

SCOPE newsletter

QUALITY PHARMACY CARE IN SASKATCHEWAN

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National Pharmacy Technician Bridging Education Program – Not as Scary as You’d Think

Some pharmacy assistants in Saskatchewan will need to access the National Pharmacy Technician Bridging Education Program to become a licensed Pharmacy Technician in this province. The online program is being offered through Selkirk College in British Columbia. Below is a personal account from one pharmacy assistant who is moving towards regulation and is working on this requirement.

My name is Lyndsay Ratzlaff and I’m from Tisdale, Saskatchewan. I began the process to become a licensed/regulated Pharmacy Technician last fall when I wrote the PEBC Evaluating Exam. It’s the first step in what seems like an endless process.

Step two after passing the PEBC Evaluating Exam is the bridging courses. There are four bridging courses offered to Saskatchewan residents. They are online courses based out of Selkirk College in British Columbia. Those courses are: Pharmacology, Product Preparation, Management of Drug Distribution Systems and Professional Practice. These courses are not designed to teach you everything you need to know on the subject. Rather, they are meant to bridge the gap in your education. They assist individuals in

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Primary Health Care Coordinator

We are pleased to announce that Kristjana Gudmundson has joined our team as the Primary Health Care Coordinator. In this position, she will build awareness of the pharmacists’ role in the delivery of primary health care and support members in becoming valued and essential members of primary care teams.



Kristjana leaves practice as a community pharmacist in Saskatoon with the experience and insights needed for this role. She is recognized locally and nationally for her leadership as a pharmacy student and has served provincial and national pharmacy organizations in a variety of capacities. She is a former Primary Care Pharmacist in Leader Saskatchewan, and has been involved in special projects addressing the needs of patients with hearing loss.

Besides her Bachelor of Science in Pharmacy degree, she holds a Bachelor of Science - Physiology, along with ADAPT, PACT II and Laboratory Test training. Personally, she is Level IX Certified in American Sign Language and a Level II Figure Skating Instructor.

Please join us in welcoming Kristjana to this role.

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Field Officer

AUDREY SOLIE

Administrative Assistant

AMANDA STEWART

Administrative Assistant

CHERYL WYATT

Administrative Assistant

Council Highlights - February 27, 2015**PHARMACY ASSISTANTS ON COUNCIL**

Council welcomed Jonina Code and Lyndsay Ratzlaff who are joining Council as pharmacy assistant observers. Jonina works in a community practice setting and Lyndsay works in a rural hospital pharmacy.

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:

- Only positive feedback was heard from the public regarding the CBC Marketplace story. Very few people actually saw it.
- Pharmacists are split on their opinion of injections, some think giving injections is not a good use of their time, others are excited about it and are wanting information on the training.
- Pharmacists are also split on their opinion on quotas. Council will be looking into these issues in upcoming meetings.

REGISTRAR'S REPORT

The Registrar gave an update on our Strategic Goals:

1. Vision – Quality pharmacy care in Saskatchewan

- COMPASS™ pilot Phase II is underway

2. Mission – SCP regulates the profession of pharmacy to provide safe, effective, patient-centred care in Saskatchewan

- COMPASS™ intended to be pharmacy permit requirement. Focus on medication safety (patient) and safe medication practices (pharmacy)

3. Public safety

- Enhanced role in PRP emerging; compounding vs manufacturing (Theissen Report) pending; Act amendments underway

4. Standardized pharmacy services

- NAPRA – Entry to Practice Competencies for pharmacists and technicians; pharmacy practice management system requirements

5. Self-regulated profession

- Regulated technicians

6. Positive image and essential members of the health care team

- Losinski report; minor ailments prescribing research; inducements (public opinion survey)

7. Public policy supporting health

- Administering drugs/vaccines (impact on rates)

8. Optimum public use of pharmacy services

- COMPASS™ data; NAPRA model standards of practice.

