

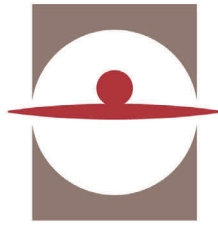


SASKATCHEWAN
COLLEGE OF
PHARMACISTS

ANNUAL REPORT

100th ANNIVERSARY
1911-2011
SASKATCHEWAN COLLEGE OF PHARMACISTS

2011



VISION

Quality Pharmacy Care in Saskatchewan

MISSION & ENDS

**The Saskatchewan College of Pharmacists
regulates the profession of pharmacy to provide safe, effective, patient
centred pharmacy care in Saskatchewan**

VALUES

Visionary leadership

Professionalism

“Patient First” care

Accountability

Effective communications

Collaboration

Education

The Mission includes the Ends Policies:

Public Safety

Standardized Pharmacy Services

A Self-Regulated Profession

Positive Image and Essential Members of the Health Care Team

Public Policy Supporting Health

Optimum Public Use of Pharmacy Services

Priority and Resource Allocation

101st Annual General Meeting

April 28, 2012 11:00 a.m.

Sheraton Cavalier Hotel

Saskatoon, SK

President: Joan Bobyn

Registrar: Ray Joubert

1.0 President's Welcome

2.0 Introduction of Councillors and Special Guests

3.0 Motion to Accept 2011 Minutes as Printed and Distributed

4.0 Business Arising from the Minutes

5.0 Memorial to Deceased Members

6.0 Reports

6.1 President's Annual Report

6.2 Registrar's Report

6.3 Auditor's Report/Report of the Finance and Audit Committee

6.4 Consideration of Annual Report as Printed and Distributed

6.5 College of Pharmacy and Nutrition Report

7.0 New Business

8.0 Adjournment

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REPORT OF THE PRESIDENT

In many ways 2011 was a historical year. From celebrating our centennial to implementation of major scope of practice advancements, it was an honour to preside over the affairs of the College as we also continued to focus efforts in fulfilling our mandate. In my inaugural address, I reflected on how our history as a profession and College can guide our future. I aspired to be responsible and accountable, approachable and open minded so that this could be OUR presidency, OUR year, OUR time to shine with shared values, goals and dreams. This report, on behalf of Council, intends to reflect these aspirations.

The following summarizes many of the highlights during the year and further details can be found in newsletters and other publications at www.saskpharm.ca.

* Centennial celebrations:

Collaborated with the Canadian Foundation for Pharmacy Pillar of Pharmacy Award granted to Past-President Bev Allen on March 23rd, 100 years to the day of the proclamation of the first Pharmacy Act in this province.

Celebrations during the Pharmacists' Association of Saskatchewan conference April 29 to May 1 in Regina included:

- Announcing the formation of the SCP Centennial Pharmacy Scholarship Fund to replace the Diamond Jubilee Scholarship Fund
- Unveiling of the centennial artwork for donations to the new scholarship fund
- Inauguration of a new Centennial Pharmacy Award to recognize pharmacies operating 100 years or more
- Luncheon to honor past presidents

From August 4-6, 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 (AACCP) District V Annual Meeting in Saskatoon. The meeting involved delegates from the pharmacy regulatory bodies and faculties of pharmacy from Saskatchewan, Manitoba, North Dakota, South Dakota, Iowa, Minnesota and Nebraska.

* On March 4, legislation came into force allowing enhanced authority for pharmacists to prescribe drugs in collaborative practice environments. Later in the

year training was offered on prescribing drugs for minor ailments.

- * Co-sponsored InterD4 with the College of Physicians and Surgeons and the Saskatchewan Registered Nurses Association March 11 and 12 in Regina. This fourth interdisciplinary conference focused on interdisciplinary teamwork skills.
- * Welcomed legislation completely dissociating pharmacies from the sale of tobacco products as of April 1.
- * Within our tri-province agreement, Past-president Christine Hrudka and I met with our colleagues from the Alberta College of Pharmacists and the College of Pharmacists of British Columbia to discuss topics of mutual interest. We agreed to work together on quality assurance and as a result our staff have begun to develop common performance indicators for pharmacies.
- * Finalized the bylaws requiring pharmacists to review the patient's medication profile in the Pharmaceutical Information Program. These bylaws have been submitted to the Ministry of Health and we are awaiting the Minister's decision on approval.
- * In response to recommendations directed to this College by the Privacy Commissioner in one of his reports into a PIP privacy breach by a pharmacy, began developing bylaws requiring pharmacies to have appropriately trained privacy officers.
- * Implemented an unprecedented 39% increase in pharmacist license fees and 21% increase in pharmacy permit fees to cover significant deficits due mainly to increasing staff for inspections, developing pharmacy technician regulation and meeting our issues management, communications and public relations needs, replacing outdated and unserviceable computers and systems, public education campaign costs, higher complaints management and discipline costs exacerbated in some cases where discipline costs are not recoverable.
- * In conjunction with the fee increases we adopted a series of financial accountability and restraint measures. They include more frequent Finance Committee meetings to more fully understand our fiscal situation and plan the budget process and alternative dispute resolution strategies to reduce the impact of discipline costs on fees. More details can be found in the Registrar's report.

