

# SCOPE *newsletter*

QUALITY PHARMACY CARE IN SASKATCHEWAN

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SASKATCHEWAN  
COLLEGE OF  
PHARMACY  
PROFESSIONALS

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## President's Holiday Message 2016

This past year has been rewarding for members and the people of Saskatchewan. The Saskatchewan College of Pharmacy Professionals (SCPP) is committed to providing quality health care to the people of Saskatchewan, which will be achieved by utilizing pharmacists and pharmacy technicians to their fullest potential.



President Bill Gerla

### THE REAL MEANING OF CHRISTMAS

The time of year that many of us start preparing for the festive season is fast approaching. We are busy purchasing and wrapping gifts to put under the Christmas tree we have just finished decorating, the lights are hung in the window, we have bore the cold to put up all the outdoor decorations, the stockings are hung, the turkey has been purchased and the list of other menu items continues to grow, we have either mailed or emailed Christmas greetings, and we have made the plans to get together with family and friends. All of these activities are a part of the festive season which many of us may take for granted.

We are fortunate that we are able to celebrate this season to its fullest, but we must remember that there are many people who are less fortunate. This season should be a season of great joy and celebration. It can also be a time of healing and renewed strength. There are many people who will not be able to be with their loved ones; there are others who have recently lost a loved one; and there are families who cannot afford to have all of the extras. It is important that we are all cognizant of these facts and more importantly, that we provide support and understanding. I encourage all of you to keep this in mind while you are preparing and planning your Christmas celebrations.

Wikipedia uses a quote that was found in *The American Magazine*, Vol 28 (1989), which states:

*"to give up one's very self – to think only of others – how to bring the greatest happiness to others – that is the true meaning of Christmas."*

I wish all of you and your families a very Merry Christmas. May the joy and happiness you enjoy be shared with those who are less fortunate or in need of a comforting voice.

Merry Christmas,  
Bill Gerla

**PRESIDENT**

Bill Gerla, Humboldt

**PRESIDENT-ELECT**

Justin Kosar, Saskatoon

**VICE PRESIDENT**

Leah Perrault, Swift Current

**PAST PRESIDENT**

Spiro Kolitsas, Regina

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**DIVISION 7**

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**DIVISION 8**

Marilyn Younghans, Lloydminster

**EX OFFICIO**

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College of Pharmacy and Nutrition

**PUBLIC MEMBERS**

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Michael Lummerding, St. Brieux  
George Thomas, Regina

**PHARMACY TECHNICIAN**

**OBSERVERS**

Jonina Code, Foam Lake  
Lyndsay Ratzlaff, Tisdale

**STUDENT OBSERVER**

Steven Kary, Saskatoon

**SCPP STAFF**

**DENISE CARR**

Administrative Assistant

**JEANNE ERIKSEN**

Assistant Registrar

**KRISTJANA GUDMUNDSON**

Primary Health Care Coordinator

**PAT GUILLEMIN**

Senior Administrative Assistant

**PERRY HERMANSON**

PIP Data Quality Facilitator (term)

**RAY JOUBERT**

Registrar

**DARLENE KING**

Receptionist

**CHRISTINA MCPHERSON**

Administrative Assistant

**HEATHER NEIRINCK**

Administrative Assistant

**LORI POSTNIKOFF**

Field Officer, Complaints Director

**JEANNETTE SANDIFORD**

Field Officer, COMPASS™ Lead

**BRITTANY SHARKEY**

Professional Affairs Administrator

**AUDREY SOLIE**

Administrative Assistant

**CHERYL WYATT**

Administrative Assistant

*Council Highlights – December 14, 2016*

**ENVIRONMENTAL SCAN**

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

- Pharmacists are administering a higher number of flu shots this season compared to last year
- Pharmacists are concerned about the legalization of marijuana and what their role will be
- One councillor reported that loperamide is being stolen as a drug of abuse from his pharmacy

The Registrar reported:

- 311 pharmacies are giving flu shots
- As of December 2, 2016, 76,359 flu shots have been given; the total number last year was 56,000 shots
- In response to the recent media stories regarding medical errors, the public is calling for enhanced transparency and accountability. SCPP's response is to focus on COMPASS™
- Discussions are ongoing at the national level on the role of pharmacists in the legalization of marijuana

PIP

- The report from eHealth shows that the failed transactions are trending upwards. This is a concern as more health care professionals are relying on the information in the eHR Viewer
- The College's Data Quality Facilitator, Perry Hermanson, is working with our members to correct this issue and has visited 26 pharmacies to date

**COMPASS™ UPDATE**

COMPASS™ Project Lead, Jeannette Sandiford, presented Council with an overview of the business case and implementation plan that the COMPASS™ steering committee had developed. More detailed information will follow.

**BYLAW AMENDMENTS**

In the coming weeks we will be consulting with the membership and other stakeholders regarding bylaw amendments that Council has approved in principle:

1. Requirements for eligibility to become a pharmacy manager. This proposed amendment will enhance the health and safety of the public by allowing only registered, licensed pharmacists, who do not have any conditions or restrictions on their licence to manage a pharmacy in Saskatchewan. As extra added safeguards, this proposed amendment also requires pharmacy managers to have recent practice experience in Saskatchewan, requires the manager to practice pharmacy in the location where he or she is the pharmacy manager, and requires the pharmacy manager to manage only one pharmacy at a time, with the exception of when one of the pharmacies is a telepharmacy or satellite pharmacy, or the licensed pharmacist is acting as interim pharmacy manager. These added safeguards will help to ensure the health and safety of the public by allowing only experienced pharmacists to become pharmacy managers, and by ensuring optimal focus by the pharmacy manager on the pharmacy that they manage.