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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)

COMPASS™

Field Office Jeannette Sandiford reported on the **COMPASS™ Pilot Project** (see page 5)

PRIMARY HEALTH CARE COORDINATOR

We are pleased to announce that Kristjana Gudmundson has joined our team on March 1, 2015 as the Primary Health Care Coordinator. Her projects and work plans include:

- Concrete measures to accomplish the recommendations from Dr. Victoria Losinski in her report “Pharmacist Services Framework within Saskatchewan Primary Health Care”, June 28, 2013.
- Strategies to incorporate pharmacists within the Chronic Disease Management Quality Improvement Project
- Building networks and relationships within the profession, and with other professions and their organizations, the Regional Health Authorities, and government in order to:
 - a) Build awareness of pharmacy services in their planning for primary health care
 - b) Facilitate connections between pharmacists and stakeholders in the planning and delivery of primary care services
 - c) Explore how pharmacists and stakeholders can collaborate in achieving health system goals, in particular respecting chronic disease management and integrating pharmacy specific targets, measures and outcomes
 - d) Explore how pharmacists are contributing, or can improve their contributions to the primary care sites, innovation sites and Community Emergency Centers
 - e) Explore where pharmacists are contributing, or are improving their contributions to the delivery of primary care in their practices or sites that are not necessarily funded by the public system
- Developing strategies for pharmacy service models both within and outside of the publicly funded health system
- Identifying and promoting models of teamwork
- Any other strategy that will enhance the contributions of pharmacists to primary health care, or enhance the role of the pharmacist as a valued member of the health care team
- An evaluation framework to measure the success of the project will be determined

CBC MARKETPLACE

The College’s “Key messages in Response to CBC Marketplace – Pharmacy Errors: Dispensing Danger” was very well received. The list of key messages can be found on the SCP website [here](#).

medSask GRANT INCREASE

Council conditionally approved medSask’s proposal to increase our grant from \$51,500 to \$100,000. This increase is to cover operation expenses (primarily salaries) of the medication information service. The \$48,500 increase will be divided by three, resulting in a grant increase of \$16,167 per year over the next three years conditional upon an assessment of value to SCP and the University.

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COMPLAINTS COMMITTEE REPORT

Council received the **Report from the Complaints Committee** dated February 27, 2015. Since their last meeting on November 17, 2014, they have received 12 new complaints:

- 1 Alcohol/Drug Abuse
- 10 Communication/Unprofessional Behaviour
- 2 Medication Error
- 2 Record Keeping
- 2 Bylaws/standard/guideline/ethical infractions
- 2 Refusal to fill
- 1 Dispensing without authority
- 2 Overcharging/bill irregularities
- 3 Privacy/Pharmacy Assistant
- 1 Unsupervised Assistant

Note: one complaint may have more than one allegation

OTHER PRESSING ISSUES:

- The Registrar reported that the College is currently working on the new bylaws that **Bill 151** necessitates. These should be completed for Council's final approval at the next meeting on April 24, 2015.
- Council has heard from the hospital pharmacy managers that they will need a grace period to have their pharmacy technicians regulated. The RHAs and the College are currently in discussions to develop a transition process.
- The policy for CPR Level C and First Aid as being a pre-requisite for injection training has been amended so that it will no longer be needed prior to online training, but will be needed before taking the "live" training session (under review).
- SCP will be conducting a comprehensive review of dispensing physicians in remote areas.

Council's next meeting will be held on April 24, 2015 in Regina.

Hydrocortisone or Hydrocortisone Acetate

This is to confirm:

Schedule I:

*Hydrocortisone or hydrocortisone acetate, when sold in a concentration that provides 1% or less hydrocortisone in preparations for topical use on the skin in adults and children 2 years of age and over in package sizes containing **more than 30g***

Hydrocortisone or hydrocortisone acetate, when sold in a concentration that provides 1% or less hydrocortisone in preparations for topical use on the skin in children under 2 years of age

This means that products containing hydrocortisone or hydrocortisone acetate, when sold in a concentration that provides 1% or less hydrocortisone in preparations for topical use on the skin in adults and children 2 years of age and over in package sizes containing more than 30g **AND** when sold in a concentration that provides 1% or less hydrocortisone in preparations for topical use on the skin in children *under* 2 years of age is a **prescription only product on Schedule I** and is listed on the Prescription Drug List, Health Canada. Schedule I products may only be sold by a pharmacist to the public for human use pursuant to a prescription.

