



NABP/AACP District V Annual Meeting

From August 4-6, 2011, the Saskatchewan College of Pharmacists (SCP), in collaboration with the College of Pharmacy and Nutrition at the University of Saskatchewan, hosted the 74th National Association of Boards of Pharmacy (NABP)/American Association of Colleges of Pharmacy (AACP) District V Annual Meeting at the Sheraton Cavalier in lovely Saskatoon, Saskatchewan. Both Colleges welcomed delegates from the 7 District V jurisdictions, which

include: Saskatchewan, Manitoba, North Dakota, South Dakota, Iowa, Minnesota and Nebraska.

Deputy Health Minister Dan Florizone opened the meeting with an evening key note address. His address focused on Saskatchewan Perspectives on Health System Reforms and Implications for Pharmacists. We also welcomed an array of speakers who spoke on a wide range of topics including Prescription Drug Monitoring Programs, the American Interconnect PMPi Project, Inter-professional Education Developments in Saskatchewan and Canada, University and Pharmaceutical Industry Relationships – Codes of Marketing Practices and Objectives and Structured Clinical and Performance Examinations (OSCE and OSPE) for Licensure – The Canadian Experience. There were also an assortment of board and college related panels and discussions.

Mr. Malcolm Broussard, NABP President, on behalf of the NABP Executive Committee, presented to SCP a plaque of congratulations and celebration for the 100th Anniversary of regulated pharmacy in Saskatchewan. Mr. Broussard sent words of congratulations and spoke of the leadership, dedication and perseverance SCP has achieved during the past 100 years.

The event captured the true meaning of being a part of Saskatchewan pharmacy, life and culture. Every aspect of this event was planned to showcase the beauty and ingenuity of the Saskatchewan people. Delegates dined on an exclusively locally-sourced Saskatchewan menu at the 2nd Avenue Grill, followed by an evening of “Shakespeare on the Saskatchewan”. The entire event was well received and SCP looks forward to hosting District V members in the future.

SCP and the College of Pharmacy and Nutrition, U of S would like to thank the following sponsors for their generous support of the event: Walgreens, Walmart, Genentech, Omnicare, CVS Caremark and Medco Health Solutions.

For more information please contact Dawn Brown, Public Relations and Communications Coordinator at dawn.brown@saskpharm.ca or 306-584-2292.



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SASKATCHEWAN COLLEGE OF
PHARMACISTS
700 - 4010 Pasqua Street
Regina SK S4S 7B9
Tel: 306-584-2292
Fax: 306-584-9695
info@saskpharm.ca
www.saskpharm.ca

President

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(term ends June 30, 2012)

President-Elect & Division 1

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(term ends: June 30, 2013)

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The Saskatchewan College of Pharmacists welcomed 85 graduates from the College of Pharmacy and Nutrition, University of Saskatchewan, to the 55th annual Convocation Luncheon. The event was held on June 1, 2011 at TCU Place in Saskatoon. We would like to congratulate the Saskatchewan College of Pharmacists Gold Medal and Robert Martin Prize recipient Ms. Jenna Johnson of Outlook, SK and the Campbell Prize winner Ms. Shauna Woodrow of Yorkton, SK.

Ms. Johnson started her pharmacy career with Victoria Hospital in Prince Albert, SK, and Ms. Woodrow started her career in pharmacy with a pharmacy in B.C., both in June of 2011.

SCP would also like to congratulate all 2011 Pharmacy graduates and wish them all the best in their future pharmacy endeavours.



SCP Councillor Doug MacNeill with the Gold Medal recipient Ms. Jenna Johnson (left) & with the Campbell Prize winner Ms. Shauna Woodrow (right).

SCP STAFF

Dawn Brown

PR & Communications Coordinator

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Assistant Registrar

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Administrative Assistant

Ray Joubert

Registrar

Cheryl Klein

Senior Administrative Assistant

Heather Neirinck

Administrative Assistant

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Andrea Wieler

Receptionist



HAVE YOU MOVED?

Keeping Your Information Current

Please remember to inform the Saskatchewan College of Pharmacists office if you have changed your email address, mailing address or place of employment. It is the member's responsibility to keep their personal information current and up to date with the College. It is also the member's responsibility to inform the College of their current place of employment. This information helps the College in determining the electoral divisions for College election and allows the College to keep the member informed of urgent matters.

