

# SCOPE newsletter

QUALITY PHARMACY CARE IN SASKATCHEWAN



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## Nurse Practitioners Now Prescribing Controlled Substances

Nurse practitioners are registered nurses with advanced knowledge, skills and education that enables them to provide leadership in health promotion and health management.

On January 13, 2015, the Saskatchewan Registered Nurses' Association (SRNA) announced that Registered Nurses (Nurse Practitioners) [RN(NP)] can now prescribe Controlled Substances to patients in Saskatchewan.

SRNA states that this new authority and scope gives people living in Saskatchewan greater access to timely health care and a range of continuous services from RN(NP)s. As of January 13, 2015, all nurse practitioners licensed to practice in Saskatchewan will have completed education and training to prepare them to prescribe Controlled Substances.

In November 2012, the New Classes of Practitioners Regulations (NCPR) under Canada's Controlled Drug and Substances Act (CDSA) was passed. This change at the federal level expanded the prescriptive authority of RN(NP)s to include, with some exceptions, medications that fell under the CDSA. In accordance with the legislation, the SRNA is responsible for the development, implementation, enforcement, and evaluation of regulations, standards and competencies to guide RN(NP) prescribing under the NCPR(2012).

In addition to setting education standards on Controlled Substances, the SRNA acknowledges the best practice of accessing the Pharmaceutical Information Program (PIP) to verify a patient's medication history, when prescribing a monitored drug. The SRNA, as the registered nurse regulatory authority, will continue to fulfill its mandate to protect the public by regulating RN(NP)s to provide safe care. The SRNA ensures that all RNs and RN(NP)s protect the public by providing and improving health care services in collaboration with clients, other members of the health care team, stakeholders and policy makers.

### SOME PRESCRIBING LIMITATIONS

There are some prescribing limits for RN(NP)s on Controlled Substances. At this time, RN(NP)s **do not have the authority to prescribe methadone, buprenorphine or medical marihuana. In addition, testosterone (oral and intramuscular routes) is the only anabolic steroid that RN(NP)s are authorized to prescribe.**

Please refer to the following documents for the list of narcotics and controlled drugs and substances RN(NP)s are authorized to prescribe and other related information.

- [SRNA's FAQs\\*](#)
- [SRNA's RN\(NP\) Controlled Drugs and Substances Practice Guidelines\\*](#)
- [SRNA's January 13, 2015 News Release\\*](#)

\*article source documents



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## Council Highlights - December 16, 2014

### ENVIRONMENTAL SCAN

During our **Environmental Scan**, where each Councillor shares feedback received from the public or colleagues within their Division, common themes emerged throughout the province:

- Lack of public awareness of the professional services pharmacists offer;
- Increase in the number of requests for information on regulation requirements to become a licensed pharmacy technician in Saskatchewan;
- Increasing interest and many questions about “administration by injection” and when training programs will be available; and
- Concerns with electronic generated prescriptions (EMR's).

### COMPASS™ UPDATE

Field Officer Jeannette Sandiford reported on the **COMPASS™ Pilot Project** indicating Phase I is now complete. Phase II was launched January 1, 2015 with 86 participating pharmacies. One of the objectives of Phase II is to increase the public's awareness of COMPASS™. A small scale promotional piece is being developed.

We are asking all pharmacists to tell us about any near misses or medication incidents that other pharmacy staff would find useful. These reports will be anonymously posted to our SCP Members Facebook group page: no pharmacy names will be used. Pharmacists can submit near misses or incidents to [Jeannette.Sandiford@saskpharm.ca](mailto:Jeannette.Sandiford@saskpharm.ca).

Michael Kani is a pharmacist working with the Institute for Safe Medication Practices Canada (ISMP Canada). Michael is aware of the COMPASS™ pilot project and may visit some of the pilot pharmacies.

