

# SCOPE *newsletter*

QUALITY PHARMACY CARE IN SASKATCHEWAN

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## SCPP's New Mission, Vision, Values and Goals

### STRATEGIC PLAN 2016 – 2019

Council met on February 24 and June 2, 2016 to develop the strategic plan for the College going forward to 2019. The objective of the session was to develop consensus on future priorities and to provide management with information to develop a recommended strategic plan for Council's approval.

Council began by reviewing the existing mission, vision, values and goals of the organization. They discussed what success would look like for members, pharmacies, the public and government. Council members then developed a list of priorities and those with the highest rankings are where Council would like to direct the most resources.

The existing mission, vision, values and goals of the organization were revised to reflect the next three years' focus.

**Mission:** The Saskatchewan College of Pharmacy Professionals serves the public interest by regulating the profession of pharmacy to provide safe, competent pharmacy care in Saskatchewan.

**Vision:** Advancing quality pharmacy care for a healthier Saskatchewan.

#### Values:

- Professionalism
- Visionary Leadership
- Education
- Accountability
- Collaboration

The next step was for the College's senior management team to examine the five highest priorities and begin work to operationalize these goals. Council approved the following goals and their rankings at the September 22, 2016, meeting.

#### Goals:

##### Goal 1 – Advancing Public Safety in Pharmacy Services

- Increased use of standardized quality assurance process
- Introduce competency assurance program to support quality assurance

##### Goal 2 – Ensuring Priorities and Resources are Aligned to Achieve Goals

- Implement a comprehensive performance management system

##### Goal 3 – Maintaining a Self-Regulated Profession

##### Goal 4 – Increasing Recognition of Pharmacy Professionals as Essential Members of the Health Care Team

##### Goal 5 – Supporting Health Care Public Policy

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**CHERYL WYATT**

Administrative Assistant

## Council Highlights - September 21 & 22, 2016

### ENVIRONMENTAL SCAN

During our environmental scan, each Councillor shared feedback received from the public or colleagues within their division, with the following common themes emerging throughout the province:

- Pharmacists are expecting a significant increase in the number of flu injections as public demand appears to be increasing
- Shingle vaccines were very popular this summer
- Pharmacists are seeing a growing trend towards provider card prescribing
- Pharmacists are also noticing that younger physician residents are consulting them more often

### PIP

The Registrar reported:

- 100% of community pharmacies are now integrated
- SCPP has contracted a Data Quality Facilitator, Perry Hermanson, BSP, for a six-month term. His main focus is to work with our members and other critical partners to achieve improvements in the quality of data in the PIP system

### COMPASS™ UPDATE

Project Lead, Jeannette Sandiford, reported that the COMPASS™ steering committee will be meeting to review the recommendations from the survey of Phase II “[An Assessment of the Compass Quality Improvement Initiative](#)” as well as the results of the phone survey to develop an implementation plan that is compatible with the new strategic plan.

### PRESCRIPTIVE AUTHORITY

Council approved guidelines for additional minor ailment and self-care conditions [e.g. smoking cessation, oral contraception, Table 2 (under Background... tab) at <http://medsask.usask.ca/professional/guidelines/index.php>]. More details to follow as we coordinate implementation with training.

### PRESCRIPTIVE AUTHORITY AND BOTOX

Council confirmed that pharmacists should not be administering substances of this nature solely for cosmetic purposes. For more information, see “Injectable Cosmetic Treatments” on page 9.

### PROFESSIONAL PRACTICE COMMITTEE REPORT

Based on the committee’s recommendation, Council approved the following:

#### Pharmacy Technicians

- An addition be made to the *Licensed Pharmacy Technicians Scope of Practice* chart to recognize that a pharmacy technician (not an assistant) will assist the patient in making informed decisions regarding the selection and use of health devices and aids.

#### Patient Counselling Area

- A policy and specifications for private patient counselling areas that will be required for every pharmacy. The next step will be to develop the appropriate bylaw amendments and implementation strategies. Further information to follow.

Continued next page



## VISION

Advancing quality pharmacy care for a healthier Saskatchewan

## VALUES

- Professionalism
- Accountability
- Visionary Leadership
- Collaboration
- Education

## GOALS

- Advancing Public Safety in Pharmacy Services
- Ensuring Priorities and Resources are aligned to Achieve Goals
- Maintaining a Self-Regulated Profession
- Increasing Recognition of Pharmacy Professionals as Essential Members of the Health Care Team
- Supporting Health Care Public Policy

## ADMINISTRATION OF DRUGS BY INJECTION

The Registrar reported that the Ministry is reviewing the influenza immunization program in pharmacies. However, the last update suggested that there will be no change for the 2016-17 influenza season regarding off-site provision of flu shots. This means that publically funded vaccines can only be administered in the pharmacy.

Council also directed that we explore non-prescription status for commonly occurring Schedule I vaccines in pharmacy practice.

