

# SCOPE newsletter

QUALITY PHARMACY CARE IN SASKATCHEWAN

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## CAPSI U of S Students Rule!

The Saskatchewan College of Pharmacists would like to recognize the number of Saskatchewan pharmacy students serving on the 2016 Canadian Association of Pharmacy Students and Interns (CAPSI). From the 3500 members, each pharmacy school/faculty in Canada elects two representatives to serve on the executive, as well as others to fill key roles on council. This year, in addition to the two representatives, four other University of Saskatchewan Pharmacy students have stepped up to serve on the National Executive, giving CAPSI's council a strong Saskatchewan representation.



Photo credit: CAPSI National Webmaster Huyee Chan [webmaster@capsi.ca](mailto:webmaster@capsi.ca)

The College of Pharmacy and Nutrition has a reputation for developing student leaders. This is a remarkable accomplishment and all involved deserve a considerable amount of credit for their commitment and leadership. Congratulations everyone!

The CAPSI Council Saskatchewan representatives include:

- CAPSI Saskatchewan Senior Representative: **Kelsey Joorisity** (entering 3rd year of Pharmacy program at U of S)
- CAPSI Saskatchewan Junior Representative: **Kaitlyn Tress** (entering 2nd of Pharmacy program year at U of S)
- President Elect: **Caitlin McGrath** (entering 3rd of Pharmacy program year at U of S)
- Executive Secretary: **Shelby Scherbey** (entering 4th year of Pharmacy program at U of S)
- Finance Officer: **Paraag Trivedi** (entering 4th year of Pharmacy program at U of S)
- Canadian Society of Hospital Pharmacists Student Delegate (term begins in August): **Samantha Cunningham** (entering 4th year of Pharmacy program at U of S)

*CAPSI is an association of pharmacy students, pharmacy interns, and undergraduate pharmacy organizations across Canada. The association was developed to promote and advocate the interests of Canadian pharmacy students to organized bodies in pharmacy, other professions, government, industry, hospital and the community. CAPSI also serves to expose pharmacy students to experiences and educational events that prepare them to provide the best health care possible within pharmacy's realm of expertise.*

-Source: [www.capsi.ca](http://www.capsi.ca)



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PHARMACISTS

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Field Officer

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Field Officer

### AUDREY SOLIE

Administrative Assistant

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Administrative Assistant

### CHERYL WYATT

Administrative Assistant

## Council Highlights

Council met on Thursday, June 4, 2015 in Saskatoon. Council members also attended the Saskatchewan College of Pharmacists (SCP) convocation luncheon that was held that day at TCU Place.

### ENVIRONMENTAL SCAN

During our Environmental Scan, Council members shared feedback they received from the public or from colleagues in their Division. Some common themes throughout the province were:

- Positive feedback regarding the injection training
- Issues with PIP data quality issues (failed transaction reports)
- Positive feedback regarding COMPASS™
- Hospital discharge challenges: information exchange; availability of specialty products on discharge

### BILL 151

The Registrar reported Bill 151 received Royal Assent on May 14, 2015. This Bill will become law upon proclamation expected late this summer or early fall.

### STRATEGIC PLANNING MEETING

The College is organizing a strategic planning meeting for Council to be held in October or November 2015. Council's current three-year plan was developed in February 2012. The next plan will provide the direction needed to seize opportunities and meet current and future challenges.

### INJECTION REVIEW SESSION

Council has asked the CPDP (Continuing Professional Development for Pharmacists) unit to develop an injection review session to be available September 2015. More information will follow once details are finalized.

### PHARMACY TECHNICIAN FEES

Council received correspondence asking for a review of the proposed fees for pharmacy assistants who apply for a restricted pharmacy technician membership and licence during the transitional period from proclamation to December 31, 2018. Council approved a reduced membership fee of \$500.00, down from the original fee of \$595.00, based on the following:

- Pharmacy technician fees are set at 60% of pharmacist fees (bench marked against other provinces). Pharmacist fees for the 2015-16 year are \$990.00 (\$990.00 x 60% = \$595.00)
- Council deducted portions of the fee allocated to pharmacists:

CPDP	\$60.00
NAPRA	\$47.00
medSask	\$45.25
TOTAL	\$152.25

$$\$990.00 - 152.25 = 837.75 \times 60\% = \$502.65$$
- Council approved the annual membership fee for pharmacy technicians on a restricted licence to be \$500.00.