### BILL 151

The Registrar presented an overview of **Bill 151** followed by a review of the current draft document of consequential bylaw amendments this Bill creates. Those amendments are summarized as follows:

1. Incorporating the new name of the College, “Saskatchewan College of Pharmacy Professionals”;
2. Changing definitions where appropriate;
3. Adding “licensed pharmacy technician” wherever “licensed pharmacist” appears as appropriate (e.g. within our Code of Ethics, Conditions of Sale of Drugs and Drug Schedules re: Dispensing, Record Keeping, Prescribing of Drugs Re: Record keeping);
4. Pharmacy Technician Internship, Registration and Licensure Requirements;
5. Requirements for the administration of drugs by injection and other routes;
6. Requirements for ordering, accessing and using medical laboratory tests.

### OTHER PRESSING ISSUES

There are many other issues in front of Council for consideration and direction:

1. Transition period for candidates seeking regulation as a pharmacy technician based on time lines and capacity issues within the RHAs and the Saskatchewan Cancer Agency;
2. Specifying the scope of practice, tasks and functions that a licensed pharmacy technician will be allowed to perform;

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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)

3. Determining the circumstances under which a licensed pharmacy technician can be present in the pharmacy when the pharmacist is away (i.e., visiting the long-term care facility);
4. Drug schedule changes authorizing the pharmacist to administer vaccinations without a prescription. Consultation with the Ministry of Health is ongoing; and
5. Specifying the injections training requirements.

## REGULATION OF PHARMACY TECHNICIANS

Council received and approved recommendations from the Registration and Licensing Policies Committee regarding operational processes for the regulation of pharmacy technicians. Work is underway on the development of the structured practice experience component in collaboration with Saskatchewan Polytechnic. At the College office, staff is working with our system application developer, OlaTech, to prepare for the addition of pharmacy technicians as members.

## INJECTIONS

Council has accepted the Manitoba model in principle for injections training requirements regarding guidelines, standards and policy statements. This means that training must be from a Canadian Council on Continuing Education in Pharmacy (CCCEP) Stage 2 accredited program. The accreditation maps the training against the 14 Public Health Agency of Canada (PHAC) competencies for administering immunizations PLUS the NAPRA competency for administering other drugs.

Once Council has approved the bylaws in principle, they will be submitted to our legal counsel for review. Further revisions will be incorporated into a final draft for Council’s approval in February, followed by stakeholder consultations, and final Council approval in April, 2015.

*Please watch for a message announcing the posting of a special issue of SCOPE on Administration of Drugs by Injection and Other Routes.*

Council received the report from the Professional Practice Committee from their meeting of November 20, 2014. The Committee offered their feedback and recommendations regarding education and training requirements for the administration of drugs via injection and other routes. The Committee reviewed a draft Accidental Needle Stick Policy paper that will be finalized and posted in the Pharmacy Reference Manual on the College’s website.

Consultation with eHealth Saskatchewan has yielded the following positive results: after review of the “Pharmacy Practice Management Systems: Requirements to Support NAPRA’s Model Standards of Practice for Canadian Pharmacists” document, and comparing it to the Pharmaceutical Information Program (PIP), our analysis indicates that PIP meets all but two requirements. These are not deemed to be critical for PIP as these requirements are being met by the other systems used by healthcare practitioners (e.g. pharmacy practice management systems/pharmacy vendor softwares, eHR viewer). Once the pharmacy is PIP CeRx integrated, pharmacists rely more on their pharmacy practice management system (PPMS) than the PIP GUI (external website). As a result, so long as their PPMS meets these requirements, there is no concern.

Continued on page 4

This means that **any pharmacy integrated with PIP will substantially meet the NAPRA requirements**. SCP implementation plans and enforcement strategies are not needed as long as pharmacists are using the integrated system, and accessing clinical and lab data from other systems such as the eHR Viewer.

eHealth Saskatchewan reports that 78% of pharmacies are already integrated with PIP CeRx; the integration of the remaining pharmacies is in progress.

President Spiro Kolitsas and Field Officer Jeannette Sandiford are members of the eHealth Saskatchewan PIP Quality Assurance Project. Council has asked that the issue of **Pharmacy System Message Fatigue** be added to the agenda of the next Committee meeting.