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## 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

2. Private Care Areas as a requirement for a proprietary pharmacy permit. This proposed amendment will enhance the health, safety, and privacy of the public by requiring private patient care areas for all Saskatchewan pharmacies, within three years of this bylaw coming into effect. The private patient care areas are required to meet specific standards in regards to patient privacy and comfort, location, wheelchair accessibility and hygiene.

Please watch for further details in the new year.

## REGULATED PHARMACY TECHNICIAN UPDATE

Saskatchewan Polytechnic has received formal approval to change the credential from a certificate to a diploma. The program will expand to two years beginning September 2017.

As of December 20, 2016, we have 78 pharmacy technician members in the College with more than a dozen jurisprudence exams scheduled. When you meet a new pharmacy technician or pharmacist, please join us in welcoming our new colleagues to the College.

## NEW SCPP LOGO

As mentioned in the November 2016 SCOPe newsletter, Council approved the creation of a new College logo due to SCPP's new legislation, the change of name from SCP to SCPP and the focus of the new strategic plan. Two logo options were presented to Council and one was approved. More information will follow in a subsequent issue.

## REPORT FROM THE COMPLAINTS COMMITTEE

The Committee noted the continued trend of an increasing number of complaints regarding communication/unprofessional behaviour, medication errors and/or privacy breaches.

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

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

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

## DENTAL HYGIENIST ACCESS TO DRUGS

The College received information from the Canadian Dental Hygienist Association regarding Dental Hygiene Emergency Drug Kits. Dental hygienists from across the country report difficulty purchasing the following Schedule II drugs from pharmacies:

- nitroglycerin (premeasured dosing)
- diphenhydramine
- epinephrine (premeasured dosing)

These drugs are required to be onsite for use by dental hygienists during a medical emergency.

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## STAFF FAREWELL

SCPP bids farewell to Amanda Stewart. Amanda has been with SCPP since 2012, starting as support to the Assistant Registrar, then progressing to become the Complaints Manager. Amanda has relocated to pursue new career opportunities.

SCPP is in the process of recruiting for the vacant position and will introduce the new staff member once hired.

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## Joint SCPP/PAS/CSHP Meeting December 15, 2016

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The Council/Boards of each organization met on December 15, 2016, to discuss their individual strategic plans and issues of mutual interest. The issues discussed were:

- PIP's failed transactions report
- MAID
- Minor ailments
- Opioid addiction crisis
- NAPRA's new compounding guidelines
- Medical marijuana

The officers from each organization have agreed to meet more often and will schedule upcoming meeting(s) in the new year.

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## Safety on the Web

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SCPP has adopted an additional domain name, [www.SKcollege.pharmacy](http://www.SKcollege.pharmacy). People using the new domain will be redirected to our main website.

### WHY HAS SCPP ADDED THE NEW DOMAIN NAME?

The American National Association of Boards of Pharmacy (NABP) began the ".Pharmacy" Top-Level Domain (TLD) Program initiative in an effort to help consumers around the world find a safe and properly licensed place to buy products and get information. SCPP is a member of NAPB, District 5.

The [www.safe.pharmacy](http://www.safe.pharmacy) says, "NABP has reviewed nearly 11,000 internet drug outlets selling prescription medications and found 96% to be out of compliance with United States pharmacy laws and practice standards that protect the public health."

The hope is that consumer safety can be accomplished by creating an exclusive domain name that only vetted websites can use. Consumers who might be tempted to purchase medications through the internet would come to know that a website ending in ".pharmacy" is safe. If they are purchasing medications from other sites, they would do so with enhanced risk.

NAPB's goal in establishing the ".pharmacy" TLD as a secure and trustworthy domain that indicates medications

## COUNCIL ELECTIONS MARCH 22, 2017

Notice of Elections for Divisions 1, 3, 5 and 7 will be mailed to members in the four districts on January 25, 2017.

**Council's next meeting will be held on February 23, 2017, in Regina.**

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## Reference Manual Updates

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The College has been extensively updating the Reference Manual on the SCPP website ([www.saskpharm.ca/site/manual?nav=03](http://www.saskpharm.ca/site/manual?nav=03)). As a result, some links embedded in other documents may have been affected.

Staff members are reviewing the website documents to find broken links. However, if members locate any incorrect or broken links, or if there are questions about the policies or guidelines found on the website, an email can be submitted to: [info@saskpharm.ca](mailto:info@saskpharm.ca).

The majority of the updates to the Reference Manual will be completed by December 2016, with ongoing updates continuing as Council approves changes or additions.

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purchased from ".pharmacy" websites are authentic and safe is in alignment with SCPP's mandate to govern the practice of pharmacy in Saskatchewan in the interest of public safety.

### CANADIAN SAFETY

Canadian consumers can be affected by the illegal businesses operating through the internet as there are many sites that offer drugs, devices and information from unlicensed businesses claiming to be legitimate and, at times, claiming to be licensed by a state/provincial regulatory body. As an example, in Manitoba, a rogue website stole the College's logo and placed it on their website claiming to be approved by the College when that was not so. The ".pharmacy" website can help separate legitimate, licensed pharmacies from sites that are rogue and illegal. The ".pharmacy" initiative is supported by NAPRA.