Continued on page 5



## 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™ – Update

As July approaches, we mark the halfway point of the second phase of the COMPASS™ pilot project. The majority of the participating pharmacies appear to be quite engaged in the processes included in the pilot, and are participating in the joint initiative between SCP and PIP QIP (Pharmaceutical Information Program Quality Improvement Program) regarding failed transactions.

In March 2015, PIP-integrated COMPASS™ pharmacies were asked to start checking their failed transactions to PIP daily and to resend any failed transactions. In at least half of the pharmacies, the number of failed transactions has dramatically decreased. Patient safety has been enhanced as a result of the improved accuracy of the PIP database. While there is still room for improvement, these results are very encouraging. To help pharmacies continue to improve, e-Health will send updated failed transaction numbers to all COMPASS™ pharmacies.

The next step in this initiative may be to follow up with COMPASS™ pharmacies that are not experiencing the same level of improvement to ensure they are checking daily and resolving their failed transactions.

## COMPASS™ STATISTICS

The CPhIR (Community Pharmacy Incident Reporting) system has been collecting data for the COMPASS™ phases from September 2013 (Phase I) until the end of May 2015. During that time, there have been **2681** incidents reported. The most frequent incident types include:

- **577** incidents where the incorrect quantity was dispensed
- **563** incidents with an incorrect dose/frequency
- **403** incidents that involved an incorrect drug

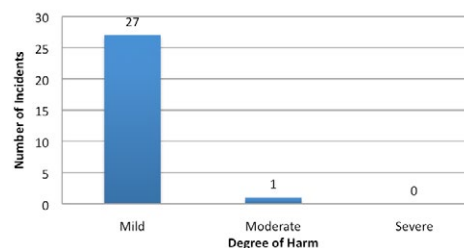
The majority, or **2139** of these incidents, had an outcome of NO ERROR, which means the incidents were intercepted BEFORE they reached the patient.

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

There were **28** reported incidents that did result in HARM. Information from ISMP Canada indicated that **27** were MILD harm and **1** was MODERATE harm. See below for further information provided by ISMP Canada regarding their analysis of the reported HARM incidents.

## Analysis by ISMP Canada Regarding Degree of Harm Breakdown

Figure 1.



- **Mild Harm:** Symptoms were mild, temporary and short term; no treatment or minor treatment was required
- **Moderate Harm:** Symptoms required additional treatment or an operation; the incident kept the patient in hospital longer than expected; or caused permanent harm or loss of function
- **Severe Harm:** Symptoms required major treatment to save the patient's life; the incident shortened life expectancy; or caused major permanent or long term harm.

## Themes Identified

The themes presented below are complementary to the COMPASS™ Phase I multi-incident analysis that addressed the role patients can play in preventing medication incidents. This analysis outlines the stages error interception may occur, from both the patient and the health care professional perspective. As a disclaimer, the information analyzed was only a fraction of the COMPASS™ (Phase I & Phase II) data which entailed 28 incidents (up to May 31, 2015) all resulting in harm (27 mild harm and one moderate harm [Figure 1]) - of these, one was excluded due to insufficient narrative information in the incident description field.

**Main Theme #1:  
Errors Intercepted by Patient**

**Sub-theme #1:  
Identified by prescription appearance**

*“Patient noticed name on the prescription bottle was not his/hers.”*

**Sub-theme #2:  
Identified through symptoms**

*“Patient was prescribed Nicoderm 7 mg patches for a 4-week duration. Pharmacist entered prescription correctly but dispensed 21 mg patches instead of 7 mg patches. Patient tried the 21 mg patch and didn't feel well ([experienced] upset stomach) so checked the box, discovered the error, and reported it to the pharmacy.”*