Notes from the Field

The Regina Police Service has alerted the Saskatchewan College of Pharmacists to an increase in the number of reports regarding "stolen medications". It appears that some practitioners in Regina are now requesting a police report prior to replacing medications which the patient claims have been stolen. Oftentimes the Police Service accepts and files a police report without further investigation, before providing the person with a file number or copy of the report. While requesting a copy of the report may be a first step, the issue of medication safety within the patient's residence should also be examined. A smaller amount of medication dispensed on a more frequent basis will limit the amount of lost or stolen incidences. Other dosage forms such as patches may also be a safer alternative. Pharmacists are encouraged to discuss options for medication safety with patients who are having difficulty with lost or stolen medications.

The Field Officers continue to refine their Professional Practice Reviews to ensure that they have time to discuss issues of mutual concern with pharmacists as well as emphasizing the need to collect relevant medication, medical and social history of the patient. This will ensure that the best possible medication therapy is provided. Pharmacists are encouraged to continue collecting and documenting all relevant information. Emphasis on the monitoring and follow up of patient refill requests is important. This needs to be done to gauge the effectiveness and adherence to the medication therapy.

Recently a physician asked a pharmacist why his "digital" signature on a paper copy of an Rx was not sufficient. Our office sent the following answer:

Affixing a signature to a written document authenticates its validity. A digital signature in this context is not the same as a digital or digitalized signature in the electronic context. That is because in the electronic context the system contains sufficient security measures to enable authentication of the prescription with the digital or digitalized signature. In other words the system is deemed to be securely "signing" the prescription on behalf of the physician and the security provisions ensure this authenticity in the transmission.

Hence, the following from our policy statement:

"Electronically transmitted prescriptions must contain the signature of the prescriber as defined by Health Canada in the "Policy Statement on E-Prescribing". A prescription with an electronic signature of the prescriber represents authority for the pharmacist to sell the drug. Without limiting the generality of the foregoing, examples of acceptable electronic signatures are:

A digital reproduction of the prescriber's original signature where the prescriber is the only person authorized to generate his/her signature in the electronic device reproducing his signature, and provided that the prescriber's identity can be verified by the pharmacist filling the prescription;
...

The onus is upon the prescriber to ensure that adequate security measures are in place to protect the electronic signature from unauthorized use. When the signature of the prescriber is unknown to the pharmacist, or where the pharmacist is concerned with the authenticity of the prescription or prescriber, the pharmacist must verify the prescription with the prescriber.

A prescription produced in a secure electronic environment or network to which both the prescriber and the pharmacist have secure access, such as the Pharmaceutical Information Program (PIP), meets the principles in this document. Appropriate security measures, authentication processes and tracking mechanisms are in place in PIP. Therefore, electronic prescriptions issued within PIP represent sufficient authority for the pharmacist to dispense the prescription. In this case, even though the signature may not be affixed to the prescription itself, it is deemed to be associated with the prescription because the prescriber can only access the system that generates the prescription via secure means attributed to that particular prescriber. For further information on PIP, consult <http://www.health.gov.sk.ca/pip>."

As the onus is upon the pharmacist to meet these tests, the pharmacist may ask for an original signature if they have reason to believe that the conditions in our policy statement have not been met.

Lori A. Postnikoff, BSP, Field Officer



Updates to the Reference Manual

At a recent SCP Council meeting, changes to the following documents were approved, as well as the addition of a new policy entitled ***Patient Assessment and Documentation Recommendations***.

Changes to Current Documents:

Patients Sending or Travelling with Medications Outside of Canada

Changes to this document included adding information regarding travelling with medications outside of Canada, specifically to the United States, and updating the current requirements for mailing medications to the United States. It is preferable that patients take responsibility for mailing medications as there is additional information that must now accompany any mailed prescriptions to ensure they get to their destination. Click [here](#) to view this change.

Temporary Closure of a Pharmacy Due to Pharmacist Absence

Changes to this Policy included updating the information to include emergency situations such as pandemic and disasters. Also, there were some housekeeping changes to specify the provincial regulatory body as Saskatchewan College of Pharmacists (SCP) which was not in the original document. In the event of a disaster or emergency, SCP must be notified of a pharmacy closure. Click [here](#) to view this change.

Emergency Post-Coital Contraception Standards and Guidelines for Pharmacists Prescribing

Changes to this document included updating the age of consent information. The age change was done to reflect that the age of consent for sexual activity is 16 years of age. Click [here](#) to view this change.

