President’s Holiday Message

At this time of year we take time to reflect on the year that was and set goals for the year to come. As I reflect on 2012 what strikes me most is the amount of change our profession is undertaking. Regardless of practice setting it seems there is change occurring almost daily. Each day brings a new challenge and with it a new opportunity. We can’t complain that our professional lives are ever boring! How lucky we are to be in control and designing how our profession will practice in the years to come.

As we look forward to 2013 we need to be ready to embrace further changes and be creative in our approach to the challenges that may come. We are a critical member of the health care team and we need to continue to strive for the best for our patients at every opportunity. We cannot look back with wistful longing to the time that was but must instead look forward with excited anticipation like that of a child on Christmas morning to what may come. There are very exciting times to be involved in our profession.

I would like to take this opportunity to thank Ray, Jeanne and the staff at the College of Pharmacists for all their hard work throughout the year. To Dawn, Curtis and the PAS board members and staff thank you for all the work we do together and thank you in particular for the collaborative nature of our relationship. To all the pharmacists in the province thank you for the work that you do each and every day. You protect the residents of this province with your care regardless of practice setting. Too often you’re are few and far between but know that your patients do appreciate what you do for them even if they don’t always tell you.

I wish each of you health and happiness in the new year. Take some time this holiday season to spend time with those who matter most.

Kim Borschowa, BSP
SCP President 2012-13
Council reviewed the key messages coming out of Primary Health Care re-design from the Ministry of Health. Since the Primary Health Care Framework was released and the eight innovation sites were announced in May 2012, the innovation sites are at different stages of development. All have implementation plans and steering committees in place. Regarding the system in general, background shared contains information on the Hoshin Kanri planning system undertaken by the ministry. A matrix was presented that contains Hoshins (few key goals around which to focus and align organizations) aims, strategies, outcomes/results and improvement targets for 2013-14:

- Strengthen patient-centered Primary Health Care (PHC) by improving connectivity, access and chronic disease management.
- Transform the patient experience through sooner, safer, smarter surgical care.
- Safety Culture: Focus on patient and staff safety.

The first and third bullets are relevant to the profession. In particular, the targets for improving treatment of chronic diseases and medication reconciliation are pertinent.

Example: Outcome sought—by March 31, 2017, establish a culture of safety resulting in zero defects to patients and staff.

Milestones:

- **2013-14:** By March 2014, MedRec will be undertaken at all admissions and transfers/discharges to, within and from ACUTE care (including cancer services) by all RHAs and the SCA.
- **2014-15:** By March 2015, MedRec will be undertaken at all admissions and transfers/discharges to, within and from LONG-TERM care.

2015-16: By March 2016, MedRec will be undertaken at all admissions and transfers/discharges to and from the COMMUNITY.

There is a new provincial electronic newsletter and website to support primary health care. Check out the website and sign up for the newsletter at [http://www.health.gov.sk.ca/primary-health-care](http://www.health.gov.sk.ca/primary-health-care).

- Council received a report on the Fall 2012 District Meetings held jointly with the Pharmacists’ Association of Saskatchewan (PAS). During September and October we joined PAS in their Regional Meetings consisting of face-to-face, telehealth and webinar formats. Attendance was as follows:
  - Saskatoon 49 Attended
  - Prince Albert 24 attended
  - Regina 27 attended live, plus 37 signed up from 23 Telehealth sites
  - Webinar PM 11 joined/22 signed up
  - Webinar AM 6 joined/8 signed up

- Council has determined that one of the strategic goals for the College is “pharmacists playing a leading role in preventing prescription drug abuse”. The Canadian Centre on Substance Abuse has released the summary of the meeting of the National Advisory Council on Prescription Drug Abuse held June 13-15, 2012. The meeting called upon stakeholders to define their role in education, prevention, treatment, surveillance and monitoring and enforcement. We have generally accepted through our planning process that we have a role in prevention in addition to surveillance and monitoring.
NIHB has announced enhancements to their prescription drug abuse strategy. We have many questions regarding their conclusions and will communicate with NIHB to clarify and resolve our issues.

- Council approved amendments to the following documents in the Pharmacy Reference Manual:
  - Central Fill Policy;
  - Supplementary Standards for Pharmacists Caring for Residents of Long Term Care Facilities;
  - Reference Library Requirements;
  - Prescribing Privileges for Residents and Interns; and
  - Policy Respecting the Direct Delivery of Extended Pharmacist Services in Rural Saskatchewan (Depots).