We implemented the fifth and final year of our 2007-2011 Strategic Plan and I am pleased to report on the progress with each of our strategies as follows:

Educate the Public

In conjunction with prescriptive authority, launched “Partners in Prescribing” as an adjunct to our public education campaign “My Pharmacist Knows”. We thank our member Aleta Allen and pharmacy student Alex Crawley, the two finalists for the motto contest, for their submissions. Aleta’s submission was the winning motto.

Optimize the Role of the Pharmacist

Enhanced authority for the pharmacist to prescribe drugs was implemented. We formed a second interdisciplinary committee to advise Council on resolving implementation and further development issues. We contracted the Continuing Professional Development for Pharmacists Unit at the College of Pharmacy and Nutrition to continue Level I training including Minor Ailments prescribing.

We also collaborated with the other members of the Pharmacy Coalition on Primary Care to encourage the Ministry of Health to continue funding of pharmacist services on Central Primary Health Care teams, and to provide educational programming to support pharmacists in primary care roles.

Implement QA

The College continued our quality assurance processes focusing on patient safety, in particular, professional competency and safe medication practices within pharmacy professional practice reviews.

The College continues to enhance our role in the Prescription Review Program with “alert” letters to members on patients exhibiting drug seeking behaviours beyond normal thresholds.

Educate/Engage Pharmacists

The College continued to support educational strategies and opportunities for pharmacists to optimize their role as a member of the health care team. In particular, we continue active participation in the Pharmacy Coalition on Primary Care.

Our “Partners in Prescribing” public education program was intended to provide members with additional tools to explain our role in prescribing drugs.

Optimize Legislation

We began examining allowing pharmacists to administer drugs by injection and ordering laboratory test and receiving the results. We received advice from the Ministry of Health that amendments to *The Pharmacy Act, 1996* are needed to authorize these activities. Planning is underway to pursue these amendments.

Build Interdisciplinary Teams

The College continues to collaborate with other interested parties in the health care system to build interdisciplinary teamwork. We heard a presentation from the Ministry of Health on the framework for primary health care re-design and how this framework relies in part upon fully actualized primary health care teams. We will incorporate this information into planning our role and the role of the pharmacist in this process.

We also continued to partner with the College of Physicians and Surgeons of Saskatchewan and the Saskatchewan Registered Nurses’ Association in organizing the fifth interdisciplinary conference November 16 and 17, 2012 in Saskatoon.

“Regulate” or “Qualify” Technicians

With Council approval of a Task Force concept paper and business case, planning continued for the regulation of pharmacy technicians as licensed members with a defined scope of practice and title protection. This included preparing a survey of assistants and community and regional pharmacy managers to examine feasibility and the issues to reconcile. The survey will also inform the Ministry of Health’s final decision to support the amendments to *The Pharmacy Act, 1996* that will authorize this role for SCP.

Core Regulatory Functions

The College continues to strive to ensure that our legislated regulatory functions are performed effectively to sustain our role as a self governing professional body. Examples include our registration and licensing, field operations, complaints management and discipline processes and improvements to administrative systems and procedures reported elsewhere by the Registrar. (Complaints and Discipline are straining our resources and Council is actively considering preventive strategies and other measures to mitigate the impact on fees).

Optimize the Use of Technology

The College continues to promote optimal use of technology to support the role of the pharmacist, and to enhance the effectiveness of our operation. We submitted bylaws for the approval of the Minister of Health for phasing in the mandatory use of the Pharmaceutical Information Program (PIP) through 2012. The bylaws propose mandatory use for Controlled Substance prescriptions beginning January 1, 2012, and for all other prescriptions by January 1, 2013. Pharmacies that by contract are the patient’s sole service provider such as in special-care homes will be exempted. As of preparing this report the Minister’s approval has yet to be received.

We continue to participate in an advisory capacity to initiatives to integrate PIP with pharmacy systems.

Council continues to support the efforts of the office to implement “paper light” strategies. This included a new web based data and information processing system as reported elsewhere by the Registrar.

Be Fiscally Responsible

Council continues to oversee that receipt and expenditure of its funds are dedicated to fulfilling this strategic plan. Further details can be found elsewhere in this report.

Develop Staff and Council

Council strives to ensure that governance and administration are aligned to fulfill our ends through this strategic plan. At every meeting Council monitors progress and compliance with the plan.

Council has also been actively engaged in recruiting members for vacant electoral divisions. This includes forming a formal Nominating Committee to recruit members for service on Council and as officers.

We conducted a strategic planning workshop for the upcoming years to replace our 2007-11 plan. We identified the following key action areas and success factors:

- Practice re-design – to focus on quality so that pharmacy practice effectively meets public needs. The re-design trends are intended to be positive.
- Regulatory reform – to ensure that our governing legislation, standards and policies are contemporary and support the profession.
- Increased public involvement – so that we have a better understanding of our publics’ expectations.
- Organizational structure review – so that the structure of SCP and Council meets the needs of members and the public and to reduce the negative impact of discipline on SCP.
- Citizenship in SCP – so that we have a more engaged membership.

Planning will continue in 2012 to further define these key actions with specific targets and outcomes.