Addition of New Documents:

Patient Assessment and Documentation Recommendations

This document outlines the best practices for patient assessment and documentation as defined by the NAPRA Model Standards of Practice for Pharmacists. With increased clinical responsibilities such as Prescriptive Authority, medication reviews for home care, mental health clients and minor ailment prescribing, patient assessment and documentation of care are vital. This document outlines what types of information should be collected and documented in the patient profile in order to properly assess the patient and their therapy for drug related problems. Information is also provided in the document on what follow-up assessment should be completed when a patient is getting a refill, as well as the assessment that should be done when advising patients about over the counter medication requests. Click [here](#) to view this addition.

Guidelines for Use and Disclosure of Personal Health Information for Secondary Purposes

These guidelines are intended to supplement the Saskatchewan College of Pharmacists guidelines entitled *Patient Confidentiality and the Release of Confidential Records*.

The Code of Ethics of the Saskatchewan College of Pharmacists states that “a pharmacist shall protect the patient's right of confidentiality”. During the course of practice, pharmacists collect personal health information (“PHI”), including medication, medical and other personal information about their patients. A pharmacist is ethically obliged to respect the confidential nature of this information.

The primary purpose for the collection, use and disclosure of PHI is to provide or support health care for the subject individual. All other purposes for the use and disclosure of PHI are considered to be secondary purposes. The purpose of this document is to provide general guidance to pharmacists as to when personal health information may be used and disclosed for secondary purposes. Before using or disclosing PHI, a pharmacist should consider whether the purpose can be met by using or disclosing de-identified information instead. Click [here](#) to view this addition.

Drug Schedule Amendment: Naproxen Sodium 220mg Effective July 29, 2011

Added to Schedule III:

Naproxen Sodium 220mg per oral dosage unit (when sold in products labelled with a recommended maximum daily dosage of 440mg, and in package sizes exceeding 6,600mg).

Council approved the amendment to move “naproxen sodium 220mg per oral dosage unit (when sold in products labelled with a recommended maximum daily dosage of 440mg and in package sizes exceeding 6,600mg) from Schedule II to Schedule III status as recommended by the National Drug Scheduling Advisory Committee. This amendment came into effect on July 29, 2011 upon publication in the Saskatchewan Gazette following approval by the Minister of Health.

These products are now **Schedule III** which means they can only be sold in a pharmacy. These products may be located in an area accessible to the public and which provides opportunity for self-selection by the public. A pharmacist must be available, accessible and approachable to assist the public with selecting the drug. Products that do not exceed the dosage and package size limits may be sold from any retail outlet.

Courtesy to Fellow Pharmacists and Patients

We have received reports of patients attending a pharmacy to request emergency contraception only to be referred to another pharmacy. The issue with the original pharmacy is lack of time to properly counsel the patient, and provide the necessary attention when prescribing this type of contraception. Therefore the patient is forwarded on to the nearest pharmacy. No contact is made with the referred-to pharmacy, necessitating that the client explain the situation again and then wait again at the second pharmacy.

If you are unable to provide a service to a client and do make the decision to refer them to another pharmacy, please contact that pharmacy and let them know the client is on the way. This would be helpful to the second pharmacist, allowing them time to make accommodations to their workflow to assist the patient and would be most courteous to the patient who will have to wait again at the second pharmacy.

A Reminder About Phenytoin

Submitted by a pharmacist from the Saskatoon Health Region

Phenytoin capsules are an extended release product. The Phenytoin 100mg extended release capsules are currently on backorder from the manufacturer. Some community pharmacies in the province have run out of stock of the phenytoin capsules, and have had to convert patients to the suspension. This is appropriate; however, the suspension IS NOT extended release and must be given in divided doses three times a day. Some patients in the community have been converted to equivalent doses of the suspension with once-daily dosing; this is resulting in sub-therapeutic phenytoin levels in some patients. If you must convert a patient from phenytoin capsules to suspension, take the total daily dose and give in divided doses three times daily.

www.mypharmacistknows.com

This website was established to answer all the questions that you and your patients may have about Prescriptive Authority. SCP is asking all Saskatchewan pharmacists to visit the site for any questions they may have about Prescriptive Authority as a resource for your patients' frequently asked questions. Both pharmacists and patients will benefit from the information found at www.mypharmacistknows.com.



e-Prescribing Overview

PIP e-Prescribing privileges allow users to enter allergy information, enter “FYI” medication and to create prescriptions within PIP. This role is only available to legal prescribers in the province of Saskatchewan and the user must also be approved by the user organizations’ approver (within each pharmacy).