Please check the updated documents in the Pharmacy Reference Manual on the College website.

- The New Classes of Practitioners Regulations are now in effect authorizing Nurse Practitioners, Podiatrists and Midwives to prescribe controlled substances with some exceptions, provided that this is officially part of their scopes of practice in the provinces. We are consulting with the Saskatchewan Registered Nurses’ Association and the Saskatchewan College of Midwives for conformation of this scope. When received we will advise members accordingly, so until then, these new classes cannot prescribe controlled substances. At this time Podiatrists are not authorized to prescribe in Saskatchewan under the Drug Schedules Regulations, 1997.

- Council received for information a report of the NAPRA Board meetings, and the Council of Pharmacy Registrars of Canada (CPRC). Of interest to the membership:
  - Supplemental Competencies on Injection for Canadian Pharmacists document has been finalized.
  - The upcoming consultation period for the revisions to the Pharmacy Practice Management System Standards is now in effect authorizing Nurse Practitioners, Podiatrists and Midwives to prescribe controlled substances with some exceptions, provided that this is officially part of their scopes of practice in the provinces. We are consulting with the Saskatchewan Registered Nurses’ Association and the Saskatchewan College of Midwives for conformation of this scope. When received we will advise members accordingly, so until then, these new classes cannot prescribe controlled substances. At this time Podiatrists are not authorized to prescribe in Saskatchewan under the Drug Schedules Regulations, 1997.

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CSHP/PAS/SCP Joint Board Meeting

The Council/Boards of each organization met the morning of December 12, 2102 in Regina to discuss issues of mutual interest and the state of pharmacy in Saskatchewan.

Pauline Rousseau, Lori Evert and David Howland of the Strategy and Innovation Branch of the Ministry of Health presented the Ministry’s health care re-design framework, Hoshin Kanri in the Saskatchewan Healthcare System. Hoshin Kanri is the system by which goals are determined, plans to achieve the goals are established, and measures are created to ensure progress toward these goals. To achieve the goals the strategies they are embracing are: Better Health, Better Care, Better Value/Cost and Better Teams.

Issues discussed at the joint meeting:

- Pharmacist scope of practice: Administration by any route, i.e. injection, inhalation; ordering of lab tests; Level II prescribing; and additional minor ailment conditions.
- Privacy Officer Bylaw; NAPRA’s work on Pharmacy Practice Management System Standards; and mail order pharmacy.
- Technician Regulation update and discussion.
- Development and status of next agreement with the Drug Plan: Pan-Canadian Generic Pricing Initiative and Proposed Elements: Pharmacist Services, Dispensing Items, Services and Educational fund for pharmacists.
- Joint annual conference and medication reconciliation.
“Opportunities for growth in size and reach” is a College-specific priority, articulated in our Strategic Plan 2012-2016, and we are pleased to bring you updates on a number of such activities.

At the request of, and with support from the College of Nursing, our College has taken over delivery of several courses for students studying Nursing. Beginning in 2011-12, Rhett Carbno was appointed Lecturer to teach the Pharmacology for the Practice of Nursing to students in the “fast-track” post-degree BSN program and the pharmacy sections in Pathophysiology-Pharmacology for Advanced Nursing Practice I and II for students in the Nurse Practitioner graduate program. Rhett also worked with Dr. Yvonne Shevchuk to develop a required pharmacology course for the revised BSN program.

Pharmacology for Nursing was delivered for the first time this fall in several formats: face-to-face sections at the Saskatoon and Regina campuses of the U of S and remotely through the Nursing E-Learning Centre to students at the Prince Albert and Northern (La Ronge and Ile-a-la-Crosse) sites. We were very pleased to have Rhett instruct the Saskatoon and distance sections and Lindsay Stovall, Manager of Pharmacy Operations for the Regina Qu’Appelle Health Region, the Regina section. Terry Damm joined Rhett and Lindsay in providing tutorial sessions.

The College also responded this year to a request from the School of Physical Therapy to deliver pharmacy content to students in the new entry-level professional Master in Physical Therapy program. Pharmacy faculty joined forces to provide a series of lectures in the Development Aging and Pharmacological Issues Across the Lifespan course. Topics included general pharmacological principles, neurological disorders, antianxiety/antidepressants, musculoskeletal disorders, respiratory conditions and cardiovascular and metabolic conditions.