**Main Theme #2:  
Errors intercepted by Health Care Professional**

**Sub-theme #1:  
Upon being questioned**

*“Nurse practitioner called inquiring what [medications] the patient was on. She was particularly interested in his blood pressure medications as from the family member's account, the patient did not appear to be on any blood pressure medications. After going through the [patient's] profile, the order for Ramipril was to be continued as per cardiologist's instructions but the order entry pharmacist missed putting it in, and this was not picked up by the pharmacist who did the final check. Therefore, the patient has not received medications for hypertension since March of 2014.”*

**Sub-theme #2:  
During prescription renewal/refill**

*“Refill was requested and when the pharmacist went to double check the calculations, it was discovered the drug file had been entered incorrectly, as such the patient has been getting 1.1 mg instead of 11 mg of methadone. Upon speaking to the patient, his pain had not been well controlled and he had increased his dose to what he thought was 15 mg qd [(once daily)], but in fact it was 1.5 mg.”*

**Sub-theme #3:  
From patient transition**

*“Compliance packaging was prepared for the patient. Instead of filling the bubbles with 1 docusate [capsule] bid (twice daily) it was filled with 2 docusate [capsules] bid. Patient actually spent the night in the hospital and the doctor changed the dose to 1 [docusate capsule] bid. The caregiver discovered that the docusate was packaged wrong.”*

Prepared by ISMP Canada

**Note:** The above information does not include specific recommendations for improvement due to the small sample size and that this is only a small part of COMPASS™ (Phase I and Phase II) data. However, the intent is to help illustrate the following potential interventions in frontline pharmacy practice:

- 1) Involving patients in the CQI activities. Patients do play a significant role in identifying and intercepting medication incidents.
- 2) Having a dialogue with patients at the in-counter (e.g. when placing a prescription or refill order) or at the pick-up counter will definitely help identify and intercept some medication incidents.
- 3) Transition points of care are certainly vulnerable points (for medication incidents) in the health care system. Practitioners should act as gatekeepers at these transition points of care and intercept accordingly whenever possible for error prevention.

Acknowledgements

ISMP Canada would like to acknowledge the Saskatchewan College of Pharmacists for its support and facilitation of COMPASS™. The incidents anonymously reported by COMPASS™ pharmacies in Saskatchewan to CPhIR were extremely helpful in the preparation of this analysis.

**SHARED LEARNING FROM REPORTED INCIDENTS**

SCP is still looking for reports of incidents that have occurred and how they were resolved. We would like to post them as a “Good Catch” in the SCOPe newsletter and/or on our Facebook Group page as a learning opportunity for other Saskatchewan pharmacies. Whether or not you are a COMPASS™ pharmacy, we would like to hear about these incidents. All information provided will be kept anonymous. Please forward incident reports to Jeannette Sandiford at [jeannette.sandiford@saskpharm.ca](mailto:jeannette.sandiford@saskpharm.ca).

**INTERESTED IN BEING A PART OF COMPASS™?**

If you have been thinking about joining COMPASS™, there is still an opportunity for your pharmacy to participate. We would be happy to add any interested pharmacy to the pilot project. Whether you want to join or would just like more information, please contact Jeannette Sandiford by email at [jeannette.sandiford@saskpharm.ca](mailto:jeannette.sandiford@saskpharm.ca) or by phone 306-584-2292 ext. 6.

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



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## Council Highlights - continued from page 2

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### DENIAL OF EXEMPTION

The College had submitted to the Minister of Labour Relations and Workplace Safety, Don Morgan, a request for a regulatory amendment to exempt from the provisions of *The Saskatchewan Employment Act* individuals such as international pharmacy graduates and former members wishing to return to active practice to complete our Appraisal Training and Assessment processes leading to registration and licensure as practising pharmacists.

We have received written notice that our request has been denied at this time but will be held for the next review of the Employment Standards part of the Act.

What this means is that all candidates for appraisal training placements must be treated and paid as employees of the pharmacy. Further, for the two-week assessment period assigned by the College, these individuals also must be treated as employees of the pharmacy according to *The Saskatchewan Employment Act* and Regulations.

The Registration and Licensing Policies Committee will be meeting to review our processes and determine whether this process can be maintained or an alternate process must be developed and implemented. Until such time as this review has been completed, no new applications for appraisal training will be considered.