Please note the following recent changes:

Pharmacists

All Pharmacists seeking e-Prescribing privileges from July 2011 forward must meet the following requirements:

1. Complete the Level 1 training required by the Saskatchewan College of Pharmacists to obtain Prescriptive Authority.
2. Complete the following four on-line training courses available at <http://pip.shin.sk.ca>:
 - Introduction to PIP and privacy of the information in PIP
 - How to print pending electronic prescriptions in the PIP system
 - How to enter non-prescription medication in the profile
 - E-Prescribing in the PIP system for pharmacists
3. At the end of each of the on-line learning sessions listed above, you will be prompted to print out and fax a *Certificate of Completion* to the eHealth Transition Services Team (fax: 306-798-5506). When all four mandatory *Certificates of Completion* have been received, you will then be granted e-Prescribing privileges.

Pharmacists with current e-Prescribing privileges on PIP do not have to retake the training.

For more information please contact Maureen Erlendson, Transition Service Trainer, at 306-337-5548.

Understanding the Prescription Reference Card

Recently SCP participated in a steering committee for the Ministry of Health’s Patient Safety Project along with the College of Physicians and Surgeons of Saskatchewan and the Saskatchewan Registered Nurses’ Association. We made medication safety our first priority and discovered that we would be most effective if the project worked directly with the three healthcare professions to support the medication safety message at optimal times during the patient’s care.

A grant from the Interprofessional Health Collaborative of Saskatchewan (IHCS) resulted in the “Understanding Prescriptions” research paper providing tips for physicians, nurses and pharmacists on how to assess and improve adherence during key encounters with patients. We encourage members to incorporate into their practices the information on the reference card found [here](#). SCP sent a copy of this card to all pharmacies in the province in July 2011.

A Thank You to Community Pharmacists Assisting in Total Cardiovascular Health

Over the last year and a half, 30 pharmacies throughout Saskatchewan participated in a pharmacy practice research study entitled, CPATCH (Community Pharmacists Assisting in Total Cardiovascular Health). The goal of CPATCH was to determine the effect of a pharmacist intervention on medication non-adherence. As CPATCH nears the end of the study, the CPATCH team would like to thank all of these pharmacies who helped CPATCH carry out this project; they understand how difficult it can be to add new activities to your busy day.

If you would like any further information about CPATCH or other pharmacy practice research opportunities, please contact Dr. David Blackburn, College of Pharmacy & Nutrition, University of Saskatchewan at d.blackburn@usask.ca or 306-966-2081.

Saskatchewan Seasonal Influenza Program 2011-2012

Information provided by the Population Health Branch,
Saskatchewan Ministry of Health

Saskatchewan Ministry of Health will be providing influenza vaccine for all Saskatchewan residents during the 2011-2012 campaign. Beginning on Tuesday, October 11, 2011, subject to availability from supplier, influenza vaccine will be made available through Public Health clinics throughout Saskatchewan.

Influenza vaccine will continue to be made available through regional public health offices to those physician offices that routinely offer influenza vaccine to their patients.

The publicly funded vaccine will be an intramuscular delivered product. There are other vaccine options available (such as intradermal, intranasal) that will not be delivered through Public Health.

As in previous years Saskatchewan Ministry of Health will not be reimbursing individuals or businesses for influenza vaccine purchased privately.

Regarding antivirals, any decision to put antivirals back on the formulary will be based on a variety of factors including influenza epidemiology, health risk, match of vaccine to circulating strain and clinical guidance available at the time. Pharmacists will be notified of any decision regarding antiviral coverage. For further information please contact your local Public Health Department.

2011 Accelerating Primary Care Conference

The **2011 Accelerating Primary Care Conference** is being held from **October 2-4, 2011** at The Westin in Edmonton, AB. Over 350 practitioners and leaders are expected to participate in the fifth annual conference. The audience will include physicians, nurses, pharmacists, dietitians, rehabilitation professionals, mental health professionals, senior managers of health services, leaders in professional licensing bodies, advocacy organizations, and government.

Information on the program and Call for Abstracts is available online at <http://www.buksa.com/apcc/>.

The Saskatchewan Pharmacy Museum Society

The Saskatchewan Pharmacy Museum Society (SPMS) is a not-for-profit organization which is managed by volunteers. Funding is based on a yearly membership fee, which has been augmented by a silent auction at the PAS annual conference. The SPMS has been collecting and preserving pharmacy artifacts and archival material for more than 25 years. Thanks to many pharmacists in retail and hospital settings, the organization has accumulated an impressive collection of artifacts, which speak to our profession's proud past.

