

# SCOPE newsletter

QUALITY PHARMACY CARE IN SASKATCHEWAN

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SASKATCHEWAN  
COLLEGE OF  
PHARMACY  
PROFESSIONALS

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## New Pharmacy Technicians in Our Province – How Does This Impact Pharmacy Practice?

SCPP was happy to welcome six pharmacy technicians into our new class of membership in 2015. *The Pharmacy and Pharmacy Disciplines Act* (the “Act”) gave SCPP the authority to regulate pharmacy technicians on October 5, 2015. These newly licensed pharmacy technicians are prepared to step into an independent defined scope of practice where they are able to take full responsibility for their actions.

There are many individuals currently working towards licensure, which is no small accomplishment as candidates juggle work, family life and studies. The expectation is that this early group of six will be joined by additional pharmacy technicians by the end of 2016.

### PHARMACY TECHNICIAN SCOPE OF PRACTICE

Pharmacists and pharmacy assistants may not yet be aware of the scope of practice of a licensed pharmacy technician and how that differs from a pharmacy assistant. The [Licensed Pharmacy Technician Scope of Practice](#) document can be found on the SCPP website under the Pharmacy Technician tab. The last several pages include a helpful chart outlining and comparing the scope of practice for a pharmacist, a pharmacy technician and a pharmacy assistant.

### PHARMACY TECHNICIAN TITLE

Before the Act came into force, a number of titles were used to designate a non-pharmacist working in a pharmacy; these titles included Pharmacy Technician. As of October 5, 2015, the title of Pharmacy Technician is protected in Saskatchewan, and is to be used exclusively by those who have registered as a pharmacy technician with the College.

Section 22(2) reads,

*“No person other than a licensed pharmacy technician shall use the title “pharmacy technician” or any word or designation, abbreviated or otherwise, to imply that the person is a licensed pharmacy technician.”*

To avoid confusion for pharmacists, for example when transferring prescriptions between pharmacies, and also to respect licensed pharmacy technicians, SCPP would like your **help to ensure ONLY licensed pharmacy technicians are using the protected title of Pharmacy Technician**. In addition to changing staff titles, the use of “Pharmacy Technician” for non-regulated professionals should not appear on any written materials, name tags, websites, etc. This is not an exhaustive list and will depend on each pharmacy’s practice.

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**CHERYL WYATT**

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## Council Highlights – December 16, 2015

Council met on December 16, 2015 in Regina, just prior to the joint CSHP-SK Branch, PAS, SCPP joint meeting the following day. Lyndsay Ratzlaff, who sits on Council as a pharmacy assistant observer, announced her new title of Licensed Pharmacy Technician.

### Environmental Scan

Each Councillor shared feedback received from the public or colleagues within their division in a round table discussion. The following common themes emerged throughout the province.

- Some physicians are faxing out prescriptions to more than one pharmacy. Also, when a patient is discharged from a hospital visit, some physicians are faxing the prescription to a pharmacy and also giving the original prescription to the patient. The patient may go to a different pharmacy to have the drug filled. These practices have the potential to cause public harm, and are also causing duplicate work, product waste and an increase of logged prescriptions.
- Public feedback suggests accessibility of the flu shot to be positively received. As of the December 16 meeting date, almost 50,000 people had been immunized at a pharmacy since the Act was proclaimed. Patients have been inquiring about whether pharmacists can administer other injections as well.

### Registrar's Report

1. The failed transaction reports regarding PIP need to be dealt with daily to ensure patient safety. In October 2015 alone, there were 22,541 failed transactions, or about 75 failed transactions per CeRx integrated pharmacy.
  - a. Education and awareness is still an issue.
  - b. Pharmacy professionals need to take on the responsibility to fix errors.
  - c. Lack of understanding still exists on how an integrated environment works.
  - d. Workflow and capacity issues exist for pharmacists.
  - e. Strategy is needed for sustained data quality. e-Health has improved PIP data quality significantly but more progress is needed.
2. PIP CeRx Integration: 89% (322) of pharmacies are integrated with PIP, with 11% (40) not yet integrated. The integration of pharmacies continues to proceed as planned. SCPP expects that all pharmacies will be integrated by March 31, 2016.
3. Community Pharmacy Trends & Insights presented by Pharmacy Practice and Canadian Health Network revealed some trends:
  - a. Overworked pharmacy professionals.
  - b. Lack of time or other resources due to an expanded scope.
  - c. Services are being driven by reimbursement.

### Governance Process – Bill 151

Proclamation of Bill 151 changed the composition and structure of Council and the Complaints and Discipline Committees. No bylaw changes are needed as the changes are more procedural in nature.

1. Council
  - Public members may increase from two to four members
2. Complaints Committee
  - elected Councillors are no longer able to serve
  - a minimum of three persons will be appointed by Council
  - a public member is optional



## 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 Pharmacy Professionals  
(SCPP)

- subject to legal advice, the Committee consists of three distinct committees or panels
- members of the Complaints Committee may not serve on the Discipline Committee

### 3. Discipline Committee

- elected Councillors are no longer able to serve
- a minimum of three persons will be appointed by Council
- subject to legal advice, the Committee consists of three distinct committees or panels
- members of the Discipline Committee may not serve on the Complaints Committee
- the Committee *must* include a public appointee in accordance with subsection 8(6) of the Act

### University of Regina Senate Appointee

Bill Paterson has been appointed to the University of Regina Senate as the designate from SCPP. His term will begin July 1, 2016. He will replace Dale Toni who has retired from his appointment.

### COMPASS™

Field Officer Jeannette Sandiford reported on the conclusion of Phase II of the Pilot Project and made recommendations regarding the status of the program ([see page 6](#)).