## REGISTRATION AND LICENSING POLICIES COMMITTEE REPORT

Pharmacy Managers

- Council approved committee recommendations and in principle, bylaw amendments, for stakeholder consultation that will require a minimum amount of practice experience. Further information to follow.

## NEW SCPP LOGO

Due to our new legislation, SCPP's name change in October 2015 and the new focus of the strategic plan, Council has decided to have a new logo created.

## REPORT FROM THE COMPLAINTS COMMITTEE

There were 17 new files heard during the committee's meeting on September 7, 2016:

- 2 Advertising
- 2 Alcohol/Drug Abuse
- 13 Communication/Unprofessional Behavior
- 4 Medication Error
- 1 Record Keeping
- 7 Bylaws/Standard/Guideline/Ethical Infractions
- 2 Refusal to Fill
- 1 Overcharging/Billing Irregularities
- 1 Privacy/Confidentiality
- 8 Miscellaneous/Other

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

## MEDICAL ASSISTANCE IN DYING

Council approved practice guidelines for pharmacists and pharmacy technicians. Interested members should consult the MAID section on our website or contact the office.

## BUILDING COMMITTEE REPORT

Council received the committee's report examining options for office space, and authorized the Registrar, in consultation with the Committee, to finalize arrangements to lease the preferred option. An announcement will follow.

## NAPRA COMPOUNDING STANDARDS (sterile, non-sterile, hazardous and non-hazardous products)

As some of these standards are under development, we continue to work with focus groups and committees to contribute to NAPRA's consultation process and develop our implementation and enforcement strategy.

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## NUTRITIONAL AND DIETARY PRODUCTS

Council approved a draft for consultation statement on the role of the pharmacist and dietician developed in collaboration with the Saskatchewan Dietitians Association and Dietitians of Canada. A joint survey with Dietitians will be used to collect our respective members' feedback.

## APPOINTMENTS/DEPARTURES

- Council received Public Member Councillor Pamela Anderson's resignation from Council due to a family move.

- Adele Fifield has replaced Carole Bouchard as the new Executive Director for NAPRA.
- Council has appointed Christine Hrudka to the University of Saskatchewan Senate.

## THANK YOU TO PAMELA ANDERSON

We wish to take this opportunity to thank Pamela for her very thoughtful work with Council and the Discipline Committee over the past four years.

**Council's next meeting will be held on December 14 and 15 in Regina.**

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## PIP Active Directory Domain Migration

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*submitted by eHealth*

As part of ongoing improvements, eHealth Saskatchewan will be migrating the Pharmaceutical Information Program (PIP) to a new Active Directory Domain (a collection of related user accounts, and their permissions/groups that PIP utilizes to authenticate users). eHealth Saskatchewan is working to improve the user experience by requiring only one user name and password for access to all clinical applications. Migration of the Active Directory Domain for PIP is the first phase of this initiative, with other applications migrating in 2016 or in 2017.



Not all users will be migrated to the new domains on the same day. Users will be notified of their migration date by their approvers.

On the migration date, most PIP users will choose the 'Health' domain from the drop-down menu.



PIPidm  
Organizational Domain: HISC  
HEALTH  
User ID:   
Password:   
Secure Login

Domain: HISC  
HEALTH \*  
Login ID:  \*  
Password:  \*  
\* required

However, if your primary place of work is with a Regional Health Authority, you will be selecting your specific RHA domain.



Athabasca Health Authority  
Cypress Health Region  
Five Hills Health Region  
Health  
Heartland Health Region  
HISC  
Keewatin Yatthé Health Region  
Kelsey Trail Health Region  
Prairie North Health Region  
Prince Albert Parkland Health  
Regina Qu'Appelle Health  
Saskatchewan Cancer Agency  
Saskatoon Health Region  
Sun Country Health Region  
Sunrise Health Region  
Domain:  \*  
Login ID:  \*  
Password:  \*  
\* required

The domain selected will be saved for future logins unless users have deleted cookies or have switched to another computer. The user name and password for community users will remain the same, Regional Health Authority (RHA) users will be aligned with their RHA credentials.





# COMPASS™

Community Pharmacists  
Advancing **Safety**  
in Saskatchewan

Phase III of the COMPASS™ pilot project is in its final quarter with 119 community pharmacies currently participating. There is still room for other interested pharmacies to participate. If you would like to volunteer for Phase III of COMPASS™ or have any questions, please contact Jeannette Sandiford at 306-584-2292 ext. 5 or email [jeannette.sandiford@saskpharm.ca](mailto:jeannette.sandiford@saskpharm.ca).

### WEBINAR SESSIONS AVAILABLE ON YOUTUBE

As reported in the June 2016 SCOPe newsletter, a YouTube video regarding COMPASS™ training is available for any pharmacy to access at: [https://youtu.be/9MyY2\\_BKH9E](https://youtu.be/9MyY2_BKH9E). The video introduces COMPASS™ and explains how to use the tools. It is a great refresher for existing COMPASS™ pharmacies as well as training for new pilot pharmacies.