If you are interested in a membership, would like to donate any items or make a tax-deductible donation, please contact Brenda at brenda.prystupa@skpharmacists.ca or call 306-359-7277.

Innovation & Impact: Prevention and Management of Chronic Disease

2012 Chronic Disease Prevention &
Management (CDPM) Provincial Conference
June 7 & 8, 2012
Delta Bessborough,
Saskatoon, Saskatchewan



The purpose of the 2012 CDPM Provincial Conference is to provide health care practitioners, students, policy makers, administrators, organizations, and individuals committed to prevention and living well with chronic disease an opportunity to share ideas, practices, and initiatives.

For more information, including 2012 abstracts, please contact Lois Crossman, Conference Co-Chairperson at 306-655-6134 or livewell@saskatoonhealthregion.ca. For conference updates visit the website at <http://tinyurl.com/LiveWell-CDM>

Pharmacy Technician Regulation Supplement

Where Are We Regarding Pharmacy Technician Regulation?

Currently pharmacists are responsible for all aspects of pharmacy practice, whether technical or cognitive in nature. As pharmacists increasingly spend more time focusing on the cognitive aspects of their practice in order to achieve optimal drug therapy outcomes for patients, support from a well-trained and qualified pharmacy technician for technical functions will be absolutely critical. Regulation of pharmacy technicians would allow technicians to practice within a defined scope of practice which focuses on the distribution (technical) aspects of dispensing. It is through the regulation of pharmacy technicians that pharmacists will be able to turn their focus more fully to providing clinical services, assured of the pharmacy technician's competency to practice safely and assume responsibility and accountability for their own practice. Pharmacy Technicians would practice under the direction of a pharmacist who will still be accountable for the oversight of the pharmacy. No prescription can be released until the pharmacist has completed their assessment of the appropriateness of therapy and provided the patient consultation and education.

The regulation of pharmacy technicians in Saskatchewan has been proceeding as it has in many other provinces. Discussions are proceeding with the Ministry of Health, SIAST, NAPRA and PEBC. A national pharmacy technician advisory committee has been struck by NAPRA in order to develop standards of practice, as well as to bring consistency to bridging programs and licensing requirements across Canada. Currently in Saskatchewan nothing has been finalized. Information provided is based on processes being used in British Columbia, Alberta and Ontario.

A document has been submitted to the Ministry of Health by the Saskatchewan College of Pharmacists promoting the need for pharmacy technician regulation in Saskatchewan, as well as to what the anticipated steps in the process to regulation will be. It is anticipated that should government decide to move this initiative forward, pharmacy technician regulation may be on the legislative agenda in fall 2012.

How Do We Get There?

The following discussion is based on what is happening in the three provinces which currently regulate pharmacy technicians. The **bridging program** that is currently being used in Alberta, British Columbia and Ontario is designed to prepare individuals for their role as regulated health professionals. The bridging program is divided into four modules: Pharmacology, Professional Practice, Management of Drug Distribution Systems and Product Preparation. The content is being developed nationally and will be modified as required for each province. It is important to understand that the bridging program is NOT the equivalent of a CCAPP accredited program, but rather a "bridge" to fill in gaps for those currently working in the field.

Technicians who feel that they already have the necessary knowledge, skills, and abilities to challenge a particular bridging module may do so through an exam process referred to as Prior Learning Assessment and Recognition (PLAR). The PLAR option is incorporated so technicians who are confident in their skills can "fast track" bridging. All bridging courses, with the exception of the Professional Practice module which is mandatory for everyone, are PLAR-eligible. A candidate can only access the PLAR process once per module: if unsuccessful at that attempt, the PLAR candidate is required to take the module.

Preliminary discussions have begun with the Pharmacy Examining Board of Canada to perhaps offer the PEBC **evaluating** exam in the Saskatchewan 2012 sitting. More information will be provided as details are confirmed.