### Prescriptive Authority

Respecting minor ailments prescribing, medSask is updating guidelines for Table 1 conditions (those currently in effect) and preparing guidelines for Table 2 conditions (those requiring an initial diagnosis). Council discussed the need to continue to work and consult with both the College of Physicians & Surgeons of Saskatchewan (CPSS) and the Saskatchewan Medical Association (SMA).

### Administrative Bylaws Revision

Now that the new Act and Regulatory Bylaws are in force, work is underway to revise the College’s Administrative Bylaws to reflect the new name; reference regulated pharmacy technicians where appropriate; amend Council and Officer composition, structure and election; incorporate drug scheduling by reference to the NAPRA National Model Drug Schedules I and II; and post other housekeeping amendments (e.g., update references to PAS).

### Professional Practice Committee Report

Based on the Committee’s recommendation, Council approved the following documents.

- Blood/bodily fluid and needlestick injury policy statement addition to the SCPP Reference Manual
- Emergency preparedness resource kit addition to the SCPP Reference Manual
- Private counselling room that includes a sink (bylaw to be drafted for consultation)

### Telepharmacy Tour

J. Eriksen, J. Sandiford and L. Postnikoff toured a number of telepharmacies in North Dakota in early December to gain a comprehensive understanding of telepharmacies: how they work, what type of equipment/security is needed, how inventory is handled, how consultations are managed, issues that may arise, etc. Based on the report, Council gave approval to develop a policy for Saskatchewan.

### Strategic Planning

Council will be undergoing strategic planning exercises in late February to plan the direction for the next several years.

## Physician Assisted Dying

As a result of the Supreme Court of Canada decision (aka Carter decision), SCPP has been responding to both provincial and national consultations. National feedback is being coordinated by NAPRA and ultimately Council direction will be requested on the role of the pharmacist.

## Take Home Naloxone Program

The Ministry implemented a take home naloxone pilot project on November 13, 2015 in the Saskatoon Health Region. In meeting with the Ministry, SCPP has been assured that the pilot will inform how broader community pharmacy involvement might occur in a province-wide initiative.

## College Of Pharmacy and Nutrition – Dean’s Report

Dr. Kishor Wasan reported that replacing the BSP degree program with an entry-to-practice PharmD degree program is progressing. By 2020, the Canadian Council for Accreditation of Pharmacy Programs will require a PharmD curriculum structure for graduates. Development of the PharmD program began in 2013.

Pharmacists have a newly legislated scope of practice in Saskatchewan that includes an expanded role in patient care. This requires more education, experiential learning, and training as medication therapy experts. The credential change reflects the new responsibilities pharmacists have in primary care teams. The PharmD program is being implemented to address the significant changes in pharmacy practice and the increasing complexity of pharmaceuticals.

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# Differences between Licensed Pharmacy Technicians and Pharmacy Assistants

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## Pharmacy Technicians

The pharmacy technician’s primary role is to ensure that prescriptions are filled correctly—the right medication



gets to the patient, related administration and manage inventory. Pharmacy technicians practice in an environment where procedures are in place to ensure the safety and integrity of the dispensing or compounding process and a pharmacist is available to ensure the appropriateness of drug therapy and to educate and consult with patients. Pharmacy technicians must exercise their professional

judgment at all times and are able to recognize when the clinical expertise of the pharmacist is required.

Licensed pharmacy technicians can *independently*:

- prepare and distribute prescriptions,
- compound,
- prepare sterile and non-sterile preparations,
- check to ensure the correct drug is dispensed,
- receive verbal prescriptions\*,
- copy prescriptions for authorized recipients,
- transfer prescriptions to, and receive prescriptions from other pharmacies\*,
- ensure the integrity and stability of drug product (e.g., expiry date),
- and are authorized to check and accept responsibility for the work of individuals such as assistants employed in the pharmacy practice setting.

*\*Note: While the Food and Drug Regulations were amended in 2013 to recognize pharmacy technicians and allow them to accept verbal prescriptions and perform prescription transfers, amendments have not yet been made to the Controlled Drugs and Substances Act and its related regulations. This means that, at this time, while registered pharmacy technicians may accept verbal prescriptions and perform prescription transfers for most prescriptions, they may not accept verbal prescriptions for narcotics, controlled drugs, benzodiazepines or targeted substances or participate in the transfer of prescriptions for benzodiazepines. —excerpt from The PostScript—Issue 17, published by The Newfoundland and Labrador Pharmacy Board*

Because pharmacy technicians are responsible for their scope of practice and do not require a pharmacist to check their work, they must carry malpractice insurance. Pharmacy technicians also have continuing education requirements to meet each year before renewing their licence.

## Pharmacy Assistants

The pharmacy assistant’s primary role is to provide support to both the pharmacist and to the pharmacy technician in carrying out the technical functions of the dispensing process. Their duties are somewhat similar to that of the pharmacy technician, if competent to do so, with the exception that **an assistant works under the direct supervision of a pharmacist or pharmacy technician** and they are not authorized to check the work of any other individuals within the pharmacy practice setting, nor accept accountability for their actions.

Pharmacy assistants do not require malpractice insurance, nor do they have continuing education requirements. Pharmacy assistants are not members of a regulated health profession.