### WHAT DOES THIS MEAN FOR SASKATCHEWAN PHARMACIES?

Every pharmacy in Saskatchewan can become a ".pharmacy" site by applying to NABP. Learn more about the [benefits](#) (PDF) of obtaining a ".pharmacy" URL for your organization's pharmacy website. If a member is interested in obtaining a ".pharmacy" domain name for his organization, please visit the NABP site [here](#).

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## *COMPASS™ to become a Standardized CQA Program in all Saskatchewan Community Pharmacies*

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The third phase of the COMPASS™ pilot project is quickly winding down; December 31, 2016, will be the official end of the pilot phases. The three pilot phases were employed to determine the feasibility of a standardized continuous quality assurance program in Saskatchewan community pharmacies. In total, 119 community pharmacies volunteered to be part of the pilot project.

The evidence from the three phases showed that using the COMPASS™ tools has demonstrated the following benefits to pharmacy staff:

- Increased awareness of safety issues
- Improved discussion of near misses
- Reduction in blame and fear discussing medication errors
- Perceived reduction in the number of incidents occurring

Along with the above benefits, the evidence from the research completed for SafetyNET-Rx in Nova Scotia and the COMPASS™ pilot projects showed strong support for full implementation of COMPASS™ in all Saskatchewan pharmacies.

Due to this strong evidence, the COMPASS™ Steering Committee was asked to present a business case and implementation plan to Council. Council approved a Saskatchewan-wide implementation of COMPASS™ at the December 14, 2016, meeting. The recommendation is that COMPASS™ be a permit requirement beginning in the 2017-2018 permit year. Proposed bylaws will be presented to Council in February 2017.

### **Program Requirements**

The recommended COMPASS™ program requirements include:

- Reporting quality related events (QREs) anonymously to an independent, objective third-party organization for population of a national aggregate database
- Completing a medication safety self-assessment bi-annually
- Developing and monitoring the progress of an improvement plan at CQI meetings
- Holding CQI meetings for the purpose of providing staff education, discussing QRE's, completing the MSSA, and developing and monitoring the improvement plan. It is recommended that pharmacy staff meet no less than annually
- Designating an individual to be the QA coordinator at each pharmacy



Community Pharmacists  
Advancing **Safety**  
in Saskatchewan

Currently the Institute for Safe Medication Practices (ISMP) Canada Community Incident Reporting (CPhIR) system, the Medication Safety Self-Assessment (MSSA) tool and the Quality Improvement (QI) Tool allow community pharmacies to meet all of the program requirements.

One of the benefits of having a standardized CQA program and using the tools, particularly the CPhIR tool, is the opportunity for shared learning. When members report incidents to the CPhIR system, members at other pharmacies can become aware of incidents through the database, learn from these incidents and take steps to prevent errors from occurring in their own pharmacy.

By completing the MSSA every two years, pharmacy staff members can proactively identify potential safety issues within their pharmacy systems, address them and prevent errors they may have occurred due to these safety issues.

It is felt that having a standardized quality assurance program in Saskatchewan, which includes the program requirements, will take what is already a safe pharmacy system and make it even safer for patients.

In-person training sessions will be offered for all Quality Assurance (QA) coordinators and pharmacy managers. It is anticipated that the training sessions will be offered in April 2017 and September 2017 in preparation for the implementation in November 2017. More information will be provided regarding training as the training sessions are finalized.

All current COMPASS™ pharmacies will continue to have their subscription fees to CPhIR/MSSA subsidized by ISMP Canada until the permit requirement comes into effect on November 1, 2017. All COMPASS™ pharmacies are encouraged to continue to utilize the tools to remain proficient at using the tools and for the safety of patients. Any pharmacy that is not currently a COMPASS™ pharmacy, but that is interested in obtaining a subscription can contact Jeannette Sandiford at the SCPPh office at 306-584-2292 or email [jeannette.sandiford@saskpharm.ca](mailto:jeannette.sandiford@saskpharm.ca).

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## 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.

Statistics for incident reporting in the CPhIR (Community Pharmacy Incident Reporting) system from September 2013 (Phase I) until the end of November 2016:

To date, there have been **6,959** incidents reported on the CPhIR system.

A breakdown of the top four types of incidents include:

- **1,733** incidents with an incorrect dose/frequency
- **1,284** incidents where the incorrect quantity was dispensed
- **1,018** incidents that involved an incorrect drug
- **552** incidents that involved an incorrect prescriber

The majority or **5,628** of these incidents had an outcome of NO ERROR, which means the incidents were intercepted BEFORE they reached the patient.

**1,256** were NO HARM incidents, which means the incidents, reached the patient but did not cause harm.

There were **75** reported incidents that did result in HARM. Information from ISMP Canada indicated that 65 were MILD and 10 were MODERATE HARM.

Out of 119 COMPASS™ pilot pharmacies:

- **73** pharmacies completed or started their online data entry for the MSSA
- **89** quarterly meetings were held
- **96** 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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## 106th Annual General Meeting

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*Mark your calendars now!*

# 106<sup>th</sup> Annual General Meeting

**Saturday, May 6, 2017  
TCU Place, Saskatoon**

**More details to follow**

SCPP's 106<sup>th</sup> Annual General Meeting will be held during  
the 2017 PAS Annual Conference, May 5 - 7, 2017

This year's theme is  
**“Portraits of a Healthy Saskatchewan”**

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## *New Award in 2017 - Safety Excellence Award*

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The Saskatchewan College of Pharmacy Professionals (SCPP) Safety Excellence Award may be presented to recognize a member of SCPP, or a health care related group/organization to which the member belongs, who has made a special contribution to pharmacy in the area of increasing safety with one outstanding contribution or a series of achievements that has enhanced patient or medication safety.