It was also reported in the COMPASS™ newsletter article that the training program had been approved for 1.5 Continuing Education units by Continuing Professional Development for Pharmacy Professionals (CPDPP), College of Pharmacy and Nutrition, University of Saskatchewan. However, the accreditation for this program has expired. Although a certificate cannot be obtained from CPDPP, a certificate of completion can be obtained from ISMP Canada. For pharmacists and pharmacy technicians who wish to obtain a certificate for their learning portfolio, please contact ISMP Canada at [cphir@ismp-canada.org](mailto:cphir@ismp-canada.org). Even though the program is not accredited, the learning can still be included in the learning portfolio as non-accredited learning for 1.5 hours of learning. A copy of the “Learning Project Record – Non-Accredited Professional Development” sheet can be accessed at the following link - [Learning Project Record - Non-Accredited](#). A copy of the slides used in the presentation is still available through the SPP office by contacting Denise Carr at [info@saskpharm.ca](mailto:info@saskpharm.ca) or at 306-584-2292 ext. 6.

### PHASE II COMPASS™ EVALUATION

The evaluation of the second phase of COMPASS™ by Todd Boyle, St Xavier University, is now complete. The report regarding the results of the survey as well as recommendations and next steps can be accessed at the following link: [An Assessment of the COMPASS Quality Improvement Initiative](#). Thank you to all the pharmacists who participated in the survey; your feedback was invaluable. The results of this survey will be used by the COMPASS™ Steering Committee to determine next steps for COMPASS™. If any COMPASS™ pharmacy staff members are interesting in participating on the Steering Committee, please contact Jeannette Sandiford at [jeannette.sandiford@saskpharm.ca](mailto:jeannette.sandiford@saskpharm.ca) or 584-2292 ext. 5.

### ISMP SAFETY BULLETIN

One of the services the Institute of Safe Medication Practices (ISMP) Canada provides through its website is a safety bulletin that highlights safety issues relating to community or hospital pharmacy practices. The bulletin is a valuable tool in bringing different safety issues to light to help prevent the occurrence in other pharmacy practices. Pharmacy staff are encouraged to access previous bulletins on the ISMP Canada website. The most current edition of the bulletin deals with delayed treatment due to transitions of care. The bulletin can be accessed at the following link: [ISMP Canada Safety Bulletin - Oct 2016](#).

### COMPASS™ PHONE SURVEY

A phone survey of all COMPASS™ pharmacies was completed in August and September 2016. Surveys were completed with 113 of the 120 pharmacies (seven pharmacy managers were not available). The goal of the survey was to obtain feedback on current usage of the tools, training taken regarding COMPASS™, thoughts on future training, barriers to implementation,

Continued next page

attitudes towards COMPASS™ and anticipation of future use. In most cases, the survey was completed by the pharmacy managers; however in some cases, it was a pharmacist or pharmacy technician or a pharmacy assistant. The information gleaned from the survey will be utilized by the steering committee to determine next steps for COMPASS™.

Some of the results included the following:

### Usage of the Tools

**Community Pharmacy Incident Reporting (CPhIR):** 21.8% (24/110) haven't started reporting, 33.6% (37/110) started reporting regularly but have stalled and 27% (30/110) indicated that they were regularly reporting to CPhIR.

**ISMP Canada's Medication Safety Self-Assessment (MSSA):** 55% (61/110) of pharmacies have completed the MSSA and entered the results into the online system; however 35% (39/110) have not yet started the MSSA.

**Quarterly Meetings:** 28% (31/110) of pharmacies have held a formal quarterly meeting, 31% (34/110) indicated that they hold informal meetings (huddles) and 51% (56/110) have not yet held any quarterly meetings.

### Feelings Toward COMPASS™

- 68% (75/110) of respondents were very positive about COMPASS™ and thought it was a very worthwhile project
- 20% (22/110) were neutral
- 6% (7/110) felt some negativity towards COMPASS™
- 6% (7/110) did not answer the question

### Future Use

When asked if the pharmacy would continue to use COMPASS™ tools even after the pilot was complete, 89.5% (60/67) of those asked indicated that they would.

## 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. Following are the statistics for incident reporting in the Community Pharmacy Incident Reporting (CPhIR) system from September 2013 (Phase I) until the end of September 2016.

To date, there have been **6,692** incidents reported on the CPhIR system.

A breakdown of the top four types of incidents include:

- **1,670** incidents with an incorrect dose/frequency
- **1,261** incidents where the incorrect quantity was dispensed
- **972** incidents that involved an incorrect drug
- **535** incidents that involved an incorrect prescriber



The majority, or **5,465** of these incidents, had an outcome of **NO ERROR**, which means the incidents were intercepted **BEFORE** they reached the patient.

**1,157** were **NO HARM** incidents, which means the incidents reached the patient but did not cause harm.

There were **70** reported incidents that did result in **HARM**. Information from ISMP Canada indicated that 61 were **MILD** and 9 were **MODERATE HARM**.