## Delegating to Pharmacy Assistants

### What are the standards for delegation of pharmacy functions and tasks to pharmacy assistants?

- (1) A pharmacist or pharmacy technician licensed under *The Pharmacy and Pharmacy Disciplines Act* may delegate the performance of pharmacy functions and tasks to other persons, hereinafter referred to as pharmacy assistants, if the following conditions are met:
    - (a) the pharmacy function to be delegated must be within the scope of practice of the delegating pharmacist or pharmacy technician;
    - (b) the pharmacist or pharmacy technician, with their competencies, must assess the patient's pharmacy care needs to determine if a pharmacy function for that patient may be safely delegated to pharmacy assistant;
    - (c) the pharmacy assistant to whom the pharmacy function is to be delegated has received the training needed to safely perform the delegated function, and this training has been documented;
    - (d) the pharmacist or pharmacy technician determines that the pharmacy assistant to whom a pharmacy function is to be delegated is competent to perform the delegated function correctly and safely and accepts the delegation of the function;
    - (e) performance of the delegated pharmacy function would not require the pharmacy assistant to whom it was delegated to exercise professional pharmacy judgment or knowledge or complex pharmacy skills;
    - (f) the pharmacist or pharmacy technician provides to the pharmacy assistant, with a copy maintained on record, written instructions that include:
      - i. a clear description of the procedure to follow to perform each task in the delegated function;
      - ii. the predicted outcomes of the delegated pharmacy task;
      - iii. how the pharmacy assistant is to observe and report complications, or unexpected outcomes, and the actions appropriate to respond to any of these; and
      - iv. the procedure to document the performance of the pharmacy function in the patient's record.
- 
- (2) A pharmacist or pharmacy technician who has delegated a pharmacy function to a pharmacy assistant shall provide appropriate direction and supervision of the pharmacy assistant, including the evaluation of patient outcomes. Another pharmacist or pharmacy technician may assume delegating responsibilities from the delegating pharmacist or pharmacy technician if the substitute pharmacist or pharmacy technician has assessed the patient, the skills of the pharmacy assistant to whom the delegation was made, and the plan of care. Either the original delegating pharmacist or pharmacy technician or the substitute pharmacist or pharmacy technician shall remain readily and physically available for consultation by the pharmacy assistant.
  - (3) The delegation of a pharmacy function to a pharmacy assistant under these standards is specific to that pharmacy assistant, and does not authorize any other pharmacy assistant to perform the delegated function.
  - (4) The *pharmacist or pharmacy technician who delegated the pharmacy function to a pharmacy assistant remains responsible* for the quality of the pharmacy care provided to the patient.
- To help differentiate and understand the scope of each staff person in a pharmacy, please refer to the [Licensed Pharmacy Technician Scope of Practice](#) document, which can be found on the SPP website under the Pharmacy Technician tab. Appendix A includes a helpful chart outlining and comparing the scope of practice for a pharmacist, pharmacy technician and a pharmacy assistant.

# COMPASS™ – Phase II is Complete...Bring on Phase III!



Community Pharmacists  
Advancing **Safety**  
in Saskatchewan

The second phase of the COMPASS™ pilot project is now complete. This phase started with 84 pharmacies and over the course of the year five additional pharmacies came on board for a total of 89 pharmacies.

## FORMAL EVALUATION

The formal evaluation of the second phase of the pilot will be undertaken very shortly. The goal of the evaluation is to identify successes and challenges that the COMPASS™ pharmacies experienced, as well as if anything has changed in the pharmacy as a result of being a part of the COMPASS™ project. The evaluation involves a mailed survey to find out about the pharmacist's experiences with the pilot project.

*We strongly encourage everyone who receives a survey to complete and return it as soon as possible, so we have a more complete understanding of the successes and challenges.*

The evaluation of the Phase II will be compiled by Dr. Todd Boyle from St. Francis Xavier University. SCPP has previously worked with Dr. Boyle and his team when they completed the initial survey of Saskatchewan community pharmacies regarding attitudes and perceptions around medication incident reporting. The [results of this survey](#), Quality Related Event Reporting and Learning in Saskatchewan Community Pharmacies, are posted on the SCPP website. Dr. Boyle and his team also completed the evaluation of the Phase I of COMPASS™. The results of this evaluation will be posted on the SCPP website very soon.

## PHASE II OBJECTIVES

One of the objectives of the second phase of the pilot was to develop a standardized assessment tool that could be used to evaluate the quality assurance processes during visits to COMPASS™ pharmacies. Although the assessment tool was developed and is now being converted to an electronic version, not all of the COMPASS™ pharmacies were visited. This was mostly due to other priorities during the year.

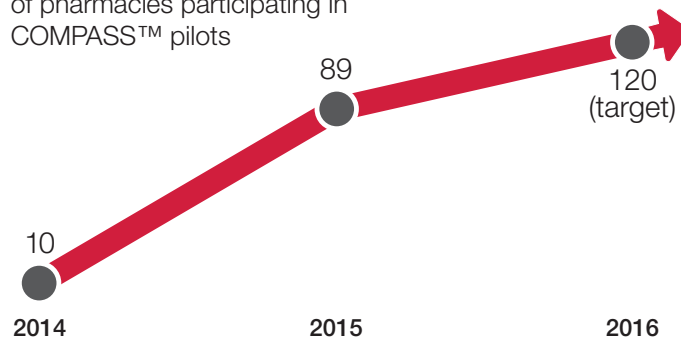
During the visits that were completed, a variety of engagement levels were seen within the pharmacies. Although there has been excellent engagement amongst the majority of the COMPASS™ pharmacies, there were a few that struggled to get started and/or sustain any momentum. When asked

about this, some pharmacy staff members indicated that other priorities such as immunization training and changes in staffing impacted their ability to fully participate in COMPASS™.

## PHASE III TO BEGIN

At the most recent SCPP Council meeting, it was decided to extend the pilot project into a third phase to better understand the successes and the challenges COMPASS™ pharmacies face while using the COMPASS™ tools. To allow more pharmacies an opportunity to use and become familiar with the tools, Council has also decided to increase the number of pharmacies in the third phase to 120.

Council has been increasing the number of pharmacies participating in COMPASS™ pilots



*Recruitment of an additional 31 pharmacies will be occurring very soon.*

## CPhIR SUBSCRIPTION

Phase III COMPASS™ pharmacies, which includes all Phase II pharmacies, will have their subscription to Community Pharmacy Incident Reporting (CPhIR) system covered throughout Phase III. The CPhIR subscription includes access to the CPhIR Online Incident Reporting System, the Medication Safety Self-Assessment (MSSA) tool and the Quality Assurance tool.