Acronym Key

SCP	Saskatchewan College of Pharmacists
CAPT	Canadian Association of Pharmacy Technicians
PEBC	Pharmacy Examining Board of Canada
CCAPP	Canadian Council on the Accreditation of Pharmacy Programs
CPTPE	Canadian Pharmacy Technician Educators Program
NAPRA	National Association of Pharmacy Regulatory Authorities
SIAST	Saskatchewan Institute of Applied Science & Technology



Technician Bridging Program Modules

1. Professional Practice

- Students will be prepared for entry to practice in five main areas of focus:
 - Legal requirements;
 - Scope of practice;
 - Ethical principles;
 - Professionalism; and
 - Communication skills

2. Management of Drug Distribution System

- This course will examine various drug distribution systems in pharmacy practice, and prepare learners to effectively manage operation in different practice settings to ensure safe and effective drug supply and distribution.
- Learners will explore distributive functions in institutional settings, as well as common drug plans and their formularies, adjudication challenges, inventory management elements and common business practices.
- Accurate product release within the parameters of the pharmacy technician role receives special emphasis.

3. Pharmacology

- This course provides a practical, applied approach to pharmacology.
- Through a variety of learning tools such as assignments, quizzes, case studies and group work, the student will enhance his/her ability to practice competently and contribute to a safe patient care setting.
- Participants will gain basic knowledge related to the pharmacological uses of drugs within a variety of commonly encountered medical conditions.

4. Product Preparation

- This course addresses the theoretical knowledge and practical skills essential for safe and accurate preparation of sterile and non-sterile pharmaceutical products.
- For non-sterile preparation, students will focus on compounding practices for various internal and external preparations and specialty dosage forms, equipment and tools, professional guidelines, standards and legislation, pharmaceutical calculations, and documentation requirements.
- For sterile product preparation, areas of emphasis include infection control, aseptic technique, parental dosage forms, accurate calculations, appropriate use of equipment and quality control.
- Best practices associated with the preparation of TPN and antineoplastics are also covered.

The Proposed Process for Regulation as a Pharmacy Technician

The process of regulating pharmacy technicians is completely new. Although there are many well trained pharmacy assistants currently working in Saskatchewan, there is also great variation in their training and experience. Individuals' education varies from having taken an accredited pharmacy technician course, to an unaccredited pharmacy technician course, to an employer-developed course to on-the-job training. Although this may work well in some work environments, the variation is too great to ascertain whether these pharmacy assistants have the necessary training and skills that would be required to take on the technical dispensing tasks anticipated with pharmacy technician regulation. Therefore, in order to ensure the necessary competencies, skills and training, all pharmacy assistants, regardless of their previous education and experience, will be required to follow the pathway that ensures consistency of education, training and skills. There are 2 pathways available, one for individuals who are just entering practice and have graduated from an accredited pharmacy technician program and one for individuals who are currently in practice and have worked 2000 hours in the last 3 years. This second pathway includes career or community college programs, graduates of programs prior to or without CCAPP accreditation and on-the-job training.

Currently in Practice

2000 hours worked in the last 3 years
(Includes Career or Community College Programs,
graduates of programs prior to or without CCAPP
accreditation and On-The-Job Training)

1. The PEBC
Evaluating Examination



2. Bridging Education Program



3. PEBC Qualifying Examination (written and practical)



4. SCP Jurisprudence Exam (still to be determined)



5. Registration with SCP (requires malpractice insurance)

Entering Practice

1. Graduation from a CCAPP Accredited Pharmacy
Technician Education Program



2. Structured Practical Training



3. PEBC Qualifying Examination (written and practical)



4. SCP Jurisprudence Exam (still to be determined)



5. Registration with SCP (requires malpractice insurance)



Roles and Responsibilities of Pharmacists and Pharmacy Technicians

The role of the pharmacist is currently very different from what it was years ago. There has been an evolution away from a product-focused practice toward a more patient-focused one. The pharmacist's primary role will be to ensure that the prescribed medication is right for the patient. In order to do this they will assess the patient, review patient history and medication history, ensure the drug therapy is appropriate (indication, dose, schedule, etc), provide medication education and monitor the ongoing therapy. The pharmacist will continue to be authorized to conduct all pharmacy technician roles. The pharmacist will continue to be accountable for the overall supervision of pharmacies and the systems that are in place to ensure the safe storage, compounding, packaging and distribution of drugs. The pharmacist will continue to be solely responsible and accountable for assessing the appropriateness of drug therapy (both new and continuing) and providing patient consultation. A prescription will not be able to be released to the patient or nursing ward without a pharmacist having performed these functions.