### COMPLAINTS COMMITTEE REPORT

Council received the report from the Complaints Committee dated April 24, 2015. The Committee met on March 4, 2015, and addressed 12 new files. A breakdown of the complaint type includes:

- 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
- 5 Privacy/Confidentiality
- 4 Miscellaneous/Other

*Note: one complaint may have more than one allegation.*

The Committee is monitoring the following trends:

- Increased number of complaints in which the complainant alleges pharmacist behavioral issues (lack of empathy, rudeness).
- Increased number of complaints involving an unsupervised pharmacy assistant and/or privacy breach on the part of a pharmacy assistant.

The responses received from members routinely advise the pharmacy was extremely busy and that he/she was the only pharmacist on duty.

### DRUG DISCOUNT CARDS

There is growing public awareness of the use of drug company discount cards for some medication products. Council reviewed recent media articles and the Registrar has discussed the issues with the Drug Plan regarding any impacts of this practice. Council will continue to examine this issue and investigate whether or not the College can support their use.

### MINOR AILMENT UPDATE

The following minor ailment changes are subject to the implementation phases as described below. Please watch our Facebook Group and website for further announcements.

On June 4, 2015, Council approved the following medSask recommendations:

1. Add efinaconazole 10% solution (Jublia) for onychomycosis (fungal infection of the nails) and the guideline for onychomycosis treatment.
2. Add acyclovir 5% + hydrocortisone 1% cream (Xerese) for cold sores.
3. Substitute Allergic Rhinitis for Insect Bites as one of the three required training modules for certification for Minor Ailment prescribing because hydrocortisone 1% is now a non-prescription drug leaving no prescription options in the Insect Bite guideline.

Council did not specify a timeframe, which means these adjustments are in effect subject to addressing implementation strategies, including coordinating training and compensation for recommendations 1 and 2. As a result, Saskatchewan College of Pharmacists (SCP) will work closely with Continuing Professional Development for Pharmacists (CPDP). CPDP is developing training for these additions.

Members will be notified once this work has been finalized.

**Council's next meeting will be held September 24, 2015 in Regina.**

## 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*

For the latest news from the College, visit our website:  
<http://www.usask.ca/pharmacy-nutrition>.

In this edition of “From the Desk of the Dean,” we celebrate our faculty, alumni, and students, and their outstanding accomplishments in recent months. I’m honoured to be part of a college that’s connected to so many exceptional people. Here are a few of the most remarkable awards and achievement from the last few months:

Congratulations to **Dr. Bruce Schnell**, BSP, MBA, PhD, FCSHP, who received an honorary Doctor of Science degree at the Thursday, June 4 convocation ceremony. Dr. Schnell joined the faculty in 1966 and was Dean from 1976 to 1982. As the first pharmacy dean to hold a PhD degree, he rejuvenated the undergraduate education program and developed solid research and PhD programs in pharmaceutical science and practice. [Read the full story.](#)

**Dr. Susan Whiting** is one of the latest to join the ranks of Distinguished Professor at the University of Saskatchewan. The Distinguished Professorship Program recognizes outstanding achievement in research, scholarly or artistic work by both faculty and professors emeriti.

**Dr. Dennis Gorecki**, former Dean of the College of Pharmacy and Nutrition, has been awarded the 2015 CPhA Meritorious Service Award. This award recognizes service to the pharmacy profession such that it brings credit and prestige to the profession. [Read the article.](#)

Dr. Gorecki has also been honoured by the University of Saskatchewan Retirees Association with their 2015 Prime of Life Achievement Award. The award honours and expresses appreciation of persons who have retired from work at the University and, after their retirement, have been recognized for outstanding scholarly, artistic or service contributions. Dr. Gorecki will be presented with the award in September.