If your pharmacy is interested in participating in the third phase, you don't need to wait to be contacted. If you have any questions or would like to volunteer for Phase III of COMPASS™, please contact Jeannette Sandiford by email at [jeannette.sandiford@saskpharm.ca](mailto:jeannette.sandiford@saskpharm.ca) or at 306-584-2292 ext. 6.

## COMPASS™ STATISTICS

Our statistical reports provide us with strong, numerical evidence of the value of the COMPASS™ program. These numbers are directly derived from the inputs provided by our pilot pharmacies. The following are the statistics for incident reporting in the CPhIR system from September 2013 (Phase I) until the end of December 2015.

To date, there have been **4633** incidents reported on the CPhIR system.

The majority, or **3796** of these incidents, had an outcome of NO ERROR, which means the incidents were intercepted BEFORE they reached the patient.

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

There were **47** reported incidents that did result in HARM. Information from ISMP Canada indicated that 44 were MILD and 3 were MODERATE harm.

A breakdown of the top four types of incidents include:

**1099** incidents with an incorrect dose/frequency.

**919** incidents where the incorrect quantity was dispensed.

**692** incidents that involved an incorrect drug.

**409** incidents that involved an incorrect prescriber.

**64** pharmacies completed or started their online data entry for the MSSA.

**80** quarterly meetings were held.

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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## Shared Learning from Reported Incidents

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*The following incident was reported to SPCP with the intention to allow for shared learning. The incident shows how important it is not to assume that what was ordered was intended, and to question each time something doesn't look right.*

- An older male (age not available) was admitted to the hospital with progressing general fatigue and weakness, shortness of breath, low blood pressure, and a low heart rate. He reported having congestive heart failure and was on many medications, including metoprolol 25mg BID and carvedilol 25mg BID.
- Seven days prior to admission the patient went to see a cardiologist who didn't realize he was already taking metoprolol and prescribed carvedilol 25mg BID. The patient then went to a pharmacy to have the prescription filled, but didn't go to his usual pharmacy. The pharmacist that filled the prescription did not question the duplicate beta-blockers and so the patient was not instructed to stop the metoprolol and began taking the carvedilol as well as continuing the metoprolol.
- Upon admission to the hospital, a medication reconciliation (med rec) was done to confirm his medications. Even though the two beta-blockers were listed side-by-side on the med rec form, the admitting physician (internist) assumed the cardiologist intended both (didn't confirm) and continued all orders. The pharmacy department filled all the prescriptions without question, even though a warning indicating a duplicate prescription would have popped up on the computer screen. The patient was administered the two beta-blockers by the nurses on the ward for eight days before the metoprolol dose was decreased to 12.5mg.
- As the patient's condition grew progressively worse while in hospital over the next 19 days, another review of the

medications was done. It was discovered then that the patient was being administered two beta-blockers and after the pharmacy department confirmed with the cardiologist that only one beta-blocker was intended, the metoprolol was discontinued.

- After a very long stay in the hospital, the patient did eventually recover and was discharged.
- Through the evaluation of the incident, it was determined that there were many health care providers that could have questioned the duplicate orders, but none did. While the patient was in hospital, there were 60 different orders for the patient over the first 19 days that came to the pharmacy department—each order was an opportunity to question the two beta blockers. Several different nurses administered the two beta blockers over the initial 19 days and also didn't question the medications. There were several physicians that saw the patient over the initial 19 days and also never questioned the duplicate beta-blockers or confirmed the orders with the cardiologist.

The take away message is when something doesn't look right, it needs to be questioned. It is important not to assume the intention of another health care provider. Each discrepancy needs to be questioned and confirmed.

If you have an interesting incident/error that occurred within your pharmacy and you feel it would be a good learning opportunity for other Saskatchewan pharmacists and pharmacy technicians, please forward it to Jeannette Sandiford at [jeannette.sandiford@saskpharm.ca](mailto:jeannette.sandiford@saskpharm.ca). Any information regarding the pharmacy and/or the person who provided the details of the incidents/errors will be kept anonymous. Whether you are a COMPASS™ pharmacy or not, we encourage you to provide us with these incidents/errors, so we can all learn from them.

## Are You Doing Enough to Ensure the Accuracy of Your Patients' PIP Profiles?

PIP is an integrated system that many health care workers rely on to make critical medical decisions for patients. When prescriptions/transactions are not transmitted successfully to PIP, they will NOT show up in PIP. If a patient ends up in the emergency room after a failed and uncorrected transmission, the health care providers at the hospital would not have all the medication information they need to treat the patient. If, for example, the patient is taking warfarin or another high risk drug, the results of the failed transaction/uncorrected PIP error could be catastrophic.



In July 2015, e-Health and the Drug Plan sent out an information package to each pharmacy (integrated and non-integrated) about strategies that need to be implemented to clean-up patient PIP profiles. The package was specific to each pharmacy's vendor system. The information in these packages included steps on how to print and resolve failed transactions, how to transfer a prescription in PIP, how to enter end dates on non-prescription drugs (e.g., exempted codeine sales), along with other strategies. **If your pharmacy staff is unsure where to find this package now, you can go to [PIP QIP](#) to find a link to the information package applicable to your vendor system.**

e-Health has been monitoring each pharmacies' progress in reducing errors in patient's PIP profiles, such as failed transactions. The results of monitoring have shown that pharmacy staff could considerably increase their clean-up efforts so that all prescription/transactions are successfully recorded in PIP.

Given the potentially tragic outcome of not doing so, **ALL pharmacies need to DAILY print out the report that shows the failed transactions** that were attempted to be sent to PIP

(the report's name depends on your vendor system) and then **resolve these failed transactions DAILY**. The requirement has been legislated in *The Prescriptions Drug Act*, [Section 3.3](#); all prescriptions must be transmitted to the established provincial electronic database, which then are included in PIP.