The pharmacy technician's proposed primary role will be to ensure that prescriptions are filled correctly e.g. the right medication gets to the patient, and manage inventory. Pharmacy technicians will prepare and distribute prescriptions, compound, prepare sterile and non-sterile preparations, check to ensure the correct drug is dispensed, copy prescriptions for authorized recipients, transfer prescriptions to and receive prescriptions from other pharmacies, ensure the integrity and stability of drug product e.g. expiry date, etc. and be authorized to check the work of individuals employed in the pharmacy practice setting e.g. community or hospital pharmacy.

Pharmacy technicians will practice in an environment where procedures are in place to ensure the safety and integrity of the dispensing or compounding process (e.g. under the direction of a pharmacist) and a pharmacist is available to ensure the appropriateness of drug therapy and to consult with patients. Pharmacy technicians will exercise their professional judgment at all times and be able to recognize when the clinical expertise of the pharmacist is required.

Who Will Do What?

Pharmacists	Pharmacy Technicians
Assess patient	Prepare and distribute prescriptions
Review patient & medication history	Compound sterile and non-sterile products
Identify drug related problems	Transfer & receive prescriptions
Ensure appropriate therapy	Receive verbal prescriptions from prescribers
Provide drug information & education	Perform final check on filled prescriptions
Monitor ongoing therapy	Provide education on health aids and devices
Provide direction to technician	Maintain inventory, including safe storage and handling

What Does it Mean to Have a Protected Title?

The term "Pharmacy Technician" may currently be used to refer to any person working/assisting in the pharmacy. This includes individuals who have taken an accredited pharmacy technician course, a career or community college program, a program prior to or without CCAPP accreditation or have been trained on the job. However once regulation occurs, the term "Pharmacy Technician" will be a protected title under *The Pharmacy Act, 1996* and will only refer to those individuals who have met the qualifications of registration and all other persons will be referred to as pharmacy assistants, clerks, etc.

What Does it Mean to be Regulated?

A regulated pharmacy technician will have graduated from a Canadian Council for the Accreditation of Pharmacy Programs (CCAPP) accredited program or successfully completed a bridging program, met the national competencies required for entry to practice, hold a Certificate of Qualification from PEBC, be accountable for acts contrary to those set out in provincial and federal legislation through the complaints and discipline process, and practice within prescribed standards of practice and code of ethics. "Pharmacy Technician" will be a new category of

membership in the Saskatchewan College of Pharmacists. Pharmacy Technicians will be required to participate in continuing professional development and will be required to carry liability insurance.

Allowing pharmacy assistants currently working in pharmacies to be “grandfathered in” or simply granting them the ability to become a regulated pharmacy technician without any additional training or assessment could potentially put Saskatchewan patients at risk. The Saskatchewan College of Pharmacists’ Council is currently comprised of pharmacists from 8 divisions within Saskatchewan, the Dean of the College of Pharmacy and Nutrition, University of Saskatchewan, two public members and a University of Saskatchewan pharmacy student. (as an observer) The purpose of the SCP Council is to administer *The Pharmacy Act, 1996* to protect the public. It is anticipated that pharmacy technicians as a membership class would have a designated seat(s) on Council which will ensure that they have the ability to contribute to discussions concerning governance of the profession. Pharmacy technicians may also be incorporated into SCP committees, including those statutory committees that deal with the complaints and discipline process.

Pharmacy Assistants (Technicians) who are interested in receiving information about regulation (being on the e-mail list) and who have not already done so, should contact Saskatchewan College of Pharmacists at info@saskpharm.ca and provide their name and email address.





From the Desk of the Dean

Dr. David Hill
College of Pharmacy and Nutrition,
University of Saskatchewan

The University's **First Integrated Plan: A Framework for Action** was adopted in 2003. Our **Second Integrated Plan: Toward an Engaged University** is nearing completion. We are currently in the process of developing our **Third Integrated Plan** for the period 2012-2016. Integrated planning at the U of S occurs in four-year cycles, and brings together university-level and college and administrative unit-specific initiatives. It enables the institution to align academic priorities with financial and capital resources.

The kickoff for the third planning cycle was a **Community Planning Event** held in October 2010. President Peter MacKinnon opened the event with a talk on the importance of planning and how planning helps us align our hopes and dreams with reality and resources. He said "Planning is collaborative. It is not my plan or your plan, but our plan." He reminded us how far we have come and that "the opportunities we have right now at the University of Saskatchewan are unsurpassed nationally" (taken from *Institutional Planning and Assessment* website www.usask.ca/ip/).