Schedule III:

*Hydrocortisone or hydrocortisone acetate, when sold in a concentration that provides 1% or less hydrocortisone in preparations for topical use on the skin in adults and children 2 years of age and over in package sizes containing **no more than 30g**.*



When hydrocortisone or hydrocortisone acetate is sold in a concentration that provides 1% or less hydrocortisone in preparations for topical use on the skin in adults and children 2 years of age and over in package sizes containing *no more than 30g*, they 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.

What's New with COMPASS™?



The COMPASS™ (Community Pharmacists Advancing Safety in Saskatchewan) - Phase II pilot project is underway. Beginning in January 2015, 84 pharmacies joined the second phase of the pilot. We are already seeing very promising engagement. The majority of COMPASS™ pharmacies have logged into the Community Pharmacy Incident Reporting (CPhIR) system to enter their incidents, including near misses and incidents that did reach the patient. About half of the COMPASS™ pharmacies have also logged into the Medication Safety Self-Assessment (MSSA) tool to complete a self-assessment of their practices. This commitment speaks to the value and importance community pharmacy staff place in safety for both patients and pharmacy systems.

COMPASS™ PHASE II INCIDENT REPORT

Since the start of COMPASS™ – Phase I in Sept 2013, there have been 1,512 incidents reported on the CPhIR system.

A breakdown of the incidents include:

- 322 incidents where the incorrect quantity was dispensed
- 306 incidents with an incorrect dose/frequency
- 206 incidents that involved an incorrect drug

The majority, or 1219 of these incidents, had an outcome of NO ERROR, which means the incidents were intercepted BEFORE they reached the patient.

278 were NO HARM incidents, which means the incidents reached the patient, but did not cause harm.

However, there were 15 reported incidents that did result in HARM. While the majority of the incidents indicated NO ERROR, there is definitely an opportunity for the pharmacies to review and resolve any issues within their systems and processes to prevent subsequent incidents that could potentially reach the patient.

UNDERSTANDING COMPASS™

One of the goals of the second phase of COMPASS™ is to increase public awareness of the COMPASS™ pilot project. The College is finalizing a visual identifier that can be displayed in each pilot pharmacy. Also, beginning April 2015, each COMPASS™ pharmacy will be provided with bag stuffers explaining what COMPASS™ is about and why it is important for the public to understand why pharmacists are participating in this pilot project.

To get more information about COMPASS™ and to appreciate what we have learned so far, **join us at a pre-conference education session** offered in conjunction with the 2015 PAS Annual Conference in Regina on Friday, April 24 from 12:30 to 4:30 p.m. at the DoubleTree by Hilton Hotel & Conference Centre Regina.

The education session will include an overview of medication safety and its relationship to continuous quality assurance in community pharmacy practice. There will also be hands-on training of the COMPASS™ tools, which includes the Medication Safety Self-Assessment (MSSA), Community Pharmacy Incident Reporting (CPhIR) Program, and the online Quality Improvement Tool. See the [PAS website](#) for more information and to register.

It is important to remember that the majority of medical errors, including medication incidents, are a result of faulty systems. Therefore, if we can identify those systems or processes that may lead to mistakes, we can significantly reduce errors. The improvement process starts within the pharmacy by working as a team. If patient care processes are developed from our best practices, we can be assured that we are meeting the needs of our patients and ensuring their safety.

Making pharmacy practice safer is a great place to start to ensure we provide patients with the best care possible.

Discipline Matters

KAMSACK REXALL DECISION

On **November 17, 2014**, the Discipline Committee reconvened part two of a hearing which began in part one on June 25, 2014 to consider charges that the Respondent, Pharmx Rexall Drug Stores (Sask.) Ltd. operating as Kamsack Rexall Drug Store (herein after “Kamsack Rexall”), Kamsack, Saskatchewan was guilty of proprietary misconduct within the meaning of Section 26 of *The Pharmacy Act, 1996* (the “Act”).