Beginning in 2011-12, Nutrition 120.3 Basic Nutrition is also being delivered in a number of formats: two face-to-face sections at the Saskatoon campus of approximately 350 students each; distributed face-to-face sections at U of S regional colleges in Prince Albert, North Battleford, Yorkton, and at St. Peter's College in Muenster; and web/on-line in Saskatoon, Melfort, Prince Albert, Swift Current, La Ronge and North Battleford. The web courses are co-delivered by Melanie Rozwadowski and Karen Davis, who were also responsible for the huge amount of work to get the course online, in collaboration with Dr. Gord Zello and the U of S Centre for Continuing and Distance Education. Development of the distributed formats was due in part to a request from the College of Nursing to make this pre-professional required course for its program available across the Province.

In addition to the above new and exciting initiatives, College faculty and academic support staff continue to contribute their expertise in the education of students across campus – from Animal Science to Public Health – through the delivery of joint or guest lectures and involvement in interprofessional education experiences, problem-based learning and the Integrative Health Seminar series, the latest of which focused on “Patients as Teachers: Narratives of Health and Illness for Interprofessional Education.”

If you have questions or comments on the above, please get in touch with me at david.hill@usask.ca. We welcome your feedback. From all of us at the College, warmest wishes for a healthy and happy holiday season and all the best in the New Year!
Prescriptions Generated from EHRs with an Electronic Signature

We continue to receive questions regarding the practice of prescribers generating prescriptions from EHRs that are handed to the patient at the clinic and brought for filling to the pharmacy. Unfortunately the prescription that the patient receives is indistinguishable from a photocopy of said prescription. There is no way for the pharmacist to know if they have the original prescription printed at the clinic or a photocopy.

The following was originally published in the “Notes from the Field” article in the March 2010 issue.

With the introduction of new electronic health records in many physicians’ offices, the need to maintain security of electronic and paper records is enhanced for both professions. If a prescription is printed off of an EHR system and provided to the patient (instead of being transmitted electronically), it must be signed in ink by the physician.

Please review our updated policy regarding the electronic transmission of prescriptions. For more information in regards to electronically generated prescriptions click here.

Pradax® (dabigatran) Storage and Dispensing Considerations

November 15, 2012

RE: Pradax® (dabigatran) Storage and Dispensing Considerations

A number of questions and concerns have been expressed regarding the storage and dispensing of Pradax® (dabigatran). Dabigatran tablets are hygroscopic and should thus not be removed from their original packaging. In Canada, dabigatran is available to pharmacies in bottles or blisters.

- **Stock Bottles:**
  If your pharmacy stocks bottles of Pradax®, the original bottle should be dispensed to the patient with instruction that the product must be used within 4 months following opening of the bottle (previous 1 month stability recently extended to 4 months based on new data).
  * Individual capsules should **NOT** be placed into dosettes or blister packs because they will lose potency.

- **Blisters:**
  The packaging of Pradax® capsules has been approved by Health Canada and guarantees that the product will be good for its predetermined shelf life. Boehringer Ingelheim recommends that the Pradax® capsules are kept in the aluminium blister foil until just prior to taking them.

If your pharmacy prepares individualized dosettes/blister packages, ensure each Pradax® capsule remains in its original blister foil. This will require manually cutting around each Pradax® capsule and placing each capsule into the pharmacy-prepared dosette/blister pack in its original blister foil.

When choosing drug therapy, patient dexterity (ie: ability to open individually wrapped Pradax®), home care policies, and other considerations related to the unique restrictions around the dispensing and storage of Pradax® should be recognized, as an alternative medication may be more appropriate for a particular patient, given such restrictions.

Considering the potentially life-threatening consequences of sub-therapeutic levels of dabigatran, related to a decrease in potency, we recommend dispensing Pradax® as outlined above until more information is available.