**Sherylin Houle** (BSP, 2006) has been selected for the Canadian Pharmacists Journal Best Paper of the Year. She is lead author on the paper “Paying pharmacists for patient care: A systematic review of remunerated pharmacy clinical care services,” which is available in the July/August 2014 issue of CPJ. [Read the article.](#)

**Robert Pammett** (BSP, 2010; MSc, 2015) has received the CPhA New Practitioner Award. Robert has already proven himself a leader in pharmacy, poised to act as a major agent of change over the next decade. [Read the article.](#)

**Meaghan King** (BSP, 2014) has received the Dean George A. Burbidge Award for achieving the highest mark on the Pharmacy Examining Board of Canada’s spring qualifying exam. [Read the article.](#)

I’m also proud of how our CAPSI students are engaged on a national level. Congratulations to the following students on their new roles:

- Saskatchewan Senior Representative: **Kelsey Joorisity**
- Saskatchewan Junior Representative: **Kaitlyn Tress**
- President Elect - National: **Caitlin McGrath**
- Executive Secretary - National: **Shelby Scherbey**
- Finance Officer - National: **Paraag Trivedi**
- Canadian Society of Hospital Pharmacists Student Delegate: **Samantha Cunningham**

While these are only a few highlights, I could go on and on with the list of accomplishments by our faculty, alumni, and students. My sincere congratulations to each and every one of you!

I encourage everyone to take a break this summer and enjoy the beautiful weather. It’s time to rest and rejuvenate, and reconnect with family and friends. The College of Pharmacy and Nutrition will be a busy place this fall, and I’m excited for things to come.

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

### Communication in Long Term Care

Due to the complex nature of the care of many seniors, they may be transferred from a long term care facility to a hospital and then to another long term care facility (or facilities!) in a very short period of time, necessitating prescription orders and transfers. The possibility of an error or omission in treatment grows with each transition or hand off.

During these transitions, family members may express concern about the patient's pharmaceutical care and prescriptions. Often this is a very stressful time for the family and unexpected expenses can create misunderstandings and frustration. Please communicate clearly to ensure patients, families and caregivers understand the professional services being provided as well as the associated costs. Upfront communication and working to ensure a full understanding of the services and costs will help reduce the stress for everyone.

More information is available in our Reference Manual at [www.saskpharm.ca](http://www.saskpharm.ca) including the [Supplemental Standards for Pharmacists Caring for Residents of Long Term Care Facilities](#).

### Prescription Transfers

Have you ever been unsure about whether only pharmacists are able to speak to another pharmacist regarding prescription transfers, or whether this function could be delegated to a pharmacy assistant? In Saskatchewan, we currently do not regulate pharmacy technicians and therefore **only** pharmacists may transfer a prescription. That will change when Bill 151 is proclaimed into law as under the Food and Drugs Regulations licensed pharmacy technicians can give and take prescriptions transfers.

In the meantime, when you answer the phone, identify yourself to the caller to ensure the caller knows you are a pharmacist and have all your support staff do the same (with their titles). Ensure that only pharmacists are having telephone conversations regarding prescription transfers. Remind your support staff of their limitations in transferring prescriptions (i.e. they may do the paperwork once the initial request has been discussed by the pharmacists).

Both the Provincial Regulatory Bylaws and the Food and Drug Regulations have nearly identical information regarding prescription transfers as follows:

#### Food and Drug Regulations excerpts:

**C.01.041.** (1) No person shall sell a prescription drug unless

- (a) they are entitled under the laws of a province to dispense a prescription drug and they sell it in that province under a verbal or written prescription that they received; or
- (b) they sell it under section C.01.043.

**C.01.041.1** Subject to paragraph C.01.041.3(2)(b), a pharmacist or pharmacy technician may transfer to another pharmacist or pharmacy technician a prescription for a prescription drug.

**C.01.041.2** (1) Before a pharmacist sells a drug under a prescription that was transferred under section C.01.041.1, the pharmacist or a pharmacy technician shall

- (a) create a written record of the name and address of the pharmacist or pharmacy technician who transferred the prescription and, if applicable, the number of authorized refills remaining and the date of the last refill; and
- (b) obtain a copy of the written prescription or of the written record that was created under subsection C.01.041(2), as the case may be, or, in the case of a verbal transfer, create a written record that includes the information referred to in that subsection.

(2) The pharmacist shall retain the documents referred to in subsection (1) for at least two years after the day on which the prescription was filled.

**C.01.041.3** (1) A pharmacist or a pharmacy technician who transfers a prescription under section C.01.041.1 shall indicate the date of transfer on the original of the written prescription or of the written record created under subsection C.01.041(2) or in a record kept under the name of the patient in question, as the case may be.