The Safety Excellence Award recognizes a special contribution that meets one or more of the following criteria:

- Demonstrates enhanced patient/medication safety
- Demonstrates safer medication practices
- Demonstrates a reduction in risk to patients
- Demonstrates innovation in continuous quality improvement in pharmacy practice

In addition,

1. At least one of the nominee(s) must be a member in good standing of SCPP.
2. The nominee(s) must have made a special contribution with respect to patient or medication safety either on a local, provincial or national level.
3. More than one Safety Excellence Award may be presented in the same year. The award may be presented to an individual and/or a group/organization.

4. Nomination papers must be accompanied by a brief description of the individual's, group's or organization's contributions consistent with the Terms of Reference.
5. Nominations may include documentation to support or provide further evidence of nominee's accomplishments. Documentation may be in the form of reference letters from colleagues or other health care professionals, testimonials from patients, media coverage or professional articles.
6. Nominations must be received in the office of the Registrar by January 31.
7. The selection will be approved by SCPP Council following recommendation from the Awards and Honours Committee.
8. When possible, the Safety Excellence Award will be presented in conjunction with the SCPP Annual General Meeting.
9. A Safety Excellence Award does not necessarily have to be presented in any given year.

To nominate yourself, a co-worker or a pharmacy please submit your nomination papers and supporting documentation to the College office by January 31, 2017.

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## *Call for Nominations - Member Recognition*

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### **DEADLINE FOR SCPP AWARD NOMINATIONS – JANUARY 31, 2017**

The SCPP Awards and Honours Committee is calling for nominations for their annual awards. These will be presented to members who have made a significant contribution to the pharmacy profession and/or community. Early submissions are appreciated.

You can 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.

#### **Emerald Achievement Award**

The Emerald Achievement Award will go to a practising SCPP member in good standing for their dedication and service. The recipient must have been active in our profession for at least 35 years.

#### **SCPP Certificate of Recognition**

The SCPP Certificate of Recognition recognizes retiring Presidents, Councillors and committee members of SCPP for their dedication and contributions to the Council of SCPP.

The nominee must have made a special contribution to SCPP either on a local, provincial or national level.

#### **Presidential Citation**

The Presidential Citation recognizes an SCPP member who has made special contributions to pharmacy and/or one outstanding contribution or a specific achievement that has enhanced the profession of pharmacy.

#### **Honorary Life Member Award**

An Honorary Life Member Award will be presented to recognize a member of SCPP for outstanding contributions to the profession and/or SCPP, beyond the normal call of professional or voluntary obligations.

An Honorary Life Member Award may be granted in recognition of:

- a) A distinguished record of professional service to the community;
- b) And/or outstanding contribution to SCPP;
- c) And/or a distinguished record of service to SCPP;
- d) And/or specific achievements that enhanced the profession;
- e) And/or long-term service to the profession with a distinguished record.

Honorary Life Members will have their annual personal membership fees waived, but are responsible for all other conditions of membership.

### **Member Emeritus Status (MESCPP)**

Attention Retired SCPP Member(s): Have you previously been a practising or non-practising member of SCPP in good standing for at least 25 years? If so, you may be eligible to apply for the designation 'Member Emeritus Saskatchewan College of Pharmacy Professionals' or 'MESCPP'.

Any member on the Retired Register may be designated as a 'Member Emeritus' of the College and may use the designation 'Member Emeritus Saskatchewan College of Pharmacy Professionals' or 'MESCPP' if he can declare the following:

- has been a practising or non-practising member continually in good standing with the SCPP or other regulatory body for pharmacists for at least 25 years
- has not been found guilty of professional misconduct or professional incompetence
- understands that his name must remain on the Retired Register of SCPP
- has asked that his designation be confirmed by the Awards Committee of SCPP

NOTE: Where a member is ineligible pursuant to clause (b) herein, Council may, upon receipt of a written request giving reasons, determine that the member is eligible to be designated as a "Member Emeritus."

### **SCPP Award of Merit**

Available to the general public, this award recognizes any person, group or organization, who is not a member of the College, and who through his active participation has promoted SCPP and/or the profession of pharmacy in Saskatchewan.

The nominee must have made a special contribution to SCPP either on a local, provincial, or national level.

### **Honorary Member Award**

Available to the general public, this award recognizes any person for outstanding contributions to the profession and/or SCPP beyond the normal call of professional or voluntary obligations.

An Honorary Member award may be granted in recognition of:

- a) An outstanding single contribution to SCPP;
- b) And/or a distinguished record of service to SCPP;
- c) And/or a single specific achievement that enhanced the profession;
- d) And/or through long-term service to the profession with a distinguished record.

The nominee must have made a special contribution to SCPP either on a local, provincial, or national level.

### **Centennial Pharmacy Award**

In 2011, SCPP celebrated its Centennial Anniversary. At that time, we invited all pharmacies celebrating their Centennial Anniversary in 2011 and those pharmacies in operation for

more than 100 years to celebrate this milestone alongside the College by introducing a new award to recognize the great accomplishment.

SCPP would like to continue to recognize this achievement of operating as a pharmacy for 100 years by making the Centennial Pharmacy Award an annual award which will be given to those pharmacies who can document their roots back 100 years.

In each coming year, SCPP will be looking for all Saskatchewan pharmacies that have been in continuous operation by the same or different owners for 100 years or more.