Kind regards,

Jaris P. Swidrovich, BSP, PharmD Student
Saskatchewan Drug Information Service
College of Pharmacy & Nutrition
University of Saskatchewan
### 2012 Drug Shortages Survey

75 pharmacies responded:

- 90 drugs on average ordered by each in the last shipment.
- 26 drugs on average backordered.
- Average of 29% backordered overall.
- 98% of shortages caused by manufacturers, 2% by wholesalers.
- 90% not warned in advance of shortage by wholesalers or manufacturers.
- 27% indicated they receive a time estimate but 29% said time estimates are often inaccurate or are extended, 20% say that not all companies do this, only some.
- 67% do not know why these shortages are occurring.
- 60% said that the manufacturers reports of drug shortages in the past 2 years has remained the same, 20% believe it has worsened and 20% believe it has improved.
- 65% say shortages are coming more frequently in the past 2 years, 32% same frequency, only 3% think they are happening less frequently.
- The majority of pharmacies have controlled inventory by increasing inventory when they are aware of the problem and increasing inventory of select drugs to build a buffer against supply shortage.

Drug shortages have effected their practice by:

- 97% increased workload with 73% saying it happens often.
- 93% dosing issues and inaccuracies (splitting tablets) 30% often.
- 55% have potential or actual medication errors.
- 100% have had increased explanation to patients (97% often).
- 99% consultation with physician, 42% often.
- 93% increased cost to pharmacy, 37% often.
- 97% increased cost to HC system, 34% often.
- 82% loss of business, 12% often.
- 83% have to use multiple brands in one vial, 44% often.

Affected patient care by:

- 98% increased wait time, 27% often.
- 87% therapy d/c, 5% often.
- 100% part-fills, 58% often.
- 89% patient confusion/frustration/decreased trust in pharmacy, 39% often.
- 88% increased cost to patient, 5% often.
- 69% suboptimal therapy - dose/non-adherence.
- 72% decreased integrity of PIP data, only 6% often.
- 82% loss of business, 12% often.
- 83% have to use multiple brands in one vial, 44% often.
- 97% increased cost to HC system, 34% often.
- 82% loss of business, 12% often.
- 83% have to use multiple brands in one vial, 44% often.

Prepared by Amy Lamb, SPEP Student March 2012

### USP: Safe Compounding Resources

Review and implementation of accepted pharmacy standards for compounding is imperative, especially in light of the recent outbreak of fungal meningitis from contaminated steroid injections manufactured by a specialty pharmacy in the United States. It is important to note that United States Pharmacopeial Convention (USP) provides information about compounding and USP standards on the USP Compounding Standards & Resources page on www.usp.org (the USP website.) This page includes a link to the USP General Chapter Pharmaceutical Compounding – Sterile Preparations, which the USP has temporarily made available to download free of charge.

The United States Pharmacopeial Convention (USP) is a scientific nonprofit organization that sets standards for the identity, strength, quality, and purity of medicines, food ingredients, and dietary supplements manufactured, distributed and consumed worldwide. These USP standards are developed and relied upon in more than 140 countries including Canada.
**Overview of Methadone coverage under the NIHB Program**

**Methadone for Pain**

Methadone for the treatment of pain is covered as a limited use benefit (prior approval required) with the following criteria:

1. Prescriber is registered with Health Canada (Office of Controlled Substances) and is eligible to prescribe methadone for the management of pain; AND
2. For the management of moderate to severe cancer pain or chronic non-cancer pain, as an alternative to other opioids; OR
3. For the management of pain for palliative care patients.

Once a prior approval is received, pharmacies can bill methadone for the treatment of pain under the following DINs:

- Metadol® 1 mg tablet 02247698
- Metadol® 5 mg tablet 02247699
- Metadol® 10 mg tablet 02247700
- Metadol® 25 mg tablet 02247701
- Metadol® 1 mg/mL Liquid 02247694
- Metadol® 10 mg/mL Liquid 02241377
- Methadone powder (pain) 09991180

Pharmacists may only dispense methadone for the treatment of pain for a maximum supply of 30 days at one time.

**Methadone for Addiction**

Methadone for the treatment of opioid dependency is a benefit covered under the NIHB Program. The pseudo DIN 00908835 is used to bill the Program for methadone for the treatment of opioid dependency.

The NIHB Program would like to remind pharmacy providers that the methadone pseudo DIN listed for the treatment of opioid dependency should not be used to bill for the treatment of pain. Failure to use the appropriate pseudo DIN will be subject to audit and recovery.

For information regarding the adjudication rules of methadone for the treatment of opioid dependency, please refer to the NIHB Provider Guide for Pharmacy Benefits.