Regarding the Respondent, Kamsack Rexall, the charges were as follows:

1. Through the period of approximately March 2011 to June 2012, the management and operation of the pharmacy was deficient and inadequate;
2. Through the period of March 2011 to approximately June 2012, numerous dispensing errors involving home care patients of Sunrise Health Region were made; and
3. Patient W.S. was prescribed Trandate 100 mg 30 tab on September 23, 2011. On November 2, 2011 the prescriber changed the prescription to 100 tabs and faxed the prescription to the pharmacy. This prescription was lost or misfiled such that the original prescription for 30 tabs was the one dispensed for months, causing inconvenience and increased cost.

The matter proceeded by way of an Agreed Statement of Facts, which included admission by Kamsack Rexall that the conduct described in those charges constituted proprietary misconduct. The Discipline Committee accepted this plea and found Kamsack Rexall guilty within the meaning of Section 26 of the Act.

The Discipline Committee made the following orders pursuant to Section 34 and 35 of the Act:

1. Kamsack Rexall shall pay a fine in the amount of \$10,500 and costs of \$11,000 on or before January 31, 2015.
2. For a period of three years from the date of the Order (December 16, 2014), Kamsack Rexall shall be subject to up to three pharmacy inspections at a fixed cost of \$1,000 per inspection.
3. A copy of the Decision and Order shall be provided to Phyllis Olynyk of the Sunrise Health Region Home Care Department. Further, a digest of the Decision shall be published in the College newsletter and the Registrar is directed to submit the Decision to Canadian Legal Information Institute (CanLII) for publication.

The full text of this Decision is available on the CanLII website at: <http://www.canlii.org/en/sk/skcpdc/>

SHAUNAVON REXALL-MCDONALD DECISION

On **November 17, 2014**, the Discipline Committee reconvened part two of a hearing which began in part one on June 25, 2014 to consider charges that the Respondent, Pharmx Rexall Drug Stores (Sask.) Ltd. operating as Shaunavon Rexall Drug Store (herein after “Shaunavon Rexall”), Shaunavon, Saskatchewan was guilty of proprietary misconduct within the meaning of Section 26 of *The Pharmacy Act, 1996* and that the Respondent, Paulette McDonald, pharmacy manager was guilty of professional incompetence and professional misconduct within the meaning of Sections 24 and 25 of *The Pharmacy Act, 1996* (the “Act”).

Regarding the Respondent, Shaunavon Rexall, the charges were as follows:

1. Through the period of approximately July 2011 to February 2012, the management and operation of the pharmacy was deficient and inadequate;
2. Through the period of approximately November 2011 to April 2012, there were numerous dispensing errors and problems involving home care patients from the Cypress Health Region; and
3. Through the period of March 2011 to approximately June 2012, there were numerous dispensing errors involving long term care patients of the Eastend Wolf Willow Health Care and patients at the Shaunavon Hospital.

The matter proceeded by way of an Agreed Statement of Facts which included admission by Shaunavon Rexall that the conduct described in those charges constituted proprietary misconduct. The Discipline Committee accepted this plea and found Shaunavon Rexall guilty within the meaning of Section 26 of the Act.

Regarding the Respondent, Paulette McDonald, the charge was as follows:

1. For the period of July 1, 2011 to January 4, 2012, Ms. McDonald was the designated pharmacy manager of Shaunavon Rexall Drug Store according to records filed with the College. During this time, Ms. McDonald provided no or insufficient direction or guidance to the staff and exercised little operational management to the pharmacy.

The matter proceeded by way of an Agreed Statement of Facts which included admission by Ms. McDonald that the conduct described in the charge constituted professional incompetence and professional misconduct. The Discipline Committee accepted this plea and found Ms. McDonald guilty within the meaning of Sections 24 and 25 of the Act.

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The Discipline Committee made the following orders pursuant to Section 34 and 35 of the Act:

1. Shaunavon Rexall shall pay a fine in the amount of \$10,500 and costs of \$11,000 on or before January 31, 2015.
2. For a period of three years from the date of the Order (December 16, 2014), Shaunavon Rexall shall be subject to up to three pharmacy inspections at a fixed cost of \$1,000 per inspection.
3. Ms. McDonald shall pay a fine of \$3,500 and costs of \$5,000 on or before January 31, 2015 and is precluded from serving as a pharmacy manager in Saskatchewan for a period of two years from the date of the Order (December 16, 2014).