There are other strategies you can put in place to help keep the PIP system error-free.

1. **Prescription Transfers:** Phone the other pharmacy for the transfer, ensuring you have all the required information. Then transferring the prescription via the PIP system.

The reason for performing both steps is two-fold. Firstly, it connects the two prescriptions together. Secondly, it prevents a duplicate prescription from being recording in PIP. If both steps are not followed, then it appears in PIP as if there are two active prescriptions for the same medication, when actually there is only one.

2. **End Dates:** Ensure each non-prescription medication entered into PIP (e.g., exempted codeine) has an end date. Some pharmacies specify an end date of one month from the date the medication was provided. This date needs to be decided by the pharmacy staff based on patient-specific issues and policies within the pharmacy. However, longer than two or three months is likely too long.

The impact of not putting an end date on non-prescribed medications is that the order remains active indefinitely and never falls off the PIP profile. Therefore, if a patient gets the medication regularly, all the entries remain forever, so there are many duplicates on PIP. This slows down PIP in general, but more importantly, causes confusion for other health care providers trying to determine what medications a patient is taking.

3. **Other Issues:** improper use of "Hold," not pulling pharmacist PIP generated prescriptions into the vendor system before dispensing them, and not inactivating duplicate or old prescriptions.

Information on how to ensure your pharmacy is not generating or perpetuating errors can be found in the e-Health packages. If you have questions on any of the information in the information packages, you can either call your vendor for more information, or contact PIP QIP by email at [pipqip@ehealthsask.ca](mailto:pipqip@ehealthsask.ca) or by phone at 1-888-316-7446.

For the PIP system to be as accurate as it needs to be to ensure patient safety, all health care providers, especially pharmacy staff, need to make certain they are doing all they can. Ensuring your pharmacy is fully engaged in resolving all PIP profile issues will go a long way to help keeping patients safe.



# Optometrists Can Now Prescribe for Glaucoma

The Saskatchewan Association of Optometrists publically released the following statement on January 11, 2016.



Saskatchewan Association  
of Optometrists

## **Saskatchewan Optometrists receive authority to treat glaucoma and prescribe orals**

January 11, 2016

**NEWS RELEASE – Friday January 8, 2016 Improved Access to Glaucoma Treatment in Saskatchewan**

Saskatchewan Optometrists now have the authority to diagnose, treat and manage glaucoma, including prescribing oral medications. A regulatory bylaw change takes effect January 8, 2016, bringing Saskatchewan Optometrists in line with colleagues in British Columbia, Alberta, Manitoba, Ontario, New Brunswick and the Northwest Territories.

“This bylaw change will enhance access to glaucoma treatment and support improved eye health, especially for residents in rural and remote areas of the province,” Health Minister Dustin Duncan said. “We want to ensure that valued health providers like Optometrists are able to provide people throughout the province with timely health care services.”

Optometrists are primary eye care health professionals who play a leading role in vision and eye health care by providing routine and emergency eye examinations and treatment. Physicians and other health care providers often refer patients to Optometrists. It is common for Optometrists to work in collaboration with ophthalmologists to provide pre and post-operative care for cataract and refractive surgery patients, monitor and share care arrangements for patients with glaucoma, diabetes, and/or other chronic health issues.

Dr. Rhea Anderson, President of the Saskatchewan Association of Optometrists (SAO) acknowledged “Because glaucoma is a chronic disease, continuity of clinical care and patient compliance is paramount in managing glaucoma. For aging patients or patients living in rural areas, easier access to care and familiarity with local care providers often improves and promotes compliance. We applaud the Ministry’s decision allowing optometrists to better utilize their skills and training, reduce patient wait times, and opportunity for improved access for eye care for the public.”

Glaucoma is a complex eye disease usually related to increased pressure within the eye. It is one of the most common causes of blindness and affects one in every hundred Canadians over 40 years of age; it can affect anyone at any age. Untreated, the eye slowly loses optic nerve function resulting in loss of side (peripheral) vision and eventually blindness. This occurs painlessly and may not even be noticed until severe vision loss has occurred.

Medical advancements have improved glaucoma treatment options providing better outcomes with fewer side effects. Glaucoma can be treated with eye drops, medication, surgery or a combination of methods. A plan for treatment and management includes careful and frequent follow-up (usually every three to six months) to ensure treatment is effective.

*The SAO is the governing and regulatory authority for all Optometrists licensed to practice optometry in Saskatchewan, many of whom serve rural communities.*

For more information contact Dr. Rhea Anderson, President of the Saskatchewan Association of Optometrists, at 306.652.2069 or [sao@optometrists.sk.ca](mailto:sao@optometrists.sk.ca).

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## Reminder Call for Nominations—Member Recognition

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### **LAST CALL! Deadline for all SCPP Award Nominations – January 31, 2016**

The SCPP Awards and Honours Committee is making a last call for nominations for our annual awards. These awards will be presented to members who have made a significant contribution to the pharmacy profession and/or community. **Please take time to consider who has made a contribution and submit a nomination.**

You are welcome to nominate either your colleague(s) or yourself for any of the awards. Nominations must be accompanied by a summary of the qualifications consistent with the terms of reference.

Please [click here](#) for a complete list of awards and criteria, nomination forms, and a list of past award recipients. (Remember to click the plus sign “+” next to Awards).

**The deadline for receipt of nominations for an SCPP Award is January 31, 2016. In all cases, the selections must be approved by the SCPP Council, following recommendation from the Awards and Honours Committee.**

### **NEW AWARD! Emerald Achievement Award**

The Emerald Achievement Award is a prestigious new award. It will go to a practising SCPP member in good standing for their service.