## COMPLAINTS COMMITTEE REPORT

Council received the **Report from the Complaints Committee** following their meetings on September 24 and November 19. As of November 19, there are seven active files:

- 3 Communication/Unprofessional Behaviour
- 2 Medication Error
- 1 Privacy/Pharmacy Assistant
- 1 Unsupervised Assistant

One of the above files was referred to our Alternative Dispute Resolution process. To date, the Committee has successfully completed five (5) ADR processes with signed Consensual Complaint Resolution Agreements or other agreements with the members.

## ELECTRONIC COMPLAINTS REPORTING SYSTEM

The development of the electronic complaints reporting system has been operational since July 11, 2014. The reporting system assists authorized SCP staff in the efficient administration of complaints files directly from our secure InTouch database. Concurrently, SCP added a Complaints/Discipline tab to the SCP homepage ([www.saskpharm.ca](http://www.saskpharm.ca)). The webpage contains information for the public about how the complaints resolution process works, as well as a secure electronic Complaint Form. People who have a complaint can submit the online form directly from the SCP webpage.

Since the addition of the complaints webpage to the SCP website, there has been a significant decline in the number of new complaints received at the College. Members of the public accessing the complaints information state that they were able to resolve issues/concerns with their pharmacists by following the recommendations available on the complaints webpage. Furthermore, they indicate that they find the information available on the complaints webpage very resourceful/helpful. Some individuals have attempted to follow the recommendations for resolving an issue/concern with their

pharmacist but were unable to come to a satisfactory resolution prior to submitting a formal complaint.

Future development of the complaints webpage will include a link to CanLII where all future discipline decisions will be published. CanLII is the Canadian Legal Information Institute that publishes such information as a free public service.

## NAPRA BOARD APPOINTEE

SCP Past-President Debbie McCulloch served notice to Council that she is resigning as our appointee to the NAPRA Board. Debbie has served as a NAPRA Director since 2008 and completed the 2013-2014 term as President of NAPRA. Her term as Past-President will be completed as of the April 2015 NAPRA Annual General Meeting. We wish to thank Debbie for her dedicated service on behalf of the pharmacists of Saskatchewan and Canada while leading the NAPRA Board of Directors and for her commitment to the profession.

Council nominated SCP Past-President Barry Lyons to replace Ms. McCulloch on the NAPRA Board. Barry will attend the April 26, 2015 meeting as an observer and will begin his term upon his election following the NAPRA Annual General Meeting on April 26, 2015.

## PHARMACISTS' GATEWAY CANADA PROGRAM LAUNCH

During their fall meetings on November 8-9, 2014, NAPRA officially launched the Pharmacists' Gateway Canada Program, a new program for its members and international pharmacy graduates (IPGs).

The Pharmacists' Gateway Canada website provides a central place to find licensing information, self-assessment tools, and is a confidential national document repository for international pharmacy graduates regarding the steps to become licensed as a pharmacist in Canada.

While the Gateway became fully operational when enrollments commenced in August 2014, like the introduction of other new programs, NAPRA chose a phased-in release of the Gateway before an official launch. Initial feedback received from international pharmacy graduates enrolled in the Gateway is very positive.

If pharmacists know of an international pharmacy graduate wishing to become registered as a pharmacist in Canada please direct them to the Pharmacists' Gateway Canada website [www.pharmacistsgatewaycanada.ca](http://www.pharmacistsgatewaycanada.ca)

## NEXT COUNCIL MEETING

Council's next meeting will be held in Regina on February 27, 2015. Two pharmacy assistants who are currently working towards regulation (one from a hospital setting and the other from a community setting) will be invited to sit in as observers.

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## Patient Counselling Reminder

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The media has reported incidents where patients attended pharmacies in Regina, and throughout the country to purchase a Schedule 2 product. The patient either did not receive counselling, or did not receive appropriate counselling to inform them of potential drug interactions. The focus of the media report in this province was on the lack of counselling on the purchase of Palafer along with missing an important drug interaction with Cipro. Results for the purchase of exempted codeine preparations (ECPs) were more encouraging with

the second pharmacist refusing the sale. The College reminds pharmacists of the importance of meeting the standards in engaging and counselling patients about all Schedule 2 drugs including ECPs. Entering into a dialogue with the patient is essential. At a minimum it is necessary to identify the ailment the drug is being used to treat, the potential for drug interactions and any common adverse reactions. Please review the relevant standards [here](#).