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**Privacy Policies and Procedures Template for the Pharmacy**

A template Pharmacy Policy and Procedure Manual has been developed for customization for each pharmacy and is now available to you. Please refer to the document, *Privacy Policies and Procedures Template for the Pharmacy* that is accessible in the Reference Manual on the College website [www.saskpharm.ca](http://www.saskpharm.ca). For those who attended one of the Privacy Officer training sessions this fall, this document is also included within the binder you received that day. This document includes:

**Privacy Laws – Protection of Personal Health Information**

A. Definitions
B. Resources
C. Policy
   a. Assuring and overseeing privacy compliance
   b. Confidentiality agreements with other service providers/affiliates
   c. Purpose for use of personal information
   d. Reasonable notice of privacy policy and practice
   e. Safeguarding personal information
   f. Requests for personal information
   g. Privacy-related complaints
   h. Assurance that staff members are apprised of and will abide by privacy policy
D. Confidentiality Pledge
E. Addendum
The New Classes of Practitioners Regulations (NCPR) was published in Part II of the Canada Gazette on November 21, 2012 and is available on the Health Canada website (click here).

Prior to this change in federal legislation, only doctors of medicine, dentists and doctors of veterinary medicine had the authority to prescribe. Patients being treated by a midwife, nurse practitioner or podiatrist required an additional referral to a physician.

The benefits of the NCPR include:
- expanded scope of practice for midwives, nurse practitioners and podiatrists;
- increased flexibility and timeliness for health care delivery in Canada; and
- reduction of unnecessary referrals.

In Saskatchewan there are 155 Registered Nurse (Nurse Practitioners), RN(NP)s, licensed with the Saskatchewan Registered Nurses’ Association. The Saskatchewan Registered Nurses’ Association is working in collaboration with other jurisdictions for national competencies and standards to foster consistent practice and mobility for nurse practitioners.

Provincial legislation, regulation or policy is required before the new classes of practitioners have provincial authority to prescribe narcotics, controlled drugs, benzodiazepines, and other targeted drugs.

The Saskatchewan Registered Nurses’ Association is working in collaboration with the Saskatchewan College of Pharmacists, the Saskatchewan Ministry of Health, the College of Physicians and Surgeons of Saskatchewan, and the Saskatchewan Registered Nurses’ Association will ensure that provincial legislation, policy and processes are developed for RN(NP) to safely prescribe narcotics, controlled drugs, benzodiazepines, and other targeted drugs for Saskatchewan residents. Additional education and a monitoring process are foundational requirements in this provincial legislation approval. The College of Pharmacists will continue to update their members as the provincial processes unfold.

Until provincial legislation is passed, Saskatchewan RN(NP)s do not have the authority to prescribe narcotics, controlled drugs, benzodiazepines, and other targeted drugs. Prescribing narcotics, controlled drugs, benzodiazepines, and other targeted drugs cannot be delegated to an RN or RN(NP) under any Transfer of Medical Function.

The Saskatchewan Registered Nurses’ Association will send out a formal communication confirming when provincial processes are in place.

### Date Protection Schedule

The purpose of the Data Protection Schedule is to set out a detailed description of the role and responsibilities of a third party services provider (the “Supplier”) with respect to the protection of personal health information at the Pharmacy. This Data Protection Schedule is intended to be attached to agreements provided by Suppliers, to ensure that the appropriate privacy and security measures are in place. This Data Protection Schedule may also be added to existing contracts that the Pharmacy has with its Suppliers which do not contain appropriate privacy and security measures with respect to the protection of personal health information.

It is important to note that each Pharmacy should review the template documents with legal counsel and obtain legal advice before signing any agreement.

This document can be found online accessing the Reference Manual tab then select Privacy on the College website.

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### SAVE THE DATE

**Oncology Conference**

**April 12 - 13, 2013**

Saskatoon, Saskatchewan - Travelodge Hotel

**Topics will include:**
- Emergencies & side effects
- Quality outcome indicators
- New treatment modalities
- Screening - Controversies & Guidelines
- Follow-up of pediatric cancer survivors

**Why Change**

- Teamwork
- Collaboration
- Community Care

**Impact of Change**

- Passion
- Action
- Healing

**ME Action Conference Registration & Information**

**Coming Soon!**

[www.usask.ca/mc](http://www.usask.ca/mc)
Awards and Honours Committee

Member Recognition
Deadline for SCP Award Nominations

Each year members are recognized for contribution to the profession and to their committees. The SCP Awards and Honours Committee invite you to nominate a colleague(s) who has made significant contributions to our profession and/or community and is justly deserving of a College award.