Council continues to operate under the Policy Governance concept. Ends are the results we expect to achieve, for whose benefit and at what cost. Council routinely monitors and evaluates College performance according to these policies. Our Ends policies are summarized in this report’s covering pages.

We continue a special committee to examine ways to strengthen and expand linkages with the public, members and others. We continue to use councillor reports on public linkage opportunities when reviewing our Ends policies. This review results in adjusting our priorities. We also continue regular meetings with the Board of the Pharmacists’ Association of Saskatchewan (PAS).

The following attempts to demonstrate how we are achieving these Ends.

Priority and Resource Allocation

Council confirmed our Ends priorities and increased resource allocation to the three highest priorities (public safety, standardized pharmacy services and pharmacist as a member of the health care team). The budget reflected unprecedented fee increases to cover some catastrophic costs and replenish reserves.

We welcomed Sheldon Ryma and Bill Gerla appointed from Divisions 3 and 7 respectively. They replace Randy Wisner and Leah Butt who did not seek re-election. Kristen Schmidt replaced Jenna Arnelien as student observer.

We thank Randy, Leah and Jenna for their important contributions

Public Policy Supporting Health

Because we promote public policy supporting health, Council was pleased with the proclamation of the new legislation eliminating tobacco from pharmacies or from premises that include a pharmacy.

Optimum Public Use of Pharmacy Services and the Pharmacist as a Member of the Health Care Team

Council continues our involvement with the Pharmacy Coalition on Primary Care and ongoing liaison with the Primary Health Services Branch of Saskatchewan Health to promote pharmacists as effective members of primary health care teams.

Council continues to examine how regulatory barriers can be reduced or eliminated.

The College actively participates in the advisory committee and working groups developing the Pharmaceutical Information Program and other e-health strategies.

Public Safety

This End includes our role to ensure competent, ethical pharmacists and public recourse for unsafe or unethical care. Our Complaints Committee was very active during the year and more information can be found in the Registrar’s report.

Due to procedural delays, no discipline hearings were held during the year.

A Self-Regulated Profession

To save costs we cancelled our spring district meeting and instead participated in the issues forum at the PAS conference. Members also raised issues and concerns with fees increases at our annual general meeting.

We conferred our fifth group of Members Emeriti at our annual general meeting. The development of a Fellows program is continuing.

Positive Professional Image

Achieving this End includes dialogue within our profession and with others, in particular medicine, to cooperatively resolve issues of mutual concern. This included continued dialogue with the Prescription Review Program funding partners (i.e. College of Physicians and Surgeons of Saskatchewan, the College of Dental Surgeons of Saskatchewan, Saskatchewan Health, and the Saskatchewan Registered Nurses' Association).

- We met with the Board of PAS to share information. Some topics included:
 - Disciplinary actions – process, costs, alternatives, support for members
 - Evolving scope of practice
 - Public Education Roles and Responsibilities
 - Continuing Education Roles and Responsibilities

Other highlights of 2011 include:

- Hosted the annual Convocation Luncheon to welcome the Pharmacy Class of 2011 into the profession;
- Represented SCP at the College of Pharmacy and Nutrition White Coat Ceremony in November welcoming first year students into the profession;
- Continued attempts towards a closer liaison with the Saskatchewan Branch of the Canadian Society of Hospital Pharmacists;
- Maintained representation on the Senates of the Universities of Regina and Saskatchewan, including active participation on key committees, and on the Program Advisory Committee for the Pharmacy Technician Training Program at SIAST;
- Continued as a member of the National Association for Pharmacy Regulatory Authorities (NAPRA);
- Represented SCP at the Canadian Pharmacists' Association (CPhA) Conference in Montreal; and,
- Continued to be a partner organization in and a founding member of the "Saskatchewan Institute of Health Leadership".
- I represented SCP as an observer during the Canadian Council on Accreditation of Pharmacy Programs accreditation site visit of our College of Pharmacy and Nutrition last November.
- We planned for our meeting with the Minister of Health held January 10, 2012 with the Pharmacists'

Association of Saskatchewan and the Saskatchewan Branch of the Canadian Society of Hospital Pharmacists.

As this is a summary of our successes during a very busy year, we could not have accomplished as much without the teamwork and collaboration from Council, staff, committees, appointees, members, government and other health related organizations. I am honoured to have served as president of the College. I extend my appreciation to the foregoing for their support in achieving our mission of "regulating the profession of pharmacy to provide safe, effective, patient centred pharmacy care in Saskatchewan".

Respectfully submitted,
Joan Bobyn
President

REPORT OF THE REGISTRAR-TREASURER

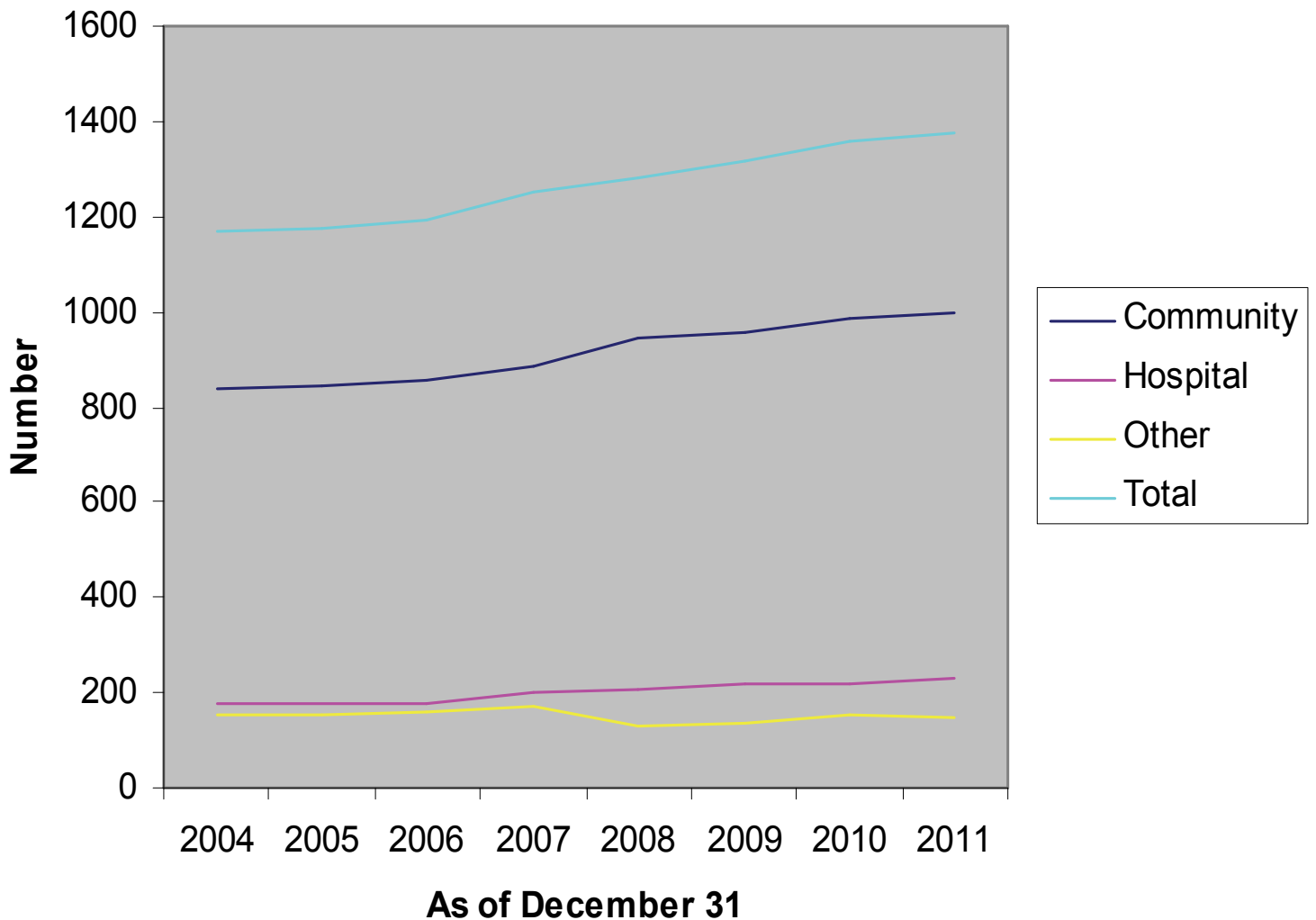
President Bobyn and members of the College:

I am pleased to present my twenty-seventh report as Registrar-Treasurer for a historic year for SCP involving our Centennial celebrations and implementation of enhanced prescriptive authority for pharmacists. This report describes how the office contributes towards achieving the College's Vision, Mission and Ends established by Council under Policy Governance. As the secretariat and treasury for SCP, this office provides administrative support for Council and committees and the activities outlined in the President's report. We also manage issues, communications and our statutory obligations. The latter include registration and licensing, and monitoring and enforcement activities such as field operations consisting of routine and special evaluation

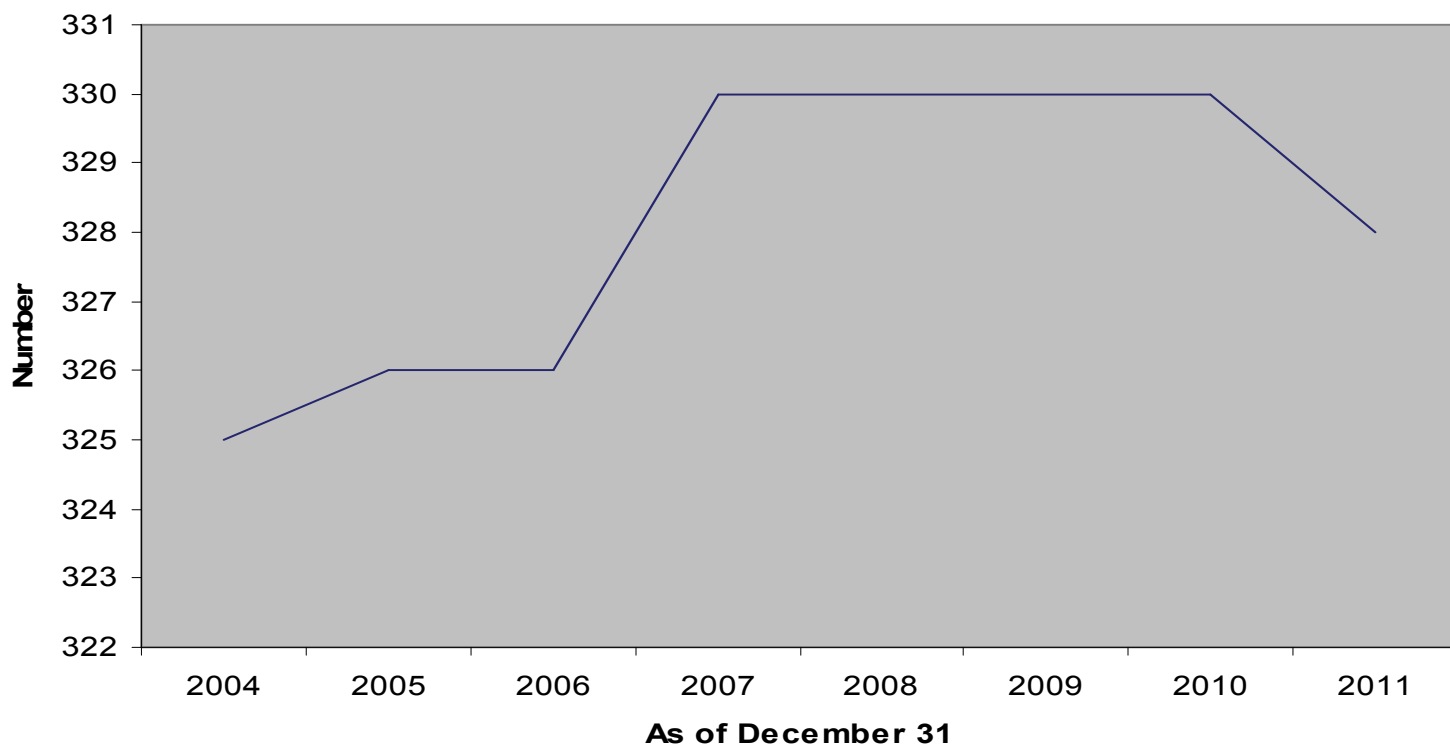
of pharmacies and investigation of complaints. We act as liaison between Council, committees and members, government, the public, other professional organizations, the pharmaceutical industry and other stakeholders.

Assistant Registrar Jeanne Eriksen is responsible for the office's registration and licensing system involving registration of interns, registration and licensing of members and granting permits to pharmacies. Activity in this area is summarized for 2011 compared to prior years in Appendix A. Key trends are shown in the following charts:

Practising Members



Community Pharmacies



We continued marginal increases in the number of members and a slight decrease in the number of pharmacies. Fluctuations in membership appear to be due to normal attrition plus stable numbers of new registrations from University of Saskatchewan graduates.

Provincially, and in collaboration with national initiatives, in particular the CPhA “Moving Forward” pharmacy human resources study, we are continuing to monitor membership trends to predict our human resource requirements.

During 2011:

- 2 Community Pharmacy Openings
- 4 Community Pharmacy Closures
- 14 Community Pharmacy Manager Changes
- 35 Community Pharmacy Ownership Changes
- 9 Community Pharmacy Name Changes
- 4 Pharmacy Relocations
- 20 Pharmacy Renovations
- 2 Lock and Leave Permits Issued
- 17 Lock and Leave Amendments

Registration and Membership Statistics

There were a total of 90 registrations:

- 70 Saskatchewan BSP Graduate Registrations:
 - 58 registered as Conditional Practising Members (3 still Conditional Practising)
 - 12 registered as Practising members
- 20 Candidates from Other Jurisdictions:
 - 18 Candidates from other Canadian Provinces
 - 2 International Pharmacy Graduates (IPGs)

Attrition

Total attrition was 101 members:

- 77 Terminations
 - 65 By Non Payment of Dues
 - 12 By Request
- 2 Deceased Members
- 22 Members Converted to Retired Membership

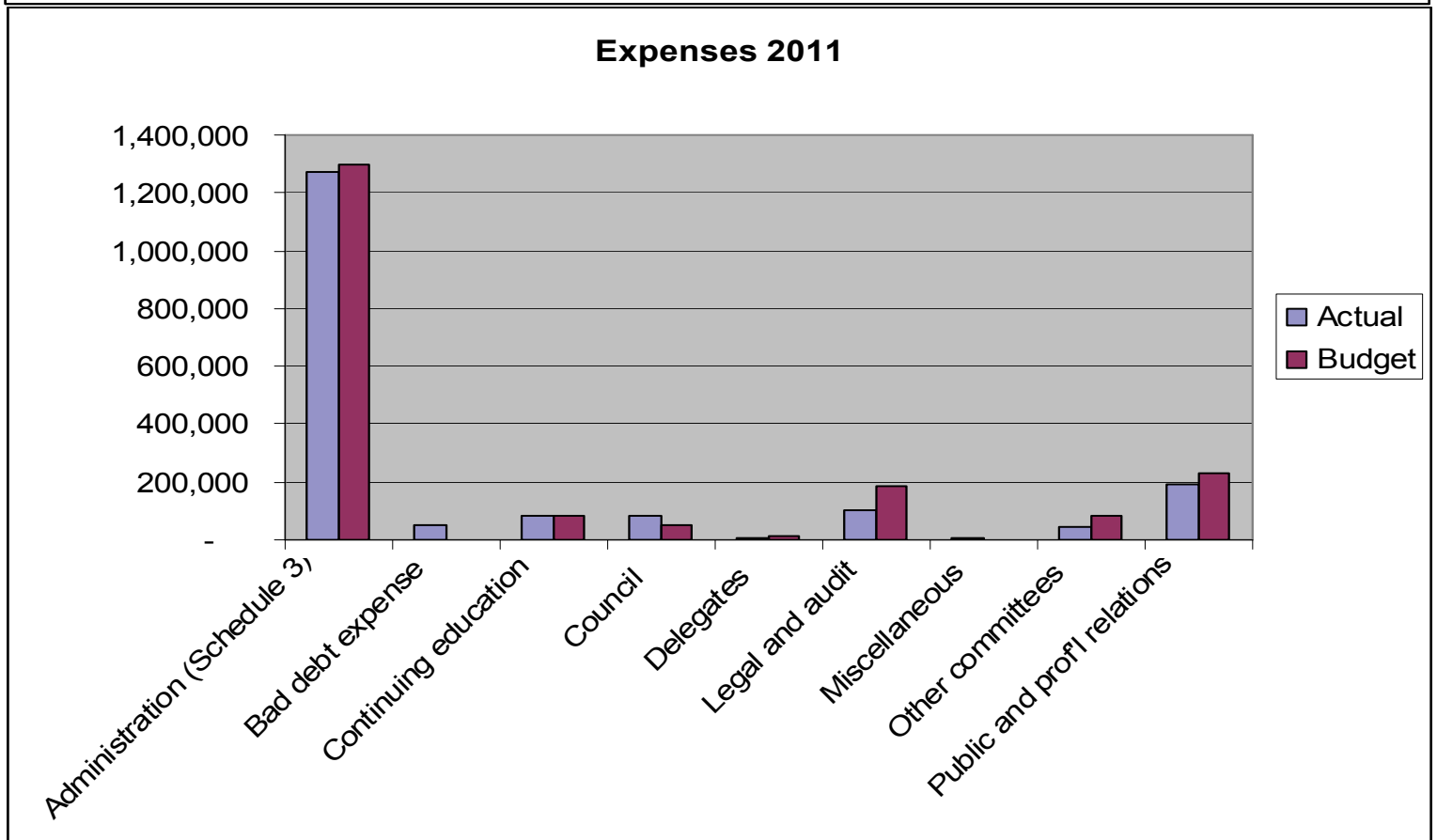
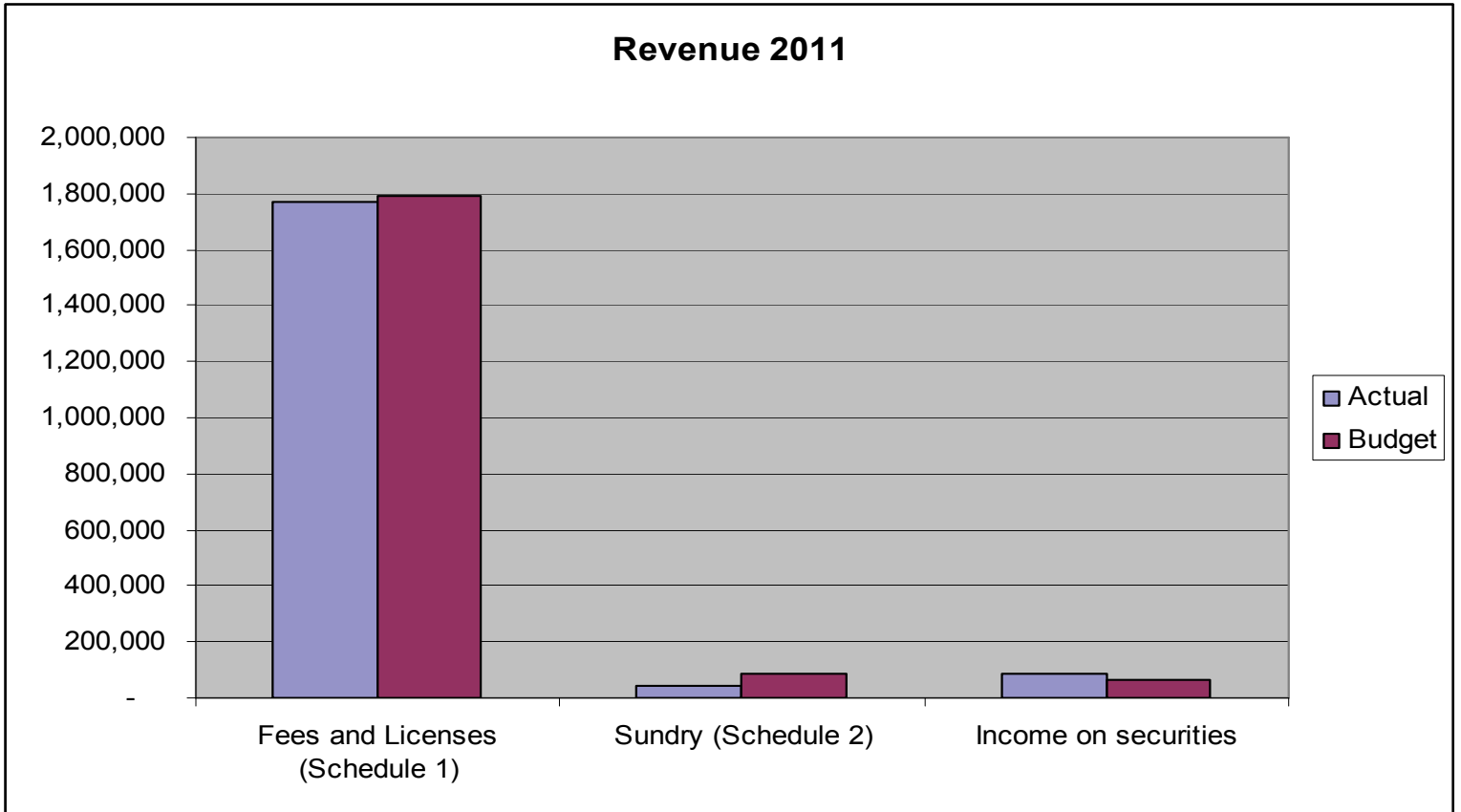
Prescriptive Authority –% of Licensed Pharmacists

Qualified to prescribe Emergency Post-coital Contraception	65.54%
Level I trained	84.71%
Minor Ailments Training	19.32%

Financial

Please refer to the audited statements at the end of this report for further information and also to Appendix B for a

more detailed comparison of our actual experience with budget. The following graphs summarize our performance:



Our financial picture improved significantly over the prior year from a \$206,751 operating deficit to a \$70,091 operating surplus. Contributing factors were the 39% licence and 21% permit fee increases along with complaints and discipline costs not reaching projected levels, offset by the acquisition of our new In1Touch web based data and information management system with related infrastructure upgrades. It is anticipated that a considerable portion of the complaints and discipline costs not incurred in 2011 will be incurred in 2012 to be funded by a partial reserve recovery in 2011 and sustained fee levels in 2012.

At the annual general meeting, in response to member concerns, we disclosed our financial strategies to minimize future fee increases and ensure the sustainability of SCP. We have or are expected to accomplish the following:

Staffing and Administration

- Our total staff complement remains unchanged with additions only to replace attrition
- Staff salary adjustments limited to the cost of living
- Continue part-time Field Officer and a part-time pharmacist and administrative support for development of technician regulation and other administrative needs financed via the temporary pharmacy permit fee surcharge of \$300
- Reduced out of province travel
- Except for training on our new in1Touch system, professional and staff development has been eliminated
- Leveraging our In1Touch System for our “paper light” strategy resulting in reduced costs of supplies, paper, copying, printing, equipment
- Office renovations are deferred to 2012 and will be financed from our Building Fund rather than membership fees

Discipline Cost Mitigation strategies

- Increases in the number of complaints handled by:
 - Lower cost lower level resolution strategies for informal complaints
 - Formal complaints – under the Act, we are required to refer written complaints to the Complaints Committee for investigation. Once the investigation is completed and when it is appropriate, we offer alternative dispute resolution (e.g. mediation) strategies. Both the complainant and respondent must agree to this process. Three complaints were referred to this process

- Our \$60,000 reserve for catastrophic costs was depleted and we expect to recover and increase this reserve to \$120,000
- Other processes are being used when the complainant does not submit a formal written complaint:
 - Unsubstantiated complaint warning letters
 - Newsletter articles
 - Focused pharmacy practice reviews
 - Targeted memos to pharmacies

Fiscal

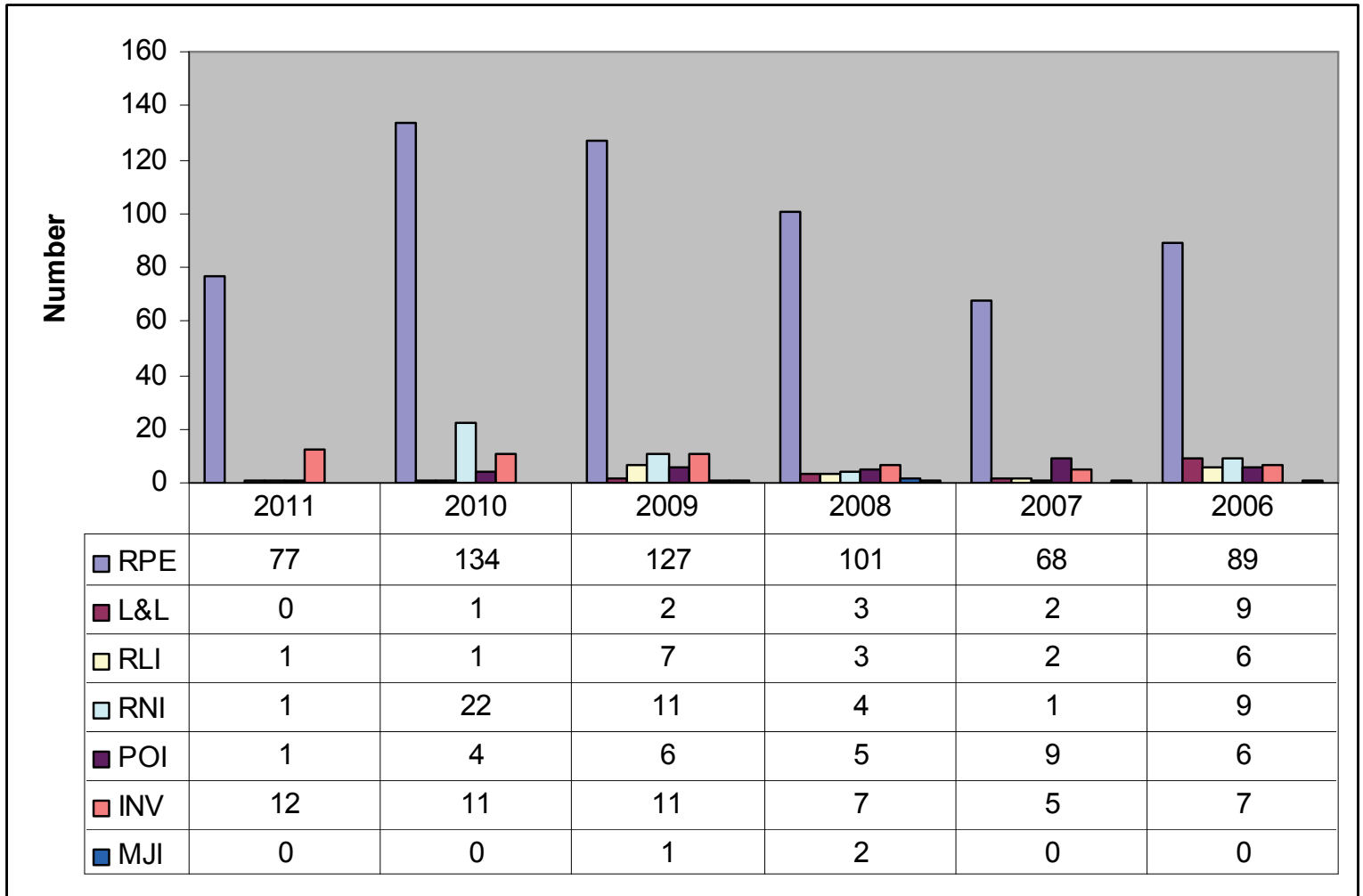
- Prudent cash flow management through investment of cash not needed for operations into interest bearing instruments
- Increased Finance Committee oversight with one extra meeting
- Investment objectives for funds in reserve have been reviewed to maximize interest and minimize risk
- Continue to pursue operating reserve target of 50% of administrative costs
- Catastrophic cost protection mechanisms such as bonds and insurance have been investigated with questionable results

Future

- Allocate additional reserves accumulated from operating surpluses towards minimizing fee increases
- Replace and increase reserves
- Publish indicators from Pharmacy Practice Reviews as benchmarks for pharmacies to measure their performance
- Investigate competency assurance initiatives to focus on performance
- Investigate medication incident reporting systems and other strategies to reduce medication errors

Field Operations

Regular activities conducted by Lori Postnikoff and Jeannette Sandiford:



Key:

RPE = Routine pharmacy evaluations in the Regina, West-Central, Central, and North-East areas of the province.

L&L= Lock and Leave inspections

RLI = Relocation inspections

RNI = Renovation inspection

POI = Pre-opening inspections

INV = New investigations requiring travel to the pharmacy locations to conduct a review of the records and/or an interview of the member(s)/or members of the public or affected agencies (such as home care, etc)

MJI = Multi-jurisdictional investigation involving the RCMP.

Pre-opening, Renovation, Relocation and Lock & Leave inspections:

- Each of these types of pharmacy visits required a checklist review. If some aspects were incomplete, follow up was required, often including formal “undertaking” agreements.
- Refinements to the renovation process resulted in an agreement and promise (undertaking) by the pharmacy manager that all renovations have been completed and meet the bylaw requirements, with

the review to occur at the next scheduled Pharmacy Practice Review visit.

Routine pharmacy practice evaluations that incorporate the reviews reported next were down significantly due to staff being assigned to investigate a formal complaint involving over 35 potential respondents.

Pharmacy Practice Reviews

- The goal of the Field Officers is to visit each pharmacy once every 3 years. In 2010 they visited pharmacies which had last been visited in 2007/08/09.

- In the fall of 2009, SCP adopted the new NAPRA Model Standards of Practice, March 2009, which are found in your Pharmacy Reference Manual at: http://napra.ca/Content_Files/Files/Saskatchewan_Model_Standards_of_Prac_for_Cdn_Pharm_03-2009.pdf
- In November of 2009, field operations staff moved to a new version of the Practice Review based on eight indicators with a series of yes/no questions providing evidence for each indicator. The indicators are reviewed on an ongoing basis by evaluating practice issues and safe medication practices.
- Pharmacy Practice Reviews continue to be divided between Jeannette Sandiford in southern Saskatchewan and Lori Postnikoff in northern Saskatchewan.