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

**88** quarterly meetings were held.

**95** users have submitted at least one incident.

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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## Notes from the Field

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As complaint investigations are confidential, only those complaints where the member is found guilty are published. As a result, many learning opportunities are not shared with the membership. However, complaints investigations have shown some concerning trends that SCPP would like to share.

### TRENDS IN COMPLAINTS

Complaints may involve medication errors where multiple staff members were involved. Some of those errors can be described as follows:

- labelling errors resulting in the patient taking the incorrect amount of medication
- errors in the quantity dispensed causing disruption in therapy
- delays in treatment due to drug short fills or dispensing expired medications
- lack of knowledge of new drug indications and dosages, which led to the patient taking too much drug for too long
- incorrect concentration of compounded medications resulting in a toxic dose being dispensed
- contamination of a reconstituted medication (contaminated water)
- errors in compliance packaging in which medications were either included contrary to the patient's instructions or not included as the patient expected

### RESPONDING TO A CONCERNED PATIENT OR HEALTH PROFESSIONAL

When responding to the patient or another health care professional (i.e. hospital pharmacist, physician's office, etc.),

pharmacy staff have been noted to say they did not believe a mistake had occurred instead of "we will investigate and determine what has occurred and get back to you."

It is difficult not to get defensive when someone questions your ability to accurately and safely dispense prescriptions, but defensive responses undermine your professional relationship with the patient. Pharmacy assistants were often the first point of communication and the complainant did not always receive adequate or correct information, leaving them frustrated and concerned regarding patient care at the pharmacy.

It is essential to train all staff on the process for handling a concern regarding a medication error or incident.

### PROCESS WHEN NOTIFIED OF A MEDICATION INCIDENT

It is important to ensure that your process takes into account who should speak to the patient and how quickly that communication should occur when you are notified of a medication incident. A prompt, courteous and accurate response should be provided to the patient as soon as possible.

It is also important to remember that a member should speak to the patient, determine what information will be gathered, and what follow up will occur with both the patient and any health care practitioners who need to be notified.

The Complaints Committee hopes this information will be helpful to the membership at large.

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## Drug Schedule Amendments

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### FLUTICASONE PROPIONATE

This is to confirm:

#### Schedule II

*Fluticasone propionate, when sold for the treatment of allergic rhinitis in a nasal spray that delivers 50 mcg/ spray for those 18 years of age and older, in package sizes containing more than 120 metered sprays*

#### Schedule III

*Fluticasone propionate, when sold for the treatment of allergic rhinitis in a nasal spray that delivers 50 mcg/ spray for those 18 years of age and older, in package sizes containing no more than 120 metered sprays*

This means that products **containing fluticasone propionate** for the treatment of allergic rhinitis in a nasal spray that delivers 50 mcg per spray for those 18 years of age and older, in

package sizes containing MORE THAN 120 metered sprays are Schedule II and **may only be sold from the restricted access area of the pharmacy only by a pharmacist or a pharmacist intern under the supervision of a pharmacist.**

Products containing 120 metered sprays or less, when sold in the manufacturer's package intended for non-prescription sale, have been granted Schedule III status and can **only be sold from a pharmacy. The drug may be sold to the public without a prescription and be located in the self-selection area of the pharmacy when a pharmacist is available, accessible and approachable to assist the public with selecting the drug.**

The Schedule II and III amendments became effective August 26, 2016.

<http://www.hc-sc.gc.ca/dhp-mpps/prodpharma/pdl-ord/pdl-ldo-noa-ad-flucatisone-propionate-eng.php>



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## Naloxone for Use in Opioid Overdose

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Naloxone is a drug that reverses the effects of opioid medications.

On March 22, 2016, Health Canada released a notice that reads, in part:

“The purpose of this Notice of Amendment is to notify that as a result of consultation Health Canada has revised the listing for naloxone on the Prescription Drug List (PDL). Health Canada has conducted a scientific review of naloxone against a set of established and publicly available criteria outlined in section C.01.040.3 of the *Food and Drug Regulations*.”

Drugs containing the following:  
Naloxone or its salts

Including (but not limited to):  
Naloxone hydrochloride

Qualifier:  
**Except when indicated for emergency use for opioid overdose outside hospital settings**

Effective Date:  
2016-03-22

The National Association of Pharmacy Regulatory Authorities (NAPRA) received an application for drug scheduling of naloxone for emergency use for opioid overdose outside hospital settings. From the minutes of the June 2016 meeting of the National Drug Scheduling Advisory Committee (NDSAC):

“The information presented to the committee confirmed that wider access to naloxone in the community setting can save lives and that members of the public can learn to administer naloxone safely if they are provided with appropriate training and education.

...

It was felt that pharmacist intervention is necessary in order to provide the training and education required for members of the public (bystanders) to learn how to safely administer naloxone in the community setting or to confirm that the user has received such training and education.

A pharmacist can ensure that users understand how to recognize the signs and symptoms of opioid overdose for a condition that is new to assessment in the non-prescription setting

...