Nomination forms may be requested from the SCP office, and are also available on the SCP website (click here). They must be accompanied by a summary of the qualifications consistent with the terms of reference.

Awards available to members of the Saskatchewan College of Pharmacists
Nominee(s) must be a member(s) in good standing of the SCP

Honorary Life Member Award
Recognizes an SCP member for outstanding contributions to the profession and/or the SCP beyond the normal call of professional or voluntary obligations.

An Honorary Life Member Award may be granted in recognition of:
- Outstanding contribution to the SCP; and/or
- A distinguished record of service to the SCP; and/or
- Specific achievements that enhanced the profession; and/or
- Long-term service to the profession with a distinguished record; and/or
- A distinguished record of professional service to the community.

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

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

SCP Certificate of Recognition
Presented to the retiring Presidents, Councillors, and committee members of the SCP for the dedication and contributions to the SCP Council.

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

The deadline for receipt of nomination of a colleague(s) for an SCP Award is February 22, 2013. In all cases, the selections will be approved by the SCP Council, following recommendation from the Awards and Honours Committee.

Presidential Citation
Recognizes an SCP member who has made special contributions to pharmacy, but who does not qualify for any other SCP Awards.

Awards available to the General Public
(not members of the SCP)

Honorary Member Award
Recognizes any person for outstanding contributions to the profession and/or the SCP beyond the normal call of professional or voluntary obligations.

An Honorary Member award may be granted in recognition of:
- An outstanding single contribution to the SCP; and/or
- A distinguished record of service to the SCP; and/or
- A single specific achievement that enhanced the profession; and/or
- Long term service to the profession with a distinguished record; and/or
- A distinguished record of professional service to the community.

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

SCP Award of Merit
Recognizes any person, who through their active participation has promoted the SCP and/or the profession of pharmacy in Saskatchewan.

The nominee must have made a special contribution to the SCP either on a local, provincial, or national level.
Member Emeritus Status (MESP)

Attention Retired Member(s): Have you previously been a Practising or Non Practising member of the Saskatchewan College of Pharmacists in good standing for at least 25 years? If so, you may be eligible to apply for the designation ‘Member Emeritus Saskatchewan College of Pharmacists’ or ‘MESP’.

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 Pharmacists’ or ‘MESCP’ if they can declare the following:

- Have been a Practising or Non Practising member continually in good standing with the Saskatchewan College of Pharmacists or other regulatory body for pharmacists for at least 25 years;
- Have not been found guilty of professional misconduct or professional incompetence;
- Understand that their name must remain on the Retired Register of the SCP;
- Ask that their designation be confirmed by the Awards Committee of the Saskatchewan College of Pharmacists.

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”.

Application forms may be requested from the SCP office and are also available on the SCP website (click here). Submissions are subject to approval and confirmation by the SCP Awards Committee.

Centennial Pharmacy Award

In 2011, the Saskatchewan College of Pharmacists 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 along side the College by introducing a new award to recognize the great accomplishment.

The Saskatchewan College of Pharmacists 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, the Saskatchewan College of Pharmacists 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. Based on the information given to the College about your pharmacy, we will assess the need for recognition. Recognition will be given in an appropriate manner.

We look forward to hearing your stories and sharing them with our members!
Wishing you a Holiday Season full of peace, hope & happiness and a prosperous 2013!

Best Wishes from the Staff at SCP
Jeanne Eriksen
Pat Guillemin
Ray Joubert
Darlene King
Cheryl Klein
Heather Neirinck
Lori Postnikoff
Jeannette Sandiford
Audrey Solie
Amanda Stewart
Andrea Wieler

At this special time of year, we wish to thank our many members who gave of their time this past year to serve on Council and our committees – your work is greatly appreciated! To the many organizations we partner with, we extend our gratitude as we work together as health professionals.

In the giving spirit of the Season, this year the money designated for our annual Holiday Cards has been donated to the Children’s Hospital Foundation of Saskatchewan (Children’s Miracle Network).

2013 PAS Conference details and registration will be available February, 2013