#### **Emerald Achievement Award – Terms of Reference**

The Emerald Achievement Award will be presented to an SCPP member who has been active in our profession for at least 35 years and is recognized for their dedication.

1. A member who currently holds an active practising membership in good standing with the Saskatchewan College of Pharmacy Professionals.
2. A member who has been practising in Saskatchewan for a minimum of 35 years (from the date of registration).
3. A member who has never been found guilty of professional misconduct or professional incompetence.
4. The selection must be approved by Council (SCPP) following a recommendation from the Awards and Honours Committee.
5. When possible, the Emerald Achievement Award will be presented in conjunction with the Saskatchewan College of Pharmacy Professionals’ Annual General Meeting.

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## New Reference Manual Additions

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### **NEEDLESTICK POLICY**

A new policy has been added to our Reference Manual called, "Blood/Bodily Fluid Exposure and Needlestick Injury Policy Statement & HIV PEP Kit Dispensing Guideline." The policy covers injury/exposure prevention, how to handle an incident, reporting requirements and special considerations.

[http://scp.in1touch.org/uploaded/web/refmanual/Needlestick\\_Policy\\_Current.pdf](http://scp.in1touch.org/uploaded/web/refmanual/Needlestick_Policy_Current.pdf)

### **EMERGENCY PREPAREDNESS RESOURCE KIT**

The Emergency Preparedness Resource Kit posted during the northern fires last summer has now been added to the reference manual section of our website. The topics covered include:

- The Principles of Duty to Care in an Emergency, Disaster or Pandemic
- Emergency Prescriptions – Prescriptive Authority and accessing the Pharmaceutical Information Program
- Emergency Preparedness Information and Resources
- Emergency Preparedness Action List for Pharmacy Managers
- Temporary Pharmacy Closure Due to Pharmacist Absence in an Emergency

[http://scp.in1touch.org/uploaded/web/refmanual/Emergency\\_Preparedness\\_Current.pdf](http://scp.in1touch.org/uploaded/web/refmanual/Emergency_Preparedness_Current.pdf)

### **GUIDELINES REGARDING VACCINE STORAGE, HANDLING AND TRANSPORT**

The guidelines regarding vaccine storage, handling and transport have been updated. They act as a companion summary statement to the National Vaccine Storage and Handling Guidelines for Immunization Providers (Public Health Agency of Canada, 2007).

[http://scp.in1touch.org/uploaded/web/refmanual/VaccineStorage\\_Current.pdf](http://scp.in1touch.org/uploaded/web/refmanual/VaccineStorage_Current.pdf)

## PEBC (OSPE / OSCE) NEW Assessor Invitation

The Pharmacy Examining Board of Canada (PEBC) invites pharmacists to consider participating as an assessor for the PEBC Qualifying Examination – Part II (OSCE and/or OSPE). The PEBC Qualifying Examination for pharmacists – Part II is known as the Objective Structured Clinical Examination (OSCE). The PEBC Qualifying Examination for pharmacy technicians includes a performance-based examination known as the Objective Structured Performance Examination (OSPE).

PEBC needs to increase their pool of available assessors as they are holding three exams this year: a spring and fall OSPE (for pharmacy technicians) and a May OSCE (for pharmacists).

Pharmacists are eligible to assess if they **have been fully licensed in a Canadian jurisdiction for at least two years**. 2014 graduates are now eligible to assess.

An application is not considered to be a commitment to or confirmation of participation, but is an indication of interest. Applicants will be contacted by the Saskatoon examination centre with an assessor invitation letter for the specific exams.

**Only NEW assessors** need to complete and submit the [attached application](#). Those who have previously assessed or applied to be a PEBC OSCE assessor will be contacted about all exams.

## 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 24 & 25, 2016	February 26, 2016
	OSCE: May 29, 2016	
Summer Pharmacist Evaluating Examination	July 5 & 6, 2016	April 1, 2016
Fall Pharmacist Qualifying Examination	MCQ: Nov 9 & 10, 2016	August 12, 2016
	OSCE: Nov 12, 2016	
Winter Pharmacist Evaluating Examination	January 4 & 5, 2017	September 30, 2016

### Schedule of Examinations for Pharmacy Technicians

Examination Name	Examination Date	Application Deadline Date*
Winter Pharmacy Technician Qualifying Examination	OSPE: Apr 2, 2016	Registration Closed
	MCQ: Apr 3, 2016	
Spring Pharmacy Technician Evaluating Examination	April 24, 2016	Registration Closed
Summer Pharmacy Technician Qualifying Examination	OSPE: September 10, 2016	June 10, 2016
	MCQ: September 11, 2016	
Fall Pharmacy Technician Evaluating Examination	October 15, 2016	June 24, 2016

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

## 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>.

This new year is off to a great start for the College of Pharmacy and Nutrition. These first few weeks have been filled with positive news for both our faculty and students. Here are some of the most remarkable moments since my last update:

### PharmD Approved by University Council

Our entry to practice PharmD program has been formally approved by the University Council. This is a major milestone for the College and congratulations go out to everyone involved for their time and efforts. **A special thank you to Dr. Linda Suveges, Dr. Yvonne Shevchuk and Shauna Gerwing for leading the process.** The proposal will now go to University Senate in April 2016 for final approval.

Stay up to date with the most recent developments on the PharmD curriculum with our blog [PharmD Update](#).

### College Research Day

On Tuesday, November 10, the College held a Research Day at the Western Development Museum, which included 11 oral presentations, over 50 research posters, and an inspiring keynote address. The research presented during the day included applied and bench sciences in both pharmacy and nutrition, and gave our graduate students and faculty the opportunity to learn more about each other's work.

Thank you to keynote speaker **Dr. D. Lynn Kirkpatrick (BSP, 1978; PhD, 1981)** for joining us for the day.

Dr. Kirkpatrick's career has focused on cancer drug discovery and development, and she now heads the biotechnology company Phusis Therapeutics.