The Committee determined that a pharmacist is required to ensure that users are trained and educated on the proper administration of naloxone, including proper technique, appropriate dose, use of appropriate supplies and how to avoid and manage needle-stick injury, which are not well covered in the labelling. Members agreed that it is important for a pharmacist to emphasize the need to call emergency services (911). There was also some concern about delays in receiving appropriate follow-up

from health professionals to monitor for complications or rebound toxicity if users do not call 911. In addition, a pharmacist can emphasize the need to remain with the victim to provide supportive measures and evaluate the need for subsequent doses.

...

Finally, the committee agreed that a pharmacist is required to emphasize the increased risks of naloxone use in neonates and thus the importance of calling 911 and obtaining health professional assistance as soon as possible in this population.”

The Committee made the following recommendations which NAPRA has approved:

### Schedule I

***Naloxone or its salt***, including, but not limited to naloxone hydrochloride, EXCEPT when indicated for emergency use for opioid overdose outside hospital settings.

### Schedule II

***Naloxone hydrochloride injection***, when indicated for emergency use for opioid overdose outside hospital settings.  
NOTE: Pharmacists should verify whether there is any additional guidance in their jurisdiction regarding the provision of this drug.

Please note that the Schedule II listing is for the injection only at this time.

SCPP is currently consulting with the Ministry of Health on the availability and distribution of Naloxone kits. More details will follow on the availability of training for pharmacists and pharmacy technicians, and standardized kits under the Ministry’s Naloxone Take Home Program (provided free of charge), or otherwise from community pharmacies. Pharmacists in the province may provide a Schedule II drug after consultation with the patient as per the NAPRA Standards of Practice for Non-Prescription Drugs. There are two pilot projects within the Regional Health Authorities of Saskatoon and Regina distributing the kits. Members will be notified once the final decisions have been confirmed.

## **NALOXONE NASAL SPRAY**

On October 3, 2016 Health Canada released the following information:

The Honourable Jane Philpott, Minister of Health announced that Health Canada has authorized naloxone nasal spray for non-prescription use, following an expedited review. This allows for the importation of a version of the product from the United States. The nasal spray is considered to be easier to use than the injectable version, particularly by those who are not healthcare professionals.

More details will follow on the availability of the nasal spray dosage form.



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## Discipline Matters

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On June 6, 2016, the Discipline Committee convened to consider charges that the Respondent, G. Scott Galloway, a Central Butte Pharmacist, was guilty of misconduct within the meaning of Section 25 of *The Pharmacy and Pharmacology Disciplines Act* (the "Act").

The hearing proceeded on an Agreed Statement of Facts, which included the specifics of Mr. Galloway's criminal conviction, specifically that he did "unlawfully possess a substance included in Schedule II to wit: cannabis marihuana in an amount exceeding 30gm contrary to section 4(1) of the *Controlled Drugs and Substances Act*." Mr. Galloway immediately notified the College and kept the College informed of all legal and Court proceeding in relation to his charges.

Mr. Galloway's conviction engaged the proceedings under section 37 (a) of the Act, specifically that the Discipline Committee may, by order, impose any penalty described in section 34 or 35 of the Act when a member is convicted of an indictable offence.

In a decision dated June 21, 2016, the Discipline Committee considered that the primary purposes of these proceedings is

protection of the public and the interests of the profession of pharmacy as a whole and that Mr. Galloway being convicted of an indictable offense under the *Controlled Drug and Substances Act* brings both into play.

As a result, the Discipline Committee ordered Mr. Galloway to serve a fourteen day suspension; receive a reprimand; and pay the costs of the investigation and hearing in the amount of \$11,000.00, failing which Mr. Galloway's license will be suspended until payment is made.

The entire Decision and Order are to be posted on the CanLII website and a copy of the Decision and Order has been provided to the Ontario College of Pharmacists, of which Mr. Galloway is also a member.

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

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.

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## Injectable Cosmetic Treatments

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Recently, SCPP received a request from a member to enter into a Collaborative Practice Agreement with a physician to prescribe and administer neuromodulators (e.g. botulinum toxin), fillers (e.g. hyaluronic acid) and platelet rich plasma (PRP) treatments.

Within our revised scope of practice, pharmacists are authorized to administer drugs by injection and other routes. Council policy is that the administration of drugs

needs to be for the purposes of pharmaceutical care, drug therapy management or, in other words, connected with the drug therapy of the patient. Administration is not intended for other purposes such as cosmetic, nor are pharmacists authorized to administer cosmetics. Members should be aware that malpractice liability insurance may not be available for services and activities that are outside of the pharmacist's scope of practice.

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## Rabies Cases in Saskatchewan

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Notice from the  
Ministry of Agriculture

The Ministry of Agriculture is reminding the public that rabies is present across much of the province. Several cases of rabies have been detected in domestic animals across Saskatchewan over the last few months.

The Province has confirmed 18 cases from Jan. 1, 2016 to July 13, 2016 versus nine cases in the same time period in 2015 and seven in 2014. This includes seven cases in June and three cases to date in July.