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## Election 2015!

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### That's right. It's election time for Divisions 1, 3, 5 and 7.

For practising members, your division is where you actively practise and for non-practising members, it is where you reside.

Watch your mailbox and please take a moment to consider yourself as a member of Council. You could be working with others to help determine the future of pharmacy in Saskatchewan.



### What is it like to serve on SCP Council? Did you enjoy the experience?



Serving on SCP Council provided opportunities to give back to a profession that I love, to help shape the future of the profession as we determined policy and to learn, discuss and propose solutions to the challenges that exist within our profession both regionally, provincially, nationally and internally. The discussions around the Council table provided

opportunity to expand my vision of pharmacy and what it could be. From my fellow Council members I was given many ideas and starting points to move my practice forward. The individuals who serve on Council work diligently to ensure the patient is at the center of every discussion. Gaining a deeper understanding of the regulation of the profession facilitated the expansion of pharmacy services that I was able to provide. The professional rewards are many and challenges did not exist for me.

- Kim Borschowa, former President, 2012-2013



Serving on SCP Council was what I expected, and much more. I was correct to think that I would get a better understanding of the issues that affect our profession, and that I would get an opportunity to take part in decisions that affect how pharmacists are able to provide care to patients. What I didn't expect was the sense of collegiality and teamwork on Council,

the knowledge that I gained that helped my practice as a pharmacist, and that I was able to broaden my understanding of the health continuum.

I was surprised that it didn't take as much of my personal time as I expected. Council and the SCP team have a very good relationship, and know how to support each other. It was a great experience serving on Council, in many different ways, and I encourage anyone who would like to contribute to the profession to seek nomination to Council.

- Barry Lyons, current Past-President

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## Drug Schedule Amendments

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### **Triamcinolone acetonide**

This is to confirm:

#### Schedule II:

*Triamcinolone acetonide in an aqueous nasal spray that delivers 55mcg per metered spray for adults and children 12 years of age and older, in package sizes containing **more than 120 metered sprays***

This means that products containing triamcinolone acetonide in package sizes containing **more than 120 metered sprays are Schedule II** and therefore may only be sold by a pharmacist or pharmacy intern when under the direct supervision of a pharmacist from the restricted access area of the pharmacy.

#### Schedule III:

*Triamcinolone acetonide in an aqueous nasal spray that delivers 55mcg per metered spray for adults and children 12 years of age and older, in package sizes containing **no more than 120 metered sprays***

**Products containing triamcinolone acetonide in package sizes containing 120 metered sprays or less are Schedule III** and can only be sold from a pharmacy. They may be sold to the public without a prescription. These drugs may be located in the self-selection area of the pharmacy when a pharmacist is available, accessible and approachable to assist the public with selecting the drug. The Schedule III amendment became effective upon publication in the Saskatchewan Gazette, Friday, December 19, 2014.

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## SCP Annual General Meeting

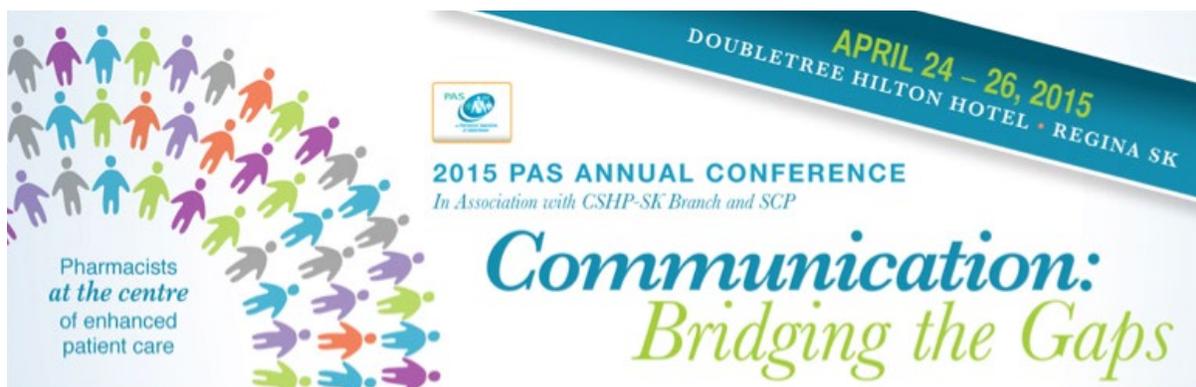
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*Mark your calendars now!*

# 104th Annual General Meeting

Saturday, April 25, 2015 – 10:15 a.m. to 11 a.m.