(2) When the pharmacist or pharmacy technician has transferred the prescription,

- (a) the pharmacist shall not make any additional sales under the prescription; and
- (b) the pharmacist or pharmacy technician shall not transfer the prescription to another pharmacist or pharmacy technician.

#### Provincial Regulatory Bylaws excerpts:

Schedule I Drugs

24(1) Except as provided otherwise in subsection (10) and in the Narcotic Control Regulations or the Food and Drug



Regulations(Canada), no pharmacist shall sell a substance containing a Schedule I drug unless: the sale is made pursuant to a verbal or written prescription received by the pharmacist; and where the prescription has been transferred to the pharmacist under subsection(4), the requirements of subsection(5) have been complied with.

(4) A pharmacist may transfer to another pharmacist a prescription for a Schedule I drug.

(5) A pharmacist to whom a prescription has been transferred under subsection (4) shall not sell a drug pursuant thereto until:

(a) he has obtained from the pharmacist transferring the prescription his name and address, the number of authorized refills remaining and the date of the last refill; and

(b) he has:

(i) received a copy of the prescription as written by the practitioner or as reduced to writing as required by subsections (2) and (3) as the case may be; or

(ii) where the prescription has been transferred to him verbally, reduced the prescription to writing indicating therein the information specified in subsection (3).

(6) The pharmacist to whom a prescription for a Schedule I Drug is transferred under subsection (4) shall retain in his files for a period of two years the information and documents referred to in subsection (5).

(7) A pharmacist who transfers a prescription under subsection (4)

(a) shall enter on the original of the prescription and in the patient profile, the date of transfer; and

(b) shall not make any further sales under the prescription nor transfer it to another pharmacist.

## Good Practices for Narcotic, Controlled Drug and Benzodiazepine Inventory

Pharmacy managers are required to be extremely diligent and have a high level of oversight in their pharmacies to ensure safe distribution, storage and monitoring of the narcotic, controlled drug and benzodiazepine inventory.

Any discovered shortages of a narcotic or controlled drug, regardless of whether there is a suspected diversion or non-involvement of the police, is to be reported to Health Canada. The Health Canada form is available on the SCP website [here](#).

A copy of the completed form should also be sent to the Saskatchewan College of Pharmacists.

Good practices ensure adequate oversight and due diligence regarding narcotic and controlled drugs. Good practices include:



- Conduct regular narcotic, controlled drug and benzodiazepine counts – monthly is best. Counts should be done without the benefit of a pre-printed computer inventory to ensure they are uncontaminated and are not simply matched with computer inventory. Whenever possible, the staff performing the counts should be rotated so that no one individual is responsible for counting, inventory control and manual adjustments.
- A full narcotic reconciliation should be done regularly (at least quarterly) to detect any possible diversion. See the following reference manual document [http://scp.in1touch.org/uploaded/web/refmanual/Narcotic&Contr\\_Substances\\_Recon\\_08152013.pdf](http://scp.in1touch.org/uploaded/web/refmanual/Narcotic&Contr_Substances_Recon_08152013.pdf).
- After each narcotic count, update the perpetual inventory. All shortages *must* be investigated and the cause determined and corrected *prior to updating* the inventory.
- Secure all passwords and codes specific to individual pharmacists for ordering CDSA products. Do not share them with other staff. Passwords and codes for software and inventory management should also be secured and protected.
- If someone other than the pharmacy manager is handling the manual stock adjustments, monitor manual adjustments of stock, especially narcotics, controlled drugs and benzodiazepines.
- All expired stock (narcotics, controlled drugs and benzodiazepines) should be kept in the safe or a locked cupboard. The exact count should be recorded and counted occasionally to ensure the expired drugs are not being removed from the pharmacy and diverted.
- Non-pharmacy staff should not be allowed in the pharmacy at any time unless supervised by a pharmacy staff member.
- Codes for the safe or keys for the locked cupboard should not be left in a location that non-pharmacy staff could access them. The best location is in the care and custody of a responsible staff person (pharmacy manager, pharmacist in charge). For example, keys to the locked cupboard should not be stored beside the locked cupboard. Extra or spare keys should not be accessible by non-pharmacy staff.
- Passwords, alarms, codes and keys should be changed whenever a suspected loss or diversion occurs, and when staff leave your employ.



