend beyond the pharmaceutical industry. The annual \$3,000 award will be disbursed for three years, on behalf of Dana Karlson ('97 Graduate), pharmacy owner in Battleford, Cut Knife and Turtleford.
 - *The Medicine Shoppe Pharmacy – U of S Campus Scholarship* will reward academic achievement and recognize volunteerism and commitment to community service of a 4th year BSP student. The annual \$500 scholarship has been put in place by Carla Guedo ('05 Graduate), owner of the Medicine Shoppe located in Place Riel. Thank you Dana and Carla!

For more news, please see our first *Dean's Newsletter* at <http://www.usask.ca/pharmacy-nutrition/the-college/deans-newsletter.php>.

With best regards to you all,

Kish Wasan, R.Ph, Ph.D, FAAPS, FCSPS, FCAHS
Professor and Dean

Memorandum



Government
— of —
Saskatchewan

Population Health

Health

From: Dr. Denise Werker
Deputy Chief Medical Health Officer

Date: September 30, 2014

Phone: 787-4722

To: Deputy Registrar College of Pharmacists

Fax: 787-3237

File:

Re: Ebola/Viral haemorrhagic fever documents for distribution to Saskatchewan pharmacists.

As you are no doubt aware, West Africa is experiencing an outbreak of Ebola virus disease – the largest Ebola outbreak in history affecting multiple countries. Although the risk to Canadians remains very low, health officials in Saskatchewan are monitoring the situation, in collaboration with the Public Health Agency of Canada, other Canadian provinces, and the World Health Organization. Preparedness plans are underway in Saskatchewan and across Canada to facilitate prompt identification and prevention of the spread of Ebola virus disease, should it be imported into Canada.

Recognizing that persons with a history of travel to the affected countries in Africa may initially present to a pharmacist with symptoms of illness compatible with Ebola virus disease, we wish pharmacists to receive the information and tools that have also been distributed to primary care providers to assess and manage these persons and to prevent further spread of this disease. Ebola does not spread easily from person to person. It is spread from touching bodily fluids of a person who is sick with, or has died from the disease, or from exposure to contaminated objects, such as needles.

Please distribute the attached documents to pharmacists across Saskatchewan for their information and use:

- Ebola guidelines for primary care providers
- Ebola/Viral haemorrhagic fever initial clinical assessment and management flow map
- Ebola virus disease assessment form
- Ebola Facts - Infographic

These documents are also available on the Ministry web site under Information for Health Care Professionals at:

<http://www.health.gov.sk.ca/ebola>.

Additional information about Ebola virus disease and the situation in Africa can be found at <http://www.who.int/csr/disease/ebola/en/>.

Sincerely,

Denise H. Werker MD, MHSc, FRCPC Deputy
Chief Medical Health Officer

No Substitution: Concerns from a Physician

Recently the Registrar received an email from a Saskatchewan physician voicing concerns with regard to the dispensing of medications pursuant to a prescription clearly marked “No Substitution”.

The intent of the message was to stress that this issue has arisen due to the negative effects on the physician’s patients.

For the past 10 years this physician has requested “No Substitution” on a number of medications. The physician claims that she has never been contacted by a pharmacist to discuss this and most often the prescription is changed to a generic. Upon review with the affected patients over the last roughly 18 months the reasons given to the patient have included:

- a) “we don’t carry that”
- b) “this one is identical”
- c) “this one is cheaper”
- d) “they don’t make that anymore; this is the replacement”

This practice is not appropriate. Due to this practice the physician is aware of two unintended pregnancies.

Members are reminded that the decision to indicate a prescription as “No Sub” is the prerogative of the prescriber based upon an assessment of the needs of individual patients and must be followed. Section 54 of *The Pharmacy Act*, 1996 does not provide pharmacists with discretion to override a “no-substitution” prescription. Pharmacists should consult with the prescriber to reconcile concerns with a “no substitution” prescription.



Saskatchewan Cancer Agency Dispensing Information

The Saskatchewan Cancer Agency (SCA) supplies many medications for Saskatchewan residents at no cost to the patient when prescribed by an SCA oncologist or other approved prescriber. To be listed in the SCA Drug Formulary, medications have to meet criteria as established by the SCA Pharmacy and Therapeutics committee. The SCA Drug Formulary is updated and available online in the Professionals section at www.saskcancer.ca.