From the Community Planning and other events, **four University-wide areas of focus** have been identified for the third planning cycle:

- Knowledge Creation: Innovation and Impact
- Aboriginal Engagement: Relationships, Scholarship and Programs
- Innovation in Academic Programs and Services
- Culture and Community: Our Global Sense of Place

Colleges and administrative units have been asked to describe how their existing and new activities will help the institution make progress in these areas, and also to identify **performance indicators** and **comparator institutions**, in order to measure progress.

We have also been asked to establish **College-specific priorities**, outside of the four areas of focus, based on changes in the environment that are specific to Pharmacy and Nutrition, and these are:

- Align Professional Programs with Future Directions of Our Professions – ensure programs and graduates contribute to the future direction and vision of our respective professions, as outlined in the **Blueprint for Pharmacy and Dietitians of Canada Vision 2020**.
- Enhance College Operations – ensure governance and functioning supports our people and programs.
- Foster College Culture and Identity – create and maintain a culture of engagement that fully supports all of our stakeholders.
- Look Ahead to the Future – create a future vision for the College, including through the exploration of growth opportunities.

College planning is being led by Drs. Roy Dobson and Susan Whiting and involves the participation of faculty, staff, students and representatives of our professions. We sincerely appreciate the valuable input of our practitioner partners, SCP and the Saskatchewan Dietitians Association in this process to date, and in finalizing the *College Plan*, prior to submitting it to University on October 15, 2011. If you have questions or comments on the above, please get in touch with me at david.hill@usask.ca. We welcome your feedback.

College of Pharmacy and Nutrition

Our sincere thanks . . .

The annual "Golden Suppository Golf Classic" has been an important source of support for the College of Pharmacy and Nutrition for 26 years. Proceeds from the Golf Classic support the Dean's Research Trust Fund, enriching the professional programs of the College and helping ensure our students continue to receive the highest quality educational experience.

The success of this event would not be possible without the generous support from our many sponsors, donors, friends and participants. We wish to acknowledge and express our appreciation to the companies and individuals who have contributed to the ongoing success of this annual event and to the excellence of the College of Pharmacy and Nutrition.

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Prescriptive Authority: Minor Ailments Training



SASKATCHEWAN
COLLEGE OF
PHARMACISTS

Online/Live Session Training
September 18, 2011
TCU Place
Saskatoon, SK

Continuing Professional Development for Pharmacists (CPDP) is pleased to announce that they will be holding another live session for the Minor Ailments Training. The deadline to register will be September 9th, 2011. For full details and to download the registration section to fax to the CPDP office, please see the [brochure](#) in pdf format. If you are currently waiting for the online version and decide that you would like to switch to the live program in September, please contact the CPDP office at 306-966-6350 to inform CPDP that you would like to change your registration. This program has been approved by CPDP for 5.5 CEUs.

Saskatchewan Institute of Health Leadership (SIHL) 2011 Program



SIHL focuses on leaders of tomorrow, “the young upstart”, as well as leaders of today. This is done by creating a leadership community that works together to promote good health and remedy illness.

The aim of the Institute is to bring together professionals from all disciplines and all levels within the healthcare system to foster leadership potential, skills and the creation of a leadership community that works together to promote, support and sustain good health.

The Saskatchewan Institute of Health Leadership supports the goals of the provincial government by:

- Building upon leadership and professional development within an interdisciplinary context.
- Ensuring a new generation of skilled healthcare workers.

This five-month program begins November 2011 and will conclude in April 2012. A five-day Institute Retreat will take place in Regina, SK on November 14-18, 2011 with SIHL Course Presenters and Facilitators. A final two-day Project Retreat will take place April 19-20, 2012. Space is limited to 40 students per course. Click [here](#) for more information.

Information Mastery: A Practical Approach to Evidence-Based Medicine

September 22-24, 2011
Travel Lodge Hotel
4177 Albert Street
Regina, SK

This is a highly interactive program comprised of plenary presentations, breakout discussion and hands-on exercises. You will learn practical and user-friendly methods to find, evaluate and use the best evidence when caring for patients.

At the end of the course, learners should be able to:

- Identify and validate patient-oriented evidence that matters (POEMS).
- Evaluate a research study for validity and relevance in relation to diagnostic testing and treatment.
- Evaluate practice guidelines and other expert-based resources.
- Use computer-based sources of medical information and searchable databases to obtain and apply valid relevant, state of the art information at the point of care.
- Identify barriers and solutions to implementing evidence-informed care in their own practices.

For more information and registration please visit:
www.usask.ca/cme/