## Convocation Luncheon at TCU Place, Saskatoon

The 59th annual Saskatchewan College of Pharmacists' convocation luncheon was held on Thursday, June 4, 2015 following the convocation ceremony at TCU Place, Saskatoon. Many of the faculty and staff of the College of Pharmacy and Nutrition, Council and staff of the Saskatchewan College of Pharmacists (SCP) were in attendance to warmly welcome the new graduates into the profession.

President Spiro Kolitsas welcomed guests and congratulated the graduates on their achievements. On behalf of Council, Spiro offered his best wishes to the 2015 grads as they transition from students to practising pharmacists.

It was SCP's honour to host Dr. Bruce Schnell BSP, MBA, PhD, FCSHP, former Dean of the College of Pharmacy and Nutrition, as our special guest. Dr. Schnell received an Honorary Doctor of Science degree from the University of Saskatchewan earlier that day for his contributions to the undergraduate education program, research and PhD programs in pharmaceutical science and practice. Joining Dr. Bruce Schnell and his wife, Mrs. June Schnell, at the luncheon were several other past College deans who attended to witness the celebration of his achievements. These honoured guests included Dr. Jim Blackburn and Mrs. Shirley Blackburn, Dr. Dennis Gorecki, Dr. David Hill and Mrs. Sandra Hill, and Dr. Dennis Johnson and Mrs. Sharon Johnson.

On behalf of the Pharmacy Association of Saskatchewan (formerly the Pharmacists' Association of Saskatchewan), Ms. Julia Bareham – Chair welcomed the new graduates into the profession. Ms. Bareham was also the proud recipient of a Master of Science degree at the morning's convocation ceremony. Dr. Jaris Swidrovich congratulated the new graduates on behalf of the Canadian Society of Hospital Pharmacists – Saskatchewan Branch, while Ms. Christine Hrudka brought greetings from the Canadian Pharmacists Association.



Erica Pahl, Bill Gerla

President-Elect Bill Gerla presented the Saskatchewan College of Pharmacists' Gold Medal to the most distinguished graduate, Ms. Erica Jane Pahl of Osler, Saskatchewan. Ms. Pahl maintained an average of 89.59% over her four years in the pharmacy program and was the recipient of several scholarships, awards, and

bursaries. She received a Bachelor of Pharmacy degree with Great Distinction and plans to stay in Saskatchewan to work in Saskatoon.



Teslyn Anderson, Bill Gerla

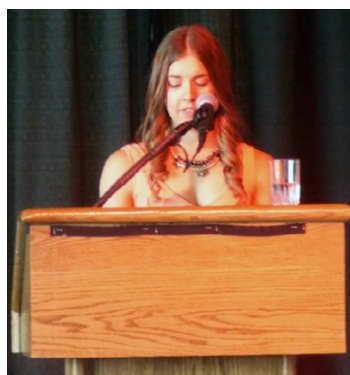
The second most distinguished graduate was Ms. Teslyn Marie Anderson of Flin Flon, Manitoba. President-Elect Bill Gerla presented her with the Campbell Prize. Ms. Anderson maintained an average of 87.54% during her four years in the pharmacy program and received several

scholarships. She received a Bachelor of Pharmacy degree with Great Distinction and plans to work in an independent pharmacy in Calgary.



A noteworthy event – current and four past Deans - Dr. David Hill, Dr. Dennis Gorecki, Dr. Bruce Schnell, Dr. Kish Wasan, Dr. Jim Blackburn

Dean Kishor Wasan gave his best wishes to the graduates before Dr. Yvonne Shevchuk presented the awards from the College of Pharmacy and Nutrition.



Senior Stick Karolina Koziol

Senior Stick, Ms. Karolina Koziol, thanked SCP for hosting the luncheon, as well as the Faculty of the College of Pharmacy and Nutrition and the families of the graduates for offering their support while the students pursued their education. Ms. Koziol led the graduates in the recitation of the Oath of Maimonides.

SCP looks forward to registering the graduates of the Class of 2015 as members of our College, and colleagues, and wishes them all the best as they embark on their career paths. Congratulations to all of the graduates for their achievement!