4. A copy of the Decision and Order shall be provided to the health services manager at Eastend Wolfe Willow Health Centre in Eastend, Saskatchewan and to the case manager for Shaunavon Home Care in Shaunavon, Saskatchewan. Further, a digest of the Decision shall be published in the College newsletter and the Registrar is directed to submit the Decision to the CanLII for publication.

The full text of this Decision is available on the CanLII website at: <http://www.canlii.org/en/sk/skcpdc/>

CanLII is a non-profit organization managed by the Federation of Law Societies of Canada. CanLII's goal is to make Canadian law accessible for free on the Internet.

Trending Complaints

FROM THE COMPLAINTS COMMITTEE

A notable trend observed by the Complaints Committee in 2014 involved a significant increase in the number of complaints received in which the complainant alleged behavioral issues (i.e. lack of empathy, rudeness, rushed or slow service etc.) on the part of the pharmacist.

For complaints received in writing, the investigations generally concluded the pharmacists interacted with patients in a professional manner within the expected standards of practice.

However, investigations revealed these concerns may point to underlying issues regarding poor communication, active listening and conflict resolution skills on the part of the pharmacist.

These findings suggest that how the information is presented is as important as the message. The Complaints Committee will continue to monitor this trend and recommend improvements on a case-by-case basis.

National Pharmacy Technician Bridging Education Program... Continued from page 1

upgrading their skills to align with changes in the regulation and scope of practice of pharmacy technicians without returning to school to complete a full-time program.

I attended SIAST 16 years ago (before it was a CCAPP accredited program) and a lot of things have changed in the field of pharmacy since then. These courses are helping me to catch up and prepare for the PEBC Qualifying Exam: MCQ and OSPE. Each course is between 11 – 13 weeks long and requires a commitment of 5 – 12 hours per week. I chose to do Professional Practice first (13 weeks) and it seemed like a daunting task.

Working full-time and taking an online course was very intimidating. If you are working full-time, I wouldn't suggest taking more than one course at a time because of the time that it takes to go through the lesson each week and do the assignments.

I was quite nervous at first about navigating the "Moodle Environment" (I'm still not sure what a Moodle is) and not having an instructor available to answer my questions in person. But after the first week I found it easier to find my discussion forums, assignment links, and weekly lessons. And the instructor is available by email or in the discussion forums and always replies to our questions in less than 24 hours.



Also, the people in my class are from all across Canada and are very supportive of each other and always willing to help someone out who has a question: sometimes even before the instructor has a chance to jump in and answer. We're all in this together and you can feel the sense of community in the class even with the distance between us.

So as scary as this process is, just take it one step at a time and you'll reach your goal of becoming a Regulated Pharmacy Technician.

2015 Budget Summary

Council approved the following 2015 budget and fee schedule on February 27, 2015:

Fees - Registration and Other	Actual 2014	Actual 2015	Difference	Change
Registration	280.00	280.00	0.00	0.00%
Out of Province	735.00	735.00	0.00	0.00%
Locum Tenens	285.00	285.00	0.00	0.00%
Dispensing Physicians	845.00	845.00	0.00	0.00%
Intern	120.00	120.00	0.00	0.00%
Appraisal Training				
Application Fee	230.00	230.00	0.00	0.00%
Assessment Fee	720.00	720.00	0.00	0.00%
Total	950.00	950.00	0.00	0.00%
Re-Instatement	275.00	275.00	0.00	0.00%
Forensic Exam	290.00	290.00	0.00	0.00%
Lock & Leave	450.00	450.00	0.00	0.00%
Permit Amendment	280.00	280.00	0.00	0.00%
Late Payment	255.00	255.00	0.00	0.00%
Second Pre-Opening Inspection	755.00	755.00	0.00	0.00%
Membership and Permit Fees				
Practising	975.00	990.00	15.00	1.54%
Non-Practising	870.00	885.00	15.00	1.72%
Associate	155.00	160.00	5.00	3.23%
Retired	75.00	75.00	0.00	0.00%
Pharmacy	1,400.00	1,425.00	25.00	1.79%
Satellite Pharmacy	705.00	717.50	12.50	1.77%
Expense Reimbursement				
Per diem	215.00	225.00	10.00	4.65%
Meal allowance	105.00	120.00	10.00	9.09%
Travel per km	0.45	0.47	0.02	4.44%