Four cases involving domestic animals have been confirmed, involving a cow, a cat, a baby lamb and a baby goat. Also confirmed were cases in skunks (eight) and bats (six).

The best defence against rabies is vaccination. All cats, dogs, ferrets and certain livestock should be vaccinated; the timing and frequency of vaccinations/boosters varies by species, but is required every one to three years. Please contact your veterinarian for more information and to set up vaccination appointments for your pets and livestock.

Be aware of the risk of rabies in your area. [Read more.](#)

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## SRNA Introduces the Registered Nurse (Additional Authorized Practice) on December 1, 2016

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by Barbara Fitz-Gerald, SRNA

Historically, registered nurses (RNs) working in northern primary care sites have been able to perform medical activities to meet the health needs of residents. To continue to support these much needed services, the

Saskatchewan Registered Nurses' Association (SRNA) has developed a new process whereby these RNs, under their own authority, will be able to order, perform, receive and

interpret tests, prescribe and dispense drugs, perform minor surgical and invasive procedures, and diagnose and treat a limited number of common medical disorders. These limited common medical disorders are clearly identified and supported by [SRNA developed Clinical Decision Tools \(CDT\)](#), which identify the tests that may be performed or ordered, and the medications that can be prescribed or dispensed. RN(AAP)s (RNs with Additional Authorized Practice) must always have access to a physician for consultation. RN(AAP)s will also consult with RN(NP)s (RN Nurse Practitioner) as appropriate.

[Click here for Q & A's on the RN\(AAP\).](#)

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## Disclosure of Personal Health Information to Third Parties – Position Statement

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This Position Statement is intended to supplement the Saskatchewan College of Pharmacy Professionals' document, *Guidelines for Use and Disclosure of Personal Health Information for Secondary Purposes*.

Council has approved the position statement citing a trustee's obligations under the *Health Information Protection Act (SK)* and the *Personal Information Protection and Electronic Documents Act (Canada)* on disclosure of personal health information to third parties (e.g. medication incident reporting to head office, prescription reminder and synchronization call centres). It includes new policy based upon our Privacy Commissioners' recommendations on best practices to stakeholders.

The new policy expects trustees to conduct Privacy Impact Assessments to examine, amongst other important factors, the

existence of appropriate data sharing agreements with such third parties.

SCPP's Position Statement is accessible on the SCPP website at [http://scp.in1touch.org/uploaded/web/refmanual/REF\\_Disclosure\\_PHI\\_to\\_3rd\\_Parties\\_Position\\_Stmt\\_Current.pdf](http://scp.in1touch.org/uploaded/web/refmanual/REF_Disclosure_PHI_to_3rd_Parties_Position_Stmt_Current.pdf).

*Guidelines for Use and Disclosure of Personal Health Information for Secondary Purposes* may be accessed on the College website [www.saskpharm.ca](http://www.saskpharm.ca) under the *Reference Manual* tab (look under Privacy). The document includes background information as well as the College's position. Also available is a separate document for use by a trustee: *Data Sharing Agreement Template*.

Members requiring assistance in interpreting this position statement are encouraged to contact the SCPP office.

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## Point of Care Testing/Screening in the Pharmacy

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Point of care testing/screening is designed to allow the healthcare professional to provide on-site diagnostic testing for a patient without the use of conventional laboratory services. Generally a diagnostic product is used to provide such testing.

Conducting point of care testing is now within the pharmacists' scope of practice when associated with drug therapy management (Part M of the [SCPP Regulatory Bylaws](#)). However, unless the pharmacy is licensed as a medical laboratory, such tests cannot be performed in the pharmacy. The College is seeking remedies to this.

### What is the pharmacist's role in using and distributing diagnostic products?

The College has written two statements related to this topic:

- [Role of the Pharmacist in the Distribution of Diagnostic Products and Laboratory and Diagnostic Testing](#) (December 2010) and
- [Disease State Monitoring, Screening, Testing or Risk Assessment Activities Policy Statement](#) (October 2016).

Both statements are available in the reference manual section of the College's website. A revised role of the pharmacist statement is forthcoming.

## 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>.

The College of Pharmacy and Nutrition has been a busy place this fall, and you can feel the energy in the air. I'm proud of all the exceptional people you'll read about below. Here are some of the most remarkable moments from the last few months:

Thank you to Frank and Phyllis Abbot for their \$100,000 gift to the College. More details on their generous donation will follow on the College website and in the next Dean's Newsletter.

The College has submitted its Self-assessment Report to The Canadian Council for Accreditation of Pharmacy Programs for the evaluation of our Bachelor of Science in Pharmacy and proposed Doctor of Pharmacy programs. CCAPP will conduct a site visit October 24-26.

Over the last few months we've been rebuilding the College website using the new design template developed by the University of Saskatchewan. Work will continue during the fall to improve the new website. [Visit the website.](#)

**Dr. Susan Whiting** has been elected as a fellow to the Canadian Academy of Health Sciences. For 40 years she has conducted research on dietary influences on bone health, effectiveness and use of nutrient supplements, the calcium and vitamin D status of Canadians, and food security in Canada and Ethiopia. [Read more.](#)

**Dean Kishor Wasan**, current CAHS fellow, was elected as secretary to the board. His two-year term began September 2016.