If your pharmacy is celebrating its centennial year, and your pharmacy's history can be traced back more than 100 years, the College would like to hear from you and asks that you forward an outline of your pharmacy's history, including ownership and key dates and changes. The College would also like to know of any outreach and involvement in your community that your pharmacy has done and/or continues to do.

### **Safety Excellence Award**

SCPP Safety Excellence Awards may be presented to recognize a member of SCPP, or a group/organization that the member belongs, who has made a special contribution to pharmacy in the area of increasing safety with one outstanding contribution or a series of achievements that has enhanced patient or medication safety.

The Safety Excellence Award recognizes a special contribution that meets one or more of the following criteria:

- a) Demonstrates enhanced patient/medication safety
- b) Demonstrates safer medication practices
- c) Demonstrates a reduction in risk to patients
- d) Demonstrates innovation in continuous quality improvement in pharmacy practice

### **HOW TO NOMINATE**

You are invited to nominate your colleague(s) and/or yourself for any of these awards. All nominations must be accompanied by a summary of the qualifications consistent with the terms of reference. If you would like to see who has received an award in the past, please visit the SCPP website under [Awards](#).

### **COMPLETE LIST OF AWARDS AND CRITERIA**

Please [click here](#) for a complete list of awards and criteria, including where to send your nomination form. Forms may be requested from the SCPP office, and are also available on the College website under [Awards](#).

### **DEADLINE**

**While the deadline for receipt of nominations for an SCPP award is January 31, 2017, we are encouraging early submissions.** In all cases, the final selection must be approved by the SCPP Council, following recommendation from the Awards and Honours Committee.

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## *Establishment of the Fitness to Practise Committee*

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The Complaints Committee investigates all formal complaints received by the College. If the Complaints Committee believes, on the basis of the information gathered during the investigation, that there may be professional misconduct, professional incompetence or proprietary misconduct on the part of the member, the file is referred to the Discipline Committee or to Alternative Dispute Resolution (ADR) for a resolution. This system serves an important role in fulfilling the College's mission, vision, values and goals, but it may not best serve the member who may be experiencing physical or medical impairments that are affecting his ability to practise.

To address the circumstances where a member may be "incapacitated" and/or "unfit" to practise, the Council has approved the establishment of the Fitness to Practise Committee. The Complaints Committee, who will still be responsible for reviewing all of the official complaints received by the College, will refer the case to the Fitness to Practise Committee where indications are that a member may be incapacitated or found to be unfit to practise for reasons of physical or medical impairment or competency deficits.

The Registrar may refer a matter involving the capacity of a member to the Fitness to Practise Committee via the Complaints/Discipline process if all of the following apply:

- a) there are concerns about a member's capacity;
- b) it is in the public interest to do so;
- c) information received by the Registrar about the member does not allege the facts that, if proven, would reasonably be regarded as professional misconduct or professional incompetence; and,
- d) the member consents to the process.

The Fitness to Practise Committee will be comprised of three to five members, ideally made up of practising members in both hospital and community practice, and a health care provider with mental health training/expertise (i.e. pharmacist, RN, NP or Psychiatric Nurse).

Once the Fitness to Practise Committee receives an Investigation Report from the Complaints Committee, the Fitness to Practise Committee will engage in a peer review process similar to that of the Complaints Committee. They will provide insight and guidance in the investigation and review of a suspected "fitness to practise" concern by determining what a reasonably prudent member would do in the same circumstances. They will review the material and determine what alternate remedy will best assist with determining the underlying issues leading to the original complaint. Whether the issue is professional in nature and may be best addressed through education and/or retraining, or whether there are medical or physical issues that need to be addressed, a course of action will be determined and provided to the member. If the member does not consent, or later withdraws his consent to work with the Fitness to Practise Committee, the Committee may refer the matter back to the Complaints/Discipline process.

The overall aim of the creation of the Fitness to Practise Committee is to maintain the dignity of the member where there is question of his ability to practise safely while coping with a physical or medical impairment, or a competency deficit.

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## *Join Us on the SCPP Members Facebook Group*

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Available only to SCPP members who request access, the "secret" SCPP Members Facebook group is a secure way to convey information and ask questions. 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 on our website.

### **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 a 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.



# Safer Decisions Save Lives: Key Opioid Prescribing Messages for Community Practitioners

reprinted with permission from ISMP Canada



## ISMP Canada Safety Bulletin

- *Do not prescribe potent opioids for minor pain.*
- *Chronic opioid therapy should be reserved for chronic pain that impairs daily function and has not responded to non-opioid treatments.*
- *If opioid therapy is chosen, it should be treated as a therapeutic trial. Prepare patients for the possibility that therapy will be discontinued if it is ineffective or there is evidence of harm.*
- *Educate patients about opioid-associated harm and prevention of overdose.*
- *Understand how to recognize opioid use disorder and how to initiate or refer a patient for treatment.*

In fall 2015, ISMP Canada brought together a panel of opioid experts from across Canada to identify prescribing and management practices likely to result in better opioid prescribing in the community, especially for treatment of chronic noncancer pain. The panel identified a number of themes on opioid prescribing and management, which were further refined into key opioid prescribing messages.\* Although the practices described in these messages will be particularly helpful to community prescribers, their relevance extends to all healthcare providers in the community, as well as regulatory colleges, legislators, and the general public.