The 2015 budget predicts a surplus of \$7,715. Highlights from the budget:

- Inflationary increases are based upon the Consumer Price Index Increase of 2.3% as of December 2014.
- Regulatory Priorities
 - Statutory obligations and programs.
 - Registration and licensing with in1Touch system.
 - Complaints management, discipline, special investigations and alternative dispute resolution mechanisms.
 - Refine prescriptive authority, develop administration of drugs by injection and other routes and accessing/ordering lab tests.
 - Implementation of pharmacy technician regulation.
 - Continue learning portfolio.
 - Continue developing the primary care role of the pharmacist by contracting a primary health care coordinator.
- Continue Council priorities on primary care and quality to include: refining the revisions to our pharmacy and professional practice evaluation procedures: the conclusion of the COMPASS™ pilot program.
- Continue governance, strategic and operational plans.
- Sustained growth in number of members and no net growth in number of pharmacies.
- All other programs are retained with sustained Committee activity to ensure timely decisions.
- Includes the costs of a communication strategy, district meetings, website, social media and secure network improvements.
- Increase in per diem and meal and mileage allowances.
- Continue routine building repairs plus extensive renovations to modernize.
- Refer to the above schedule for details on fee changes.

Further information is available from the SCP office.

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

As the healthcare system becomes more stressed from increasing demand and limited resources, pharmacists are the public's new partner to stay healthy. The Saskatchewan government has made great strides in reducing waiting lists, but the public still experiences issues with access to some healthcare services. Pharmacists' new role in our healthcare helps to improve access and keep people healthy.

The ever increasing burden on taxpayers from growing healthcare costs will be curbed by treating minor health problems when they occur, rather than when they develop into major medical emergencies. With a reduced strain on our hospitals, healthcare professionals will be able to provide better care to those experiencing true medical emergencies.

Pharmacists are experts in medications, they have a wealth of expertise to help people stay healthy, and I am proud to take part in training these professionals. The next time you're suffering from a migraine or acid reflux, visit your neighbourhood pharmacist to find relief.

For more news, please see our most recent Dean's Newsletter at www.usask.ca/pharmacy-nutrition/the-college/deans-newsletter.php.

\$2 Million Centre for Drug Research and Development Innovation Fund - Dean Kishor Wasan and the College lead the development of a new innovation fund, which includes

partners Innovation Saskatchewan, the Vaccine and Infectious Disease Organization – International Vaccine Centre, and Ag-West Bio Inc. The fund will support and accelerate the commercialization of cutting-edge early-stage health technologies stemming from the province's top research institutions. [Read more.](#)

2014 George A. Burbidge Memorial Award - It is with great pleasure we announce that the 2014 George A. Burbidge Memorial Award for the Highest Standing in Canada on the PEBC Pharmacist Qualifying Examination Part I and Part II went to **Meghan King**, a 2014 BSP graduate.

Medication Assessment Centre partners with SWITCH - **Derek Jorgenson**, MAC Director, appeared on Global Saskatoon Morning News health segment on Tuesday, January 20, 2015. He discussed MAC's new partnership to provide services at SWITCH to improve medication outcomes in Saskatoon's core neighbourhoods. [Watch the clip.](#)

2015 Canadian Foundation for Pharmacy Pillar of Pharmacy Award - Congratulations to **Darcy Stann (BSP, 1978)** on winning the **2015 CFP Pillar of Pharmacy Award**. Darcy was recognized as an industry leader in Western Canada for using innovative practice designs to further business development and professional services. [Read more.](#)

Dr. Ed Knaus Graduate Scholarship in Pharmaceutical Research - We're happy to announce a new scholarship: the Dr. Ed Knaus Graduate Scholarship in Pharmaceutical Research. This endowed scholarship has been set up to reward the academic achievement of graduate students in any year of program who are conducting research into the innovative design, development, and/or delivery of drugs.

PharmD Retreat - Faculty and staff met for the second PharmD Retreat on Wednesday, February 25. Watch the PharmD update blog for a report on the progress made at the retreat. [Visit the blog.](#)

Accreditation - Our pharmacy degree program accreditation has been extended to 2017 and we will not be required to renew our accreditation again before transitioning to the PharmD program.