### Dr. Adil Nazarali designated Fellow of the Society

The Royal Pharmaceutical Society of Great Britain has designated **Dr. Adil Nazarali** as a Fellow of the Society. Fellowship is awarded to members who have made an outstanding original contribution to the advancement of pharmaceutical knowledge or attained distinction in the science, practice, profession, or history of pharmacy.

### Dean Wasan selected for Prix Galien Canada Jury

Congratulations to **Dean Kishor Wasan** who has been selected for the Prix Galien Canada Jury. The Prix Galien Canada is the most prestigious award in the field of Canadian pharmaceutical research and innovation. [Read more.](#)

### Alumnus, former faculty member leaves \$285K gift to the college

**Dr. J. Gordon Duff's** generous gift to the college includes \$25,000 for historical archival purposes, and the remaining \$260,000 is to be used at the discretion of the Dean of Pharmacy and Nutrition. A portion of the gift will go towards establishing a new Graduate Student Training program in the college, while the remainder will be reserved for future use. [Read more.](#)



### CAPSI Professional Development Week

Congratulations to **Jayesh Changela, Darren Bogle, Madison Schmidt, and Trista Zacharias** who took first place in the CAPSI Compounding Competition at PDW. [Read the full PDW results on our website.](#)

### International Year of the Pulses

The Division of Nutrition kicked off the United Nation's International Year of the Pulses on Wednesday, January 6. The year-long campaign aims to raise awareness about the nutritional value of pulses. **Dr. Carol Henry** has been interviewed a number of times to discuss the campaign and her research on pulses. [Read the article.](#)

While spring might still seem to be far away, make sure to join the College for the dessert and alumni reception at the PAS Conference in April. We'd love to reconnect with alumni from across the province, and hear the stories of your successes.

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

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## *105th Annual General Meeting*

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*Mark your calendars now!*

# 105th Annual General Meeting

**Saturday, April 30, 2016 – 10:15 a.m. to 11 a.m.  
Elkridge Resort, Waskesiu**

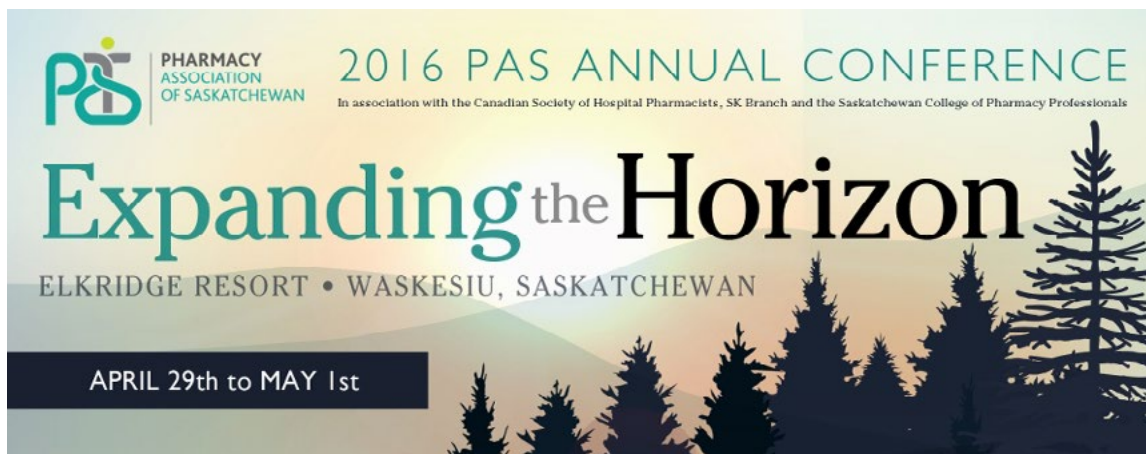
SCPP's 105th Annual General Meeting will be held  
during the 2016 PAS Annual Conference.

## **SCPP 10, 25 & 50 Year Anniversary and Awards Reception**

Friday, April 29, 2016 – Cocktails at 6 p.m./Dinner at 6:30 p.m.

## **SCPP President's Luncheon**

Saturday, April 30, 2016 – 11:40 a.m.



The banner features a background of a sunset over a forest of evergreen trees. On the left is the logo for the Pharmacy Association of Saskatchewan (PAS), consisting of the letters 'PAS' in a stylized font. To the right of the logo, the text reads 'PHARMACY ASSOCIATION OF SASKATCHEWAN'. Further right, the main title '2016 PAS ANNUAL CONFERENCE' is displayed in a large, teal, sans-serif font. Below this title, in a smaller font, it says 'In association with the Canadian Society of Hospital Pharmacists, SK Branch and the Saskatchewan College of Pharmacy Professionals'. The central focus of the banner is the phrase 'Expanding the Horizon', where 'Expanding' is in teal and 'the Horizon' is in black. Below this phrase, it says 'ELKRIDGE RESORT • WASKESIU, SASKATCHEWAN'. At the bottom left, a dark rectangular box contains the text 'APRIL 29th to MAY 1st' in white.

# Speed Reading

## Vaccinations & Titre Testing Recommended

Pharmacy professionals are likely aware that pharmacists and pharmacy personnel responsible for handling blood/bodily fluids or providing injections should be vaccinated for hepatitis B.

While these individuals may have received a hepatitis B vaccine to take the injection training, they may not be aware that they should also have their titres checked. Post-immunization titre testing is recommended for anyone who receives the hepatitis B vaccine. There is no vaccine for HIV or hepatitis C.

For health care workers, post-immunization titre testing is also recommended in the Canadian Immunization Guide.

## CPDP Immunization and Injection Clinical Live Spring Sessions

Continuing Professional Development for Pharmacists (CPDP) has announced new spring dates for Part II of the immunization and injection live clinical sessions for the Education Program for Immunization Competencies.