Besides the usual antineoplastic therapy, when initiated and managed by an oncologist, several other classes of medications are dispensed by the SCA pharmacies:

- Antinauseants (dexamethasone, ondansetron) are dispensed for patients requiring symptom control due to active treatment, when prescribed by an SCA oncologist.
- Bisphosphonates (clodronate, pamidronate, zoledronic acid) prescribed by an SCA oncologist when meeting formulary criteria.
- Hormonal therapy for the treatment of breast cancer, including the aromatase inhibitors (anastrozole, exemestane, letrozole) and tamoxifen, are dispensed for patients meeting formulary criteria, and following the first year of therapy may be prescribed by the patient’s family doctor or nurse practitioner.
- Hormonal therapy for the treatment of prostate cancer (leutenizing hormone-releasing hormone analogs, bicalutamide, flutamide, degarelix, abiraterone,

enzalutamide) may be prescribed by SCA oncologists or approved urologists.

- Other treatments for cancer are also occasionally prescribed by specialists, including ophthalmologists and dermatologists.

A partial list of commonly dispensed antineoplastics is listed below. If you receive a prescription at your community pharmacy for any of these drugs written by one of the SCA’s approved prescribers, most likely they can receive their medication from one of the SCA pharmacies. New drugs are added frequently, and formulary criteria are revised as new evidence becomes available, so for the most current information refer to the online SCA Drug Formulary.

If you would like to check if your patient meets criteria for these drugs please call: Saskatoon Cancer Centre (306) 655-2680 or Allan Blair Cancer Centre (Regina) (306) 766-2816.

| | | | |
|------------------|-------------|----------------|--------------|
| axitinib | dasatinib | imiquimod | nilotinib |
| anagrelide | erlotinib | imatinib | pazopanib |
| busulfan | etoposide | lapatinib | ruxolitinib |
| capecitabine | everolimus | lenolidomide | sorafenib |
| chlorambucil | fludarabine | mercaptopurine | sunitinib |
| crizotinib | gefitinib | methotrexate | temozolomide |
| cyclophosphamide | hydroxyurea | mitotane | vemurafenib |

International Pharmacy Graduates (IPGs) Currently in Process with SCP

Due to recent changes in Saskatchewan employment law, the College is evaluating whether it can continue to operate the program for the training and assessment of International Pharmacy Graduates. The College will not be accepting any new applicants for the appraisal training and assessment process until potential issues raised by these changes in the law have been resolved or clarified.

INTERNATIONAL PHARMACY GRADUATES (IPGs) NOT ENGAGED WITH SCP

Beginning August 20, 2014, all international pharmacy graduates (IPGs) who wish to obtain a licence to practice pharmacy in Saskatchewan will follow a new procedure.* The term IPGs refers to pharmacists who have obtained their pharmacy education outside of Canada.

As one of Canada's pharmacy regulatory authorities (PRAs), we have entrusted our national association, the National Association of Pharmacy Regulatory Authorities (NAPRA), to develop a new, national approach to facilitate the licensure process for IPGs and to eliminate duplication.

This new program – the [Pharmacists' Gateway Canada](#) – will now be the first point of access rather than the PRA. To help IPGs navigate the licensure process and facilitate their preparation for licensure in Canada, the Gateway provides a website with key information online and through telephone support; and features two self-assessment tools which assist IPGs to make an informed decision before starting the process to become licensed as a pharmacist in Canada. For IPGs wishing to practise in Canada, the process of obtaining a licence begins with enrolment in the Gateway.

We believe the Gateway presents a simple, transparent and safe way to facilitate the pathway to licensure for IPGs wishing to live and work in Canada.



(*This does not apply to IPGs who initiated the licensure process with the Pharmacy Examining Board of Canada or a pharmacy regulatory authority prior to August 20, 2014.)

Saskatchewan Change Day



PLEDGE, SHARE, ACT, INSPIRE

The Health Quality Council (HQC) is encouraging everyone to make a pledge for the first-ever Saskatchewan Change Day, coming up on November 6th! While health system

transformation requires large improvement initiatives, the small actions we take and the things we say every day do matter. Combined, those small actions can make a big difference.