SCP's 104th Annual General Meeting will be held during the 2015 PAS Annual Conference. The meeting will be held on April 25, 2015 in Regina at the DoubleTree Hilton Hotel and Conference Centre.



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## Hypertension in Older Adults – Telehealth

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A new Telehealth session discussing pharmacotherapy considerations for hypertension in the elderly, including medication selection and consideration of comorbidities, as well as other related topics is scheduled for February 10, 7-9:30 p.m. Presenters are Julia Bareham, MSc, BSP and Eric Landry, BSP, ACPR. This session is eligible for CEU credits. Please [refer to the brochure](#) for details and registration form.

Deadline for registration is February 3. There is no fee to attend, but late submissions are not accepted. Registration ensures your local Telehealth Office can support this session and qualifies you for CEU credits. Completed forms can be faxed to 306-584-9695 or emailed to [info@saskpharm.ca](mailto:info@saskpharm.ca). For more information, please contact: Denise Carr @ 306-584-2292.

*“Undeliverable.” “Email address unknown.” “Account does not exist.”*

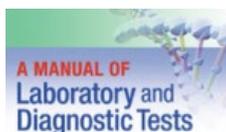
## ***Not your favourite inbox messages.***

When we receive these messages, this means you may be missing out on important information!

Membership renewal is around the corner and we'd like to ensure we have your current email address on file. If you have changed your workplace or personal email address, please update it right away. **Changes can be made by using your member log-in on the SCP website [www.saskpharm.ca](http://www.saskpharm.ca).** Keep us updated so you can stay informed.



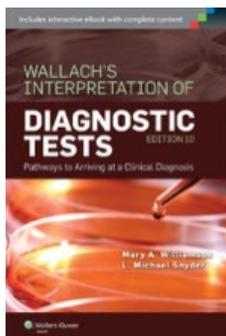
## ***New SHIRP Library Resources***



Manual of Laboratory & Diagnostic Tests, by Frances Fischbach III RN BSN MSN, Marshall B. Dunning III BS MS PhD, 9th ed., January 27, 2014

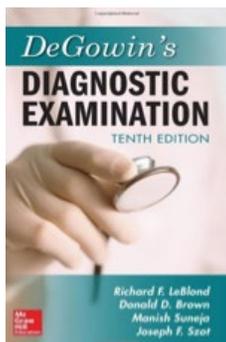


This text is partially written to prepare health care professionals to “deliver safe, effective, and informed care for patients who are undergoing diagnostic tests and procedures... this proven book describes an extensive array of tests for diverse populations, providing step-by-step guidance on correct procedure, tips for accurate interpretation, and expert information on patient preparation and aftercare.”



Wallach's Interpretation of Diagnostic Tests: Pathways to Arriving at a Clinical Diagnosis, by Mary A. Williamson MT(ASCP) PhD (Author), L. Michael Snyder MD (Author), 10th ed., August 6, 2014

This text is a “practical, everyday guide” that “expertly answers the questions physicians most often ask regarding individual disease states, lab tests, and infectious disease assessments. Recommendations are given on when to order tests and how to interpret results, based on evidence-based laboratory medicine.”



DeGowan's Diagnostic Examination, by Richard LeBlond (Author), Donald Brown (Author), Manish Suneja (Author), 10th ed., September 5, 2014.

Part 4 of this comprehensive text covers “Use of the Laboratory and Diagnostic Imaging” and includes the basic principles of laboratory testing and common laboratory tests.

To view these texts use the “Look for a Book” link and search the titles. The Clin-Info tab on the e-CPS website includes a page on Clinical Monitoring tools to round out the information you may need.