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

Risperidone Advisory Assumption

Regarding the recent risperidone advisory - Restriction of Dementia Indication: www.healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2015/43797a-eng.php

We have noticed that some well-informed health professionals are falsely assuming that the recent advisory on risperidone means that they should change patients to alternate atypical antipsychotics such (ie. quetiapine, olanzapine). These alternatives do not have an official indication for behaviour management in dementia, and although used off label, they would have similar concerns. The advisory does make mention

of similar concerns with other antipsychotics, however, at the clinician/practitioner level, they are often only seeing the advisory/restriction title and making the assumption that it is risperidone only.

Ensure patients are not inappropriately switched from risperidone to atypical antipsychotics.

Loren Regier, RxFiles
Karen Jensen, medSask
04March2015

“Administration of Drugs by Injection and Other Routes” Special Edition Newsletter

A special edition of SCOPe concerning the administration of drugs by injection and other routes has recently been released. Its purpose is to update members and invite input on the proposed authority for pharmacists to administer drugs.

Council intends to consider all comments at their next meeting. Comments can be sent to: info@saskpharm.ca.

At the request of the Pharmacists' Association of Saskatchewan (PAS), we have modified and clarified our policy on prerequisites for the injections training from the version released February 20, 2015. Specifically, we have revised the second point under “Advanced Method Certification Requirements – Injection” to read:

Prerequisites for the completion of the CCCEP (two-staged) Competency-Mapped Accreditation training programs are current Standard First Aid and CPR Level C with AED. They can be taken at any time up to the live, practical skills training module. In other words, you must have current Standard First Aid and CPR Level C by the time you take the live session.

Recently we have received a further request for PAS to review the timing of the Standard First Aid and CPR Level C training. This is currently under review.

Please read the revised version of the “Administration of Drugs by Injection and Other Routes” newsletter [here](#). It has also been posted on the SCP website.

2015 Pillar of Pharmacy Award – Darcy Stann, BSP 1978



The Canadian Foundation for Pharmacy (CFP) has announced the recipient of the 2015 Pillar of Pharmacy Award given to individuals who have demonstrated a lifelong commitment to the profession of pharmacy. This year, the award will be presented to Mr. Darcy Stann, BSP 1978.

From CFP's news release: “Darcy is recognized as an industry leader in Western Canada for using innovative practice designs to further business development and professional services. In addition to providing business consulting services for various clients, he plays an active role in negotiating changes to pharmacy reimbursement systems with three provincial governments and the Federal Health Partnership.”

Darcy graduated from the College of Pharmacy, University of Saskatchewan, Class of 1978. He also holds a Master's degree in Business Administration from the University of Calgary. Though he lives and works in Alberta, Darcy has remained a member of the Saskatchewan College of Pharmacists (formerly the Saskatchewan Pharmaceutical Association) since his initial registration in 1981. He has been a staunch supporter of Saskatchewan pharmacy, often attending Saskatchewan's annual conference. He has also been an active participant on the Economics Committee with the Pharmacists Association of Saskatchewan (PAS).

Please join us in congratulating Darcy Stann for his dedication to the profession. Darcy was recognized at a gala dinner in Calgary on Tuesday, March 24, 2015.

Mark your calendars now!

104th Annual General Meeting

Agenda

April 25, 2015 – 10:15 to 11 a.m.
DoubleTree Hotel & Conference Centre Regina
Regina, Saskatchewan

President: Spiro Kolitsas
Registrar: Ray Joubert

- 1.0 President's Welcome
- 2.0 Introduction of Councillors and Special Guests
- 3.0 Motion to Accept 2014 Minutes as Printed and Distributed
- 4.0 Business Arising from the Minutes
- 5.0 Memorial to Deceased Members
- 6.0 Reports
 - 6.1 President's Annual Report
 - 6.2 Registrar's Report
 - 6.3 Auditor's Report/Report of the Finance and Audit Committee
 - 6.4 Consideration of Annual Report as Printed and Distributed
 - 6.5 College of Pharmacy and Nutrition Report
- 7.0 New Business
- 8.0 Adjournment

Membership Renewals are Around the Corner!