### **SELECTION OF PATIENTS FOR OPIOID THERAPY**

#### **Do not prescribe potent opioids for patients with minor pain.**

Potent opioids (e.g., morphine, oxycodone, hydromorphone) are not needed for treatment of minor pain (e.g., pain resulting from musculoskeletal injuries, minor surgery, or dental work), and their use in this context can delay a patient's return to work. These drugs are suitable for pain associated with major trauma (e.g., fractures, major surgery), but should not be prescribed for longer than the expected recovery time (usually less than 1-2 weeks). Emergency, urgent care, and walk-in clinic physicians should prescribe quantities that will last only a few days, until patients can be seen by their regular physician.

#### **Reserve opioids for patients with severe, chronic noncancer pain that impairs daily function.**

Opioids should be considered only after adequate trials of all non-opioid treatments that are appropriate for the underlying condition. Do not prescribe opioids for fibromyalgia, headache, or low back pain. There is no compelling evidence of effectiveness in these situations, the pain relief will be minimal, and any benefits are typically outweighed by side effects and risk of harm.

#### **Prescribe opioids with caution for patients at high risk of addiction.**

There are 2 major risk factors for opioid addiction:

- current or past history of alcohol or substance use disorder
- current or past history of a psychiatric disorder (including anxiety, depression, and post-traumatic stress disorder)

Do not prescribe potent opioids for high-risk patients unless they have a pain condition that interferes with daily life and has not responded to a full trial of all major pain treatments (e.g., nonsteroidal anti-inflammatory agents, antidepressants, anticonvulsants, physiotherapy and other nonpharmacologic therapies). In cases where opioids are to be prescribed for high-risk patients, avoid hydromorphone, fentanyl, and oxycodone; dispense small quantities at frequent intervals (rather than larger amounts at extended intervals); order regular urine drug screens to identify use of nonprescribed opioids, benzodiazepines, or other drugs; and educate patients and families about overdose and harm prevention.

\* This bulletin is not intended to be comprehensive and must be evaluated in the context of professional standards, regulations, and expectations. Not all evidence, knowledge, or advice may have been available or taken into account when this document was prepared, and not all possible practices informing opioid prescribing may have been considered or presented. The opinions, principles, guidelines, practices, and advice outlined in this document are not necessarily those of the project participants, the partnering organizations, or Health Canada, which funded the project.

## OPIOID SELECTION AND DOSAGE

### Treat all opioid prescribing as a therapeutic trial.

There have been no long-term (> 1 year) controlled trials of the effectiveness of opioids, and cohort studies have indicated that patients receiving long-term opioid therapy have worse pain and function outcomes than patients with similar pain conditions who are not taking opioids. Therefore, the opioid should be tapered and discontinued if it does not significantly improve pain and function at a dose of 50 mg MED<sup>†</sup> or if the patient experiences fatigue, sedation, or other side effects.

### Start with weak opioids first.

Weak opioids include codeine, tramadol products, and transdermal buprenorphine. Switch to a potent opioid only if the weak opioid is ineffective. If a potent opioid is needed, use low doses of a short-acting formulation for initial titration. Avoid fentanyl. Do not prescribe benzodiazepines concurrently with opioids.

### Recommend the lowest possible dose for the shortest possible time.

Low doses and slow dose titration are appropriate for all patients, but are especially important for those at risk for opioid-induced falls, sedation, and other harms. Risk factors for opioid-induced falls, sedation, and other harms include advanced age, concomitant benzodiazepine or other sedating medications, alcohol use, sleep apnea, and impairment of renal, hepatic, or respiratory function. Do not prescribe opioids for nighttime use by elderly patients who are at high risk for falls.

### Advise patients about opioid-related harms and prevention of overdose.

Use patient-specific handouts, such as [Opioid Pain Medicines—Information for Patients and Families](#), to support discussion of the following issues of concern:

- impairment of ability to drive or operate machinery, especially after initiation of an opioid or after an increase in dose
- avoidance of the combination of opioids with alcohol, benzodiazepines, or illicit drugs
- the need to alert family members and friends to the initiation of opioid treatment, as well as the symptoms and signs of opioid toxicity
- the requirement for secure storage of opioids, especially if children or young adults live in the same house as the patient
- the requirement to not share opioids with others or take opioids from others
- the method for obtaining naloxone from community naloxone programs or pharmacies, where available

### Keep the dose below 50 mg MED.

Most patients respond well to doses of 50 mg MED or less. For patients receiving opioid doses above 90-120 mg MED, strongly consider requesting a second opinion from another healthcare provider, and advise these patients to get a naloxone kit from the pharmacy, where available. The risk of overdose and the inherent risk of addiction increase steeply at higher doses.

## TAPERING OPIOIDS

### Taper the opioid dose when necessary.

Taper the dose in the following situations:

- patient has experienced no improvement in function with opioid therapy
- patient is experiencing opioid-induced sedation, depression, fatigue, sleep disturbance, or other harm
- there is a concern that the patient is experiencing opioid-induced hyperalgesia
- there is a concern that the patient may have an opioid use disorder

Consider tapering for any patients who are receiving doses above 50 MED, particularly those whose doses are over 200 MED. Many patients on higher doses will actually experience improvements in their pain, mood, and function when their dose is lowered.

Taper doses by no more than 10% of the total daily dose every 1-4 weeks. Whenever possible, use scheduled rather than as needed (PRN) doses. Dispense small quantities frequently (as often as daily), depending on the patient's adherence to the tapering schedule.

### For patients who are taking high doses, do not stop the opioids suddenly.

Abrupt cessation may cause patients who are taking high doses to go into severe withdrawal. This may lead them to seek other sources of opioids, which puts them at risk of overdose and other harms.