WHAT IS SASKATCHEWAN CHANGE DAY?

Saskatchewan Change Day is an exciting new initiative modelled after the highly successful NHS Change Day in the United Kingdom. Change Day is about trying something new or making one change that can make a difference and improve the lives of patients, family members and health-care workers.

HOW DO I MAKE A PLEDGE?

Anyone who works in health care, or who receives care, can take part in Change Day by making a pledge online at www.skchangeday.com until November 6th. This year, we have a goal of reaching at least 1,000 pledges.

HOW CAN I SPREAD THE WORD ABOUT CHANGE DAY?

Once your pledge is made, you can share it with others in person and/or on social media. For example, you can follow Change Day on Twitter (@SKChangeDay) and on Facebook. You can also make a video of your pledge. Ideas for sharing your pledge are available at www.skchangeday.com.

WHERE CAN I FIND MORE INFORMATION?

Information about Change Day can be found online at www.skchangeday.com. You can also contact Health Quality Council communications consultants Shannon Boklaschuk (sboklaschuk@hqc.sk.ca or 306-668-8810 ext. 112) and Sheila Ragush (sragush@hqc.sk.ca or 306-668-8810 ext. 113).

Let's work together to make Saskatchewan's first Change Day a success. Make your pledge, share it widely, act on it and see what happens!

**RECOGNIZE *and* RESOLVE
MEDICATION ERRORS
and IMPROVE PHARMACY PRACTICES
TO PROTECT PATIENT SAFETY.**

COMPASS is a provincial quality assurance pilot program designed to help pharmacies recognize, resolve and learn from medication errors.

Using easy, online tools and procedures, COMPASS helps evaluate internal systems to protect patient safety.



**PHASE ONE *of the* PILOT
WAS HIGHLY SUCCESSFUL.**

Benefits to participating pharmacies included:

- Improved internal safety systems and procedures.
- Improved patient safety.
- Improved internal communication systems; an important change agent for their team.
- Easy online COMPASS tools that quickly became a routine part of their work environment.
- Familiarity with a program that is expected to become mandatory in Saskatchewan.



PHASE TWO IS GETTING UNDERWAY.

Set your COMPASS to participate in phase two and add value to your pharmacy procedures while protecting the safety of your patients.

COMPASS training sessions will take place November 2 (Saskatoon) and November 9 (Regina), 2014. Please plan for one staff member to attend one of the training sessions.

Call or email now and reserve your spot today! **(306) 584-2292 ext. 6.**

Contact Jeannette Sandiford at info@saskpharm.ca



SCP, ISMP Canada and SafetyNET-RX are partners in the delivery and evaluation of COMPASS, the pilot project.



SASKATCHEWAN
COLLEGE OF
PHARMACISTS



Primary Health Care Coordinator



SASKATCHEWAN
COLLEGE OF
PHARMACISTS

CONTRACT OPPORTUNITY

Primary Health Care Coordinator

(Expressions of Interest Reopened – Original posting March 2014)

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

The report is available at:

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

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

and promotional strategies and networking and facilitating appropriate relationships consistent with the report's recommendations.

We also expect that the work will be guided by the Ministry of Health's "Patient Centred, Community Designed, Team Delivered - A Framework for Achieving a High Performing Primary Health Care System in Saskatchewan" available at: <http://www.health.gov.sk.ca/phc-framework-report>

Specific goals include:

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

Expressions of interest should:

- 1) Be in writing;
- 2) Contain your qualifications;
- 3) Include reasons why you are interested in this opportunity and why you believe you can contribute to operationalizing the recommendations in the report; and
- 4) Be submitted in confidence by **November 30, 2014** to: Registrar, Saskatchewan College of Pharmacists, #700-4010 Pasqua Street, Regina, SK S4S 7B9

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

Influenza Immunization



PROTECT YOURSELF
AND OTHERS FROM
THE FLU.

FIGHTFLU.CA

Flu season is upon us once again. In an effort to create greater awareness of the importance of influenza immunizations the Public Health Agency of Canada created FightFlu.ca. Their website provides nation-wide information on the prevention and spread of influenza.

Several printable resources such as the "Pocket Guide for Healthcare Professionals" and the "Flu Prevention Begins with You Poster" can be found by visiting <http://www.fightflu.ca/resources>.