To ensure that we have all the correct information for your membership renewal, please remember to inform the College if your email address, mailing address or place of employment has changed since the last renewal.

These changes can be made by **using your member log-in** on the SCP website www.saskpharm.ca.

Remember: It is your responsibility to keep personal information current and up-to-date with the College. It is also your responsibility to inform the College of any changes to your place of employment. This information helps SCP determine electoral divisions and keeps members informed of urgent matters.

Message from PAS about Upcoming Injection Training Subsidy

**Dear Saskatchewan Pharmacists
and Pharmacy Owners/Managers:**

As you are aware, the Saskatchewan College of Pharmacists has led in the development and implementation of legislation that is pending to enable pharmacists to provide drugs by injection (amongst other important initiatives). This scope change for pharmacists is expected to pass during the current spring session of the legislature. As a result, the College of Pharmacy and Nutrition at the University of Saskatchewan, through its Continuing Professional Development for Pharmacists Program (CPDP), has been working hard to ensure that training has been developed, and has communicated to pharmacists the availability of training spots beginning in April 2015. Please see their communication on this [here](#).

PAS is excited to be able to communicate to you that, in partnership with the College of Pharmacy and Nutrition at the U of S, the costs of the injection training for all practicing pharmacists will be fully covered by a training grant from PAS. This training support is being put in place to remove any financial barriers related to the required training for pharmacists to offer injections as part of the 2015 flu vaccination season. A majority of this available funding has been re-purposed from other initiatives that have been completed, and the PAS Board directed us to utilize these remaining funds to support pharmacists being trained for providing injections. It is also our contribution to the goal of ensuring as many pharmacists as possible are trained to provide injections for the 2015-16 flu season.

To access the full one-time funding for injections training, you must register and complete the required training through CPDP (or another accredited provider) by **September 30, 2015**. We encourage you to register early, as the spaces in September may be limited. After that time, a reduced training subsidy will be provided for a limited time period, and details on that will be communicated by the end of May. If you register with CPDP for training, nothing further is required for you to access the training funding. However, if you or your employer has utilized another accredited training program, then your employer will need to contact PAS to access the funding.

NOTE: For those individuals who have already registered and paid a portion of the training costs, PAS and CPDP will be working together to ensure you receive a refund directly from PAS.



PAS and CPDP are currently working to ensure students who are graduating in June 2015 and who plan to become licensed in Saskatchewan will have access to the full training subsidy. Such individuals should register with CPDP in June after Convocation and after applying for licensure with SCP, to complete the online modules over the summer, prior to taking the live training in September.

If you have any questions about this initiative, please feel free to contact PAS at (306) 359-7277 or via email at info@skpharmacists.ca. For information on registering for the training, please contact CPDP at cpdp@usask.ca or via phone at (306) 966-6350.

Pharmacy Examining Board of Canada (PEBC) Examination Dates

Schedule of Examinations for Pharmacists

Examination Name	Examination Date	Application Deadline Date*
Spring Pharmacist Qualifying Examination	MCQ: May 19 & 20, 2015 OSCE: May 24, 2015	February 27, 2015
Summer Pharmacist Evaluating Examination	July 7 & 8, 2015	April 2, 2015
Fall Pharmacist Qualifying Examination	MCQ: Nov 4 & 5, 2015 OSCE: Nov 7, 2015	August 7, 2015
Winter Pharmacist Evaluating Examination	January 6 & 7, 2016	October 2, 2015

Schedule of Examinations for Pharmacy Technicians

Examination Name	Examination Date	Application Deadline Date*
Winter Pharmacy Technician Qualifying Examination	OSPE: Mar 28, 2015 MCQ: Mar 29, 2015	December 12, 2014
Spring Pharmacy Technician Evaluating Examination	Apr 12, 2015	January 9, 2015
Summer Pharmacy Technician Qualifying Examination	MCQ: Sep 12, 2015 OSPE: Sep 13, 2015	June 10, 2015
Fall Pharmacy Technician Evaluating Examination	Oct 17, 2015	June 26, 2015

*Applications must be RECEIVED by the PEBC office no later than the application deadline date