## OPIOID USE DISORDER: DIAGNOSIS AND MANAGEMENT

### Know how to diagnose opioid use disorder.

The clinical features of opioid use disorder include requirement for higher doses than expected for an underlying pain condition, resistance to tapering despite poor analgesic response, alarming behaviours (e.g., patient frequently runs out early; patient accesses opioids from other sources; patient snorts, crushes, or injects oral opioids), poor psychosocial function and mood, and binge use with frequent withdrawal symptoms.

<sup>†</sup> MED = morphine equivalents/day, also known as morphine milligram equivalents (MME)/day. This is the total amount of opioid consumed in a 24-hour period, converted to the morphine-equivalent daily dose in milligrams. Potency ratios: morphine = 1, oxycodone = 1.5, hydromorphone = 5 (available from [http://nationalpaincentre.mcmaster.ca/opioid/cgop\\_b\\_app\\_b08.html](http://nationalpaincentre.mcmaster.ca/opioid/cgop_b_app_b08.html)).<sup>1</sup>

If the diagnosis is unclear, prescribers should:

- closely monitor the patient with frequent visits and urine drug screens (at least every 2 weeks)
- dispense opioids frequently (1-7 times weekly) in small quantities
- closely monitor the patient's pain and function
- refer patients to and/or seek a consult (by phone or email) with an addiction physician

**If the patient has an opioid use disorder, develop and discuss the treatment plan with the patient.**

Include the following messaging in your discussion of the treatment plan:

- options for initiation of buprenorphine or referral to an addiction specialist
- anticipated benefits of the treatment plan, including reduction of pain, prevention of overdose, and improvement in mood, energy level, and function

**For most patients with opioid use disorder, initiate buprenorphine or refer the patient to an addiction physician for buprenorphine or methadone treatment.**

Both buprenorphine and methadone have been shown to dramatically reduce opioid use, crime, and overdose. Buprenorphine can be safely prescribed and managed by family physicians.

If the patient refuses the treatment plan, and will not attend an addiction clinic, then taper the dose over 1-3 months, with frequent dispensing (as often as daily). Continue to offer primary care, unless the patient has been abusive to office staff or other patients.

**Educate patients with opioid use disorder about overdose and harm prevention.**

All patients on opioids should be educated about overdose and harm prevention, in particular those with opioid use disorder. Several key points should be addressed:

*For all patients taking illicit opioids or high doses of prescription opioids:*

- Obtain a take-home naloxone kit. In many regions of the country, these kits are available at no cost and without a prescription, through naloxone programs or pharmacies.
- Avoid taking benzodiazepines or alcohol at the same time as the opioid.
- Use a lower dose if the opioid has not been taken for several days or more. Patients on prescribed opioids should contact their doctor for guidance.

*For patients who misuse opioids (e.g., inject, crush or snort opioids, or acquire opioids from non-medical sources):*

- Never use opioids alone and avoid taking benzodiazepines or alcohol at the same time as an opioid. If available, use opioids at a safe injection site.
- Give naloxone if a friend may have overdosed on opioids and call 911. Never leave the friend alone to “sleep it off”.
- Use pharmaceutical opioids obtained by prescription rather than illicit opioids obtained from other sources. Caution patients that opioids obtained from other sources may contain fentanyl and that other dangerous adulterants are often added to heroin, morphine, oxycodone, and even to cocaine or crystal methamphetamine. This further increases the risk for overdose and death, even for heavy and experienced users.

## CONCLUSION

Opioid prescribing and management in the community are complex issues. This report summarizes key prescribing messages that aim to minimize the use of opioids and reverse their associated harm, as well as to support community prescribers in the treatment of opioid use disorder.

## ACKNOWLEDGEMENTS

*ISMP Canada gratefully acknowledges members of the expert panel who shared their expertise for the expert panel meeting, as well as the following individuals for their expert review of this bulletin (in alphabetical order):*

Laurie Dunn MSc BScPhm, Six Nations Family Health Team and Medication Use Management Services, Toronto, ON; Meldon Kahan MD CCFP, Medical Director, Substance Use Service, Women's College Hospital, Toronto, ON; Pamela Leece MD MSc CCFP FRCPC, Clinical Associate, Substance Use Service, Women's College Hospital, Toronto, ON; John Pilla MSc BScPhm, Medication Use Management Services, Toronto, ON; and Sheryl Spithoff MD CCFP, Staff Physician, Women's College Hospital, Toronto, ON.

## REFERENCE

1. Appendix B-8-1: Oral opioid analgesic conversion table. In: Canadian guideline for safe and effective use of opioids for chronic non-cancer pain. Hamilton (ON): National Opioid Use Guideline Group (NOUGG); 2010 [cited 2016 Nov 9]. Available from: [http://nationalpaincentre.mcmaster.ca/opioid/cgop\\_b\\_app\\_b08.html](http://nationalpaincentre.mcmaster.ca/opioid/cgop_b_app_b08.html)