The live clinical session dates are:

### Saskatoon:

- Saturday March 12, 2016 AM – Saskatoon
- Saturday March 12, 2016 PM – Saskatoon
- Sunday March 13, 2016 AM – Saskatoon

### Regina:

- Saturday April 9, 2016 AM – Regina
- Saturday April 9, 2016 PM – Regina
- Sunday April 10, 2016 AM – Regina

The registration form is available on the CPDP website under [Immunization and Injection Information](#).

Note: Saskatchewan pharmacists registering for this training will be covered under the PAS grant funding for the cost of registration fees. However, registrants will be charged the full registration fee if they do not attend the Live Clinical session, or if they have not successfully completed the prerequisites for the live training by the associated deadlines.

## Resources to Help Support Refugee Patients

The Pharmacy Association of Saskatchewan (PAS) website has listed a [variety of resources](#) you can use to educate yourself and help support your refugee and immigrant patients, as well as patients who have difficulty with the English language. The list includes a reference page developed by the Canadian Pharmacy Association titled [Welcoming Syrian Refugees – Resource for Pharmacists](#).

## District Five NABP/AACP Individual Study Grant

District Five of the National Association of Boards of Pharmacy (NABP) / American Association of Colleges of Pharmacy (AACCP) has announced that it will once again sponsor individual study grants in 2016. The District will award two grants, not to exceed \$3,000 each, within the district to study topics that benefit pharmacy students, pharmacy education or pharmacy practice.

District Five NABP members include:

- Iowa Board of Pharmacy
- Minnesota Board of Pharmacy
- Nebraska Board of Pharmacy
- South Dakota Board of Pharmacy
- College of Pharmacists of Manitoba
- Saskatchewan College of Pharmacy Professionals

Applications can be submitted by individual pharmacy students with a faculty or Board of Pharmacy or College advisor, pharmacy student organizations with a faculty or Board of Pharmacy or College advisor, faculty members and Board of Pharmacy or College members.

Applications are due by March 31, 2016. Selection of the recipients will be made by May 10, 2016.

More information on the study grants can be found [here](#).

## Notes from the Field

A new online self-assessment form and scheduling process for pharmacy practice reviews is now being used by SCPP's field officers. The system streamlines processes for both pharmacy managers and SCPP.

Field officers strive to visit pharmacies every three years, which requires considerable paperwork, planning and scheduling on both sides. The new system makes things easier by allowing pharmacy managers to go online to complete the self-assessment form prior to a field officer visit and to use an online calendar to schedule the date.

The College, in turn, will be able to streamline its paper processes for more comprehensive record and data collection, which will allow SCPP to better understand the challenges faced by pharmacy managers in our province.

As a future second stage implementation, pharmacy managers will be able to access previous pharmacy self-assessment results. Having access to review results from past visits will help all pharmacy managers, especially the newer ones, to better manage their pharmacy and prepare for future visits.

# Speed Reading

## Join COMPASS™ Phase III Now!

A third phase of the COMPASS™ pilot project will be starting shortly. If your pharmacy has been thinking about participating previously and just didn't get around to volunteering, here is your chance to join.

The Saskatchewan College of Pharmacy Professionals is looking to increase the number of pharmacies participating in COMPASS™ to 120. All participating pharmacies will be provided with access to all the COMPASS™ tools to use for the length of Phase III, at no cost to them.

## Pharmacy Technician Continuing Education

The Canadian Council on Continuing Education in Pharmacy (CCCEP) has committed to work with pharmacy technician associations across Canada to identify and implement ways to increase the number of continuing education opportunities for Canada's licensed pharmacy technicians. As the number of licensed pharmacy technicians continues to grow across the country, there is a need for an increased number of learning activities to help maintain and strengthen their practice knowledge. To read the CCCEP news release, please [click here](#) or visit their website at [www.cccep.ca](http://www.cccep.ca).

## Has Your Contact Information Changed?

Please remember to inform SCPP if there has been a change to an email address, mailing address or place of employment. Updates can be made by logging into the SCPP website ([www.saskpharm.ca](http://www.saskpharm.ca)) with your username and password.

It is each member's responsibility to keep personal information current and up-to-date with the College, including updating the current place of employment. This information helps the College determine electoral divisions and keep members informed of urgent matters.

By participating in phase III, your pharmacy will receive the benefit of having access to all the COMPASS™ tools as well as support, guidance and education throughout this third phase of the pilot. More importantly though, your participation is an opportunity to review your systems and processes, with the ultimate goal of improving safety within your community pharmacy.

If you have any questions or would like to volunteer for Phase III of COMPASS™, please contact Jeannette Sandiford by email at [jeannette.sandiford@saskpharm.ca](mailto:jeannette.sandiford@saskpharm.ca) or by phone 306-584-2292 ext. 6.

## Join Us on the SCPP Facebook Group

SCPP's Facebook Group for members has covered breaking news stories, important drug schedule changes, upcoming events, relevant continuing education opportunities, current award nominations and frequently asked questions. Members are encouraged to take an active role in the group and are free to post items they think will benefit the community and to comment on posts.



Due to anti-spam legislation, events with an associated cost are not able to be posted in our newsletter, but are posted exclusively on the SCPP Members Facebook Group site and our website.

Available only to SCPP members who request access, the "secret" group is a secure way to convey information and ask questions. We're encouraging all SCPP members to join the group for timely event, news and professional updates.

To join the group, email [info@saskpharm.ca](mailto:info@saskpharm.ca) with "Join SCPP Members Group" in the subject line. Please include a **first and last name**, **licence number** and a **personal email** address in the body of the email. An invitation to join the group will be sent via Facebook. Participants can leave the group at any time.



SASKATCHEWAN  
COLLEGE OF  
PHARMACY  
PROFESSIONALS