Congratulations to **Dr. Derek Jorgenson** on receiving the Best Academic Pharmacy Poster Award for his poster on the Medication Assessment Centre at the 76th FIP World Congress of Pharmacy and Pharmaceutical Sciences in Buenos Aires, Argentina.



Congratulations to **Dr. Holly Mansell** who received the Provost's Outstanding Teaching Award for the College of Pharmacy and Nutrition.

**Dr. Azita Haddadi** has been named one of the RBC Top 25 Canadian Immigrant Awards. She was one of 75 finalists from over 600 nominees, and the only person from Saskatchewan.

**Danielle Larocque** has been appointed as the first Associate Director of the Continuing Professional Development for Pharmacy Professionals (CPDPP) program. [Read more.](#)



Congratulations to **Brittany Clarke** and **Michele Sheikh** who were recognized as the most distinguished graduates in pharmacy and nutrition at the 2016 convocation ceremony.

Congratulations to our students who were named to the Huskie Athletics All-Academic Team for the 2015-16 season:

- **Carmen Gorlick**, fourth year nutrition, was named Huskie Athletics All-Academic Second Team
- **Jessica Buettner**, third year pharmacy, was named Huskie Athletics All-Academic First and CIS Academic All-Canadian Team
- **Bobbi Nicholat**, second year pharmacy, was named Huskie Athletics All-Academic First and CIS Academic All-Canadian Team
- **Mathew Leung**, first year nutrition, CIS Academic All-Canadian Team

[Read more.](#)



With the academic year in full swing, I encourage everyone reconnect with the College through our website, social media, or dropping by for a visit. More exciting things are coming throughout the year, and we'll be extending personal invitations for you to join us.

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



## Pharmacy Examining Board of Canada (PEBC) Examination Dates

### Pharmacist Schedule of Exams

Examination Name	Examination Date	Application Deadline Date*
Fall Pharmacist Qualifying Examination	MCQ: November 9 & 10, 2016	Registration Closed
	OSCE: November 12, 2016	
Winter Pharmacist Evaluating Examination	January 4 & 5, 2017	Registration Closed
Spring Pharmacist Qualifying Examination	MCQ: May 23 & 24, 2017	February 24, 2017
	OSCE: May 28, 2017	
Summer Pharmacist Evaluating Examination	July 5 & 6, 2017	March 31, 2017

### Pharmacy Technician Schedule of Exams

Examination Name	Examination Date	Application Deadline Date*
Winter Pharmacy Technician Qualifying Examination	OSPE: April 1, 2017	December 9, 2016
	MCQ: April 2, 2017	
Spring Pharmacy Technician Evaluating Examination	April 23, 2017	January 13, 2017
Summer Pharmacy Technician Qualifying Examination	MCQ: September 9, 2017	June 9, 2017
	OSPE: September 10, 2017	
Fall Pharmacy Technician Evaluating Examination	October 14, 2017	June 23, 2017

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

## Continuing Professional Development for Pharmacy Professionals – Organization Restructuring



Continuing Professional Development for Pharmacy Professionals (CPDPP) is in the process of undergoing some organizational restructuring. SCPP would like to warmly welcome Danielle Larocque to the role of Associate Director. Danielle will be working with Charity Evans, Director, who was introduced in the June 2016 issue of SCOPE.

Dean Kishor Wasan made the following announcement on June 20, 2016: "As you may already be aware, the CPDPP program is undergoing significant renewal, including an updated focus and enhanced role to develop, implement, support and evaluate lifelong learning opportunities for pharmacists and pharmacy technicians, primarily within the province of Saskatchewan. This new Associate Director position will play a critical role in successfully achieving this goal while overseeing the operations of the CPDPP office."

At this time, SCPP would like to extend our thanks and gratitude to Lisa Bagonluri as she transitions to a new position with the College of Medicine. Lisa's work with assisting with the Advanced Method Certification training over the past 18 months was invaluable in getting members prepared for the inaugural influenza immunization rollout. Thank you, Lisa, and best wishes in your new role.

Continuing Professional Development for Pharmacy Professionals (CPDPP) would like to keep you informed about events for pharmacy technicians and pharmacists. You can follow them on [Facebook](#), visit their [CPDPP website](#), or subscribe to their email notifications. If you're not currently on their email list, just email [cpdpp@usask.ca](mailto:cpdpp@usask.ca) and tell them your name, address and profession. They will gladly add you!





## Changes to Facebook Group Settings

As a reminder from last edition, since the SCPP Facebook group membership reached over 250 members, Facebook automatically changed the default setting in the group from “All Posts” to “Highlights.” This means group members will only get notified of select topics. If you would prefer to receive all the SCPP Members’ group posts (currently about twice a week), you will need to adjust your default setting as shown in the screen shot:

1. Go to your SCPP Members page
2. Under “Notifications” in the cover photo on the right side, click the “...” for a list of options.
3. Click “All Posts”
4. You’re done!