## From the Desk of the Dean



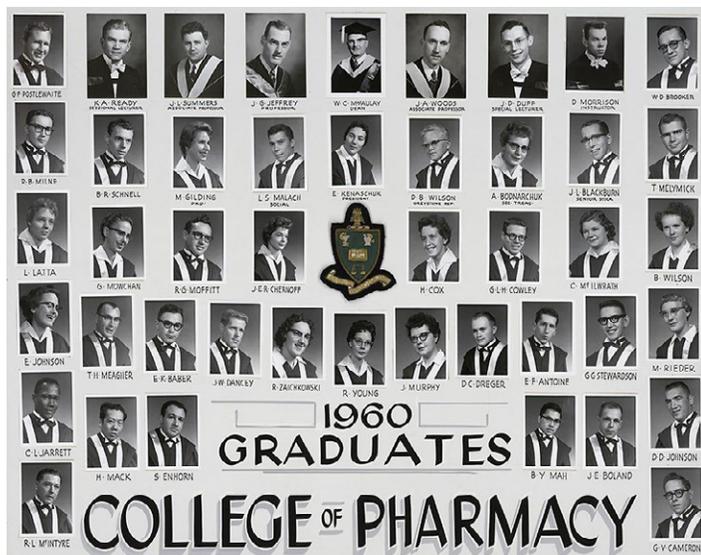
**Dr. Kishor Wasan**

### 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://pharmacy-nutrition.usask.ca>

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:

Many of you have noticed the pharmacy and nutrition graduate pictures have been removed from the halls of the Thorvaldson Building. A campus-wide initiative began last year to scan the pictures in an effort to preserve them, and we're happy to announce these pictures are now available on the college website. [Find a Grad Photo.](#)



Welcome to **Dr. Ekaterina (Kate) Dadachova** who has joined the University of Saskatchewan as a professor of pharmacy in the College of Pharmacy and Nutrition and as the Fedoruk Centre for Nuclear Innovation Chair in Radiopharmacy. [Read more.](#)



Congratulations to **Dr. Jane Alcorn** who received the Distinguished Graduate Supervisor Award at the Fall Convocation Ceremony on Saturday, October 22. The award honours those faculty members who excel in the supervision of graduate students.

Congratulations to **Dr. Yvonne Shevchuk**, and her colleagues, on being awarded the 2016 Provost's Prize for Innovative Practice in Collaborative Teaching and Learning. [Read more.](#)

**Dr. Charity Evans** who was one of two U of S researchers who have each been awarded \$40,000 to assess novel approaches to physical exercise in helping people with MS. Charity will study the effect of Pilates in MS, working in partnership with U of S kinesiology researchers and community co-investigators. [Read more.](#)

**Dr. Jaris Swidrovich** was elected as a member-at-large on the University Council. Jaris was elected to one of two positions for which eight faculty members from across campus were nominated.

On Friday, November 25, Saskatchewan Pharmacy & Nutrition Student Society held its annual Winter Formal at TCU Place. They raised approximately \$1,400 for The Lighthouse Supported Living Inc.

Congratulations to **Shelby Pflanzner** on winning a poster award at the CSHP Saskatchewan Branch AGM & Educational Sessions for her poster "An Audit of Phenytoin Utilization for Seizure Prophylaxis and Treatment."

On Wednesday, December 7, the fourth year pharmacy students kept with tradition and took time away from studying for finals to go caroling at the faculty's homes.



With the upcoming holiday season, I encourage everyone to take a break and enjoy your time with family and friends. More exciting things are coming in the new 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*
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	Registration Closed
	MCQ: April 2, 2017	
Spring Pharmacy Technician Evaluating Examination	April 23, 2017	January 13, 2017 <i>Submit your application soon!</i>
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

## Has Your Name or Contact Information Changed?

Please remember to keep personal information accurate and up to date with the College, especially your current place of employment, email address and mailing address.

Up-to-date information helps determine the electoral divisions for College elections and allows SCPP 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.



## Notes From the Field

Recently, SCPP was made aware that Loperamide has become a drug which is being misused and/or abused. Doses have been reported at 48mg per dose and in some cases, ingested mega doses are over 80mg, increasing risk of toxic effects to the heart.

Information in the December 2016 edition of Pharmacy Practice, a journal produced by the Canadian Health Network, describes Loperamide as "poor man's methadone," citing that it is being used to self-treat opioid withdrawal and/or to gain euphoric effects.

If you are noticing increased sales (or increased theft) of this product, it is recommended that you consider the following:

- Limit package sizes to the smallest packages
- Move product behind the counter
- Watch for overuse of products, which may interact with and increase the 'effects' such as cimetidine or fluconazole

Be aware and educate staff about the resources available to assist patients seeking treatment for substance abuse and be ready to discuss the resources with those patients.



# A time of hope and new beginnings...

The holiday season brings family and friends together; it helps us appreciate the love in our lives we can often take for granted. May this wonderful time of the year touch your heart in a special way. The staff at the Saskatchewan College of Pharmacy Professionals wish you happiness this season and throughout the new year.

Denise Carr, Jeanne Eriksen, Kristjana Gudmundson, Pat Guillemain, Perry Hermanson, Ray Joubert, Darlene King, Christina McPherson, Heather Neirinck, Lori Postnikoff, Jeannette Sandiford, Brittany Sharkey, Audrey Solie, Cheryl Wyatt

We sincerely appreciate the work of those who served on Council and committees in 2016 and would like to extend a special thanks to these members who freely donate their time and expertise.

We wish all our members joy and hope this season and in the New Year.

And to our many partner organizations, we wish you and your loved ones many happy memories to treasure during this festive season.

In keeping with the season's spirit of giving, a donation has been made to Food Banks of Saskatchewan in lieu of sending out holiday cards.

## **Holiday Office Schedule**

Closed at noon December 23 until January 2  
Regular office hours resume January 3  
8 a.m. to noon - 1 p.m. to 4:30 p.m.

# *Happy Holidays!*