## Membership Benefits

SCPP members who are part of the group can enjoy breaking news stories, important drug schedule changes, upcoming events, notice of continuing education opportunities and answers to frequently asked questions, among other topics. Members are encouraged to take an active role in the group and are able to post items they think will benefit the community and to comment on posts.

## Join the Group

Any SCPP member who is an active Facebook user is encouraged to join the group. To join, 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.

## Reference Manual Update: Addition to the Pharmacy Technician Scope of Practice Chart

Council has approved the following addition to the Scope of Practice chart in Appendix A of the reference manual document, [Licensed Pharmacy Technicians Scope of Practice](#):

“assist the patient to make informed decisions regarding the selection and use of drug administration devices, monitoring devices and health aids”

Only pharmacists and pharmacy technicians are permitted to demonstrate the use of drug administration devices, monitoring devices and health aids to the patient. This means the pharmacy assistant must defer these types of questions to a licensed professional.

Pharmacy Services and Competencies	Pharmacist	Pharmacy Technician (oversight by a pharmacist)	Assistant (under the direct supervision of a pharmacist or pharmacy technician)
Assist the patient to make informed decisions regarding the selection and use of drug administration devices, monitoring devices and health aids	Yes	Yes	No

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## Professional Affairs Administrator

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We are pleased to welcome Brittany Sharkey to SPCP as Professional Affairs Administrator. Brittany is a 2010 SIAST graduate from the Pharmacy Technician program and a licensed pharmacy technician. She has been practising for the past six years in the hospital environment.

Brittany's role at the College, in addition to working in the registration unit with pharmacy technician candidates and administering pharmacy technician jurisprudence exams, will also include handling professional practice duties, such as committee work, research and helping to create related documents.

If you have any questions regarding pharmacy technician registration or scope of practice, please contact Brittany at [Brittany.Sharkey@saskpharm.ca](mailto:Brittany.Sharkey@saskpharm.ca) or at 306-584-2292 ext. 121. Questions can also be submitted to the general pharmacy technician inbox at [SCPPRegistration.PHARMTECH@saskpharm.ca](mailto:SCPPRegistration.PHARMTECH@saskpharm.ca).

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## PIP Data Quality Facilitator

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We are pleased to announce that Perry Hermanson has joined our team as the PIP Data Quality Facilitator for a six-month term. In this position, he will work with Saskatchewan pharmacy managers and staff and other critical partners to achieve meaningful improvements in the quality of the data in the PIP system.



Perry is a licensed pharmacist with community pharmacy practice and management experience. He is co-located at eHealth Saskatchewan with the PIP team to collaborate on designing and implementing high impact strategies in this relatively short period of time.

The College has been cooperating with eHealth and the Ministry of Health in a variety of strategies to reduce the PIP data quality issues. While these strategies have resulted in some remarkable successes, the overall quality of the PIP data is not meeting expected targets for patient safety. As a result, the College has decided to engage a PIP Data Quality Facilitator to work with pharmacy managers, staff and other critical partners in the pharmacy practice environment. The College's ultimate goal is zero PIP data quality issues at the pharmacy level.

Please join us in welcoming Perry as he visits the pharmacies in the province.

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## AMENDMENT: Advanced Method Certification

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Based on a recommendation from the Professional Practice Committee (PPC), Council has approved the following change to the SPCP document, "Administration of Drugs by Injection and Other Routes – Policies, Standards and Guidelines for Pharmacists."

The current wording in the document, point 6 of "E. Advanced Method Certification Requirements – Injection," reads:

....

*6. Annual renewal where members self-declare having given at least one injection during the past year, along with current or up-to-date Standard First Aid and CPR Level C with AED training. Otherwise, re-training will be required.*

While the PPC believes that, as with any skill, to be proficient at administering drugs by injection, an individual must perform the task routinely in order to be competent. However, the College does not mandate specific numbers of instances when any other pharmacy service must be provided to continue offering the service.

The Committee offered that professional self-assessment should be sufficient to determine the pharmacist's ability to perform injections and that a mandated re-certification is not necessary as long as "refresher" education is available.

***New #6: Annual renewal will no longer require that members self-declare that they have given at least one injection during the past year, however the member is responsible to self-assess their competence and to take advantage of "refresher" education should it be warranted.***

***Members must continue to self-declare that they have current or up-to-date Standard First Aid and CPR Level C with AED training. If this Certification has lapsed the member will not be authorized to provide injections until such time as re-certification has been completed.***

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## Has Your Name or Contact Information Changed?

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Please remember to keep personal information accurate and up to date with the College, especially your current name, place of employment, email address and mailing address. Up-to-date information helps determine the electoral divisions for College elections and allows SPCP to inform its members of urgent matters.

Updates can be made by logging into the "Member Login" section of the website [www.saskpharm.ca](http://www.saskpharm.ca). This section can be found on the homepage at either the top of the page or on the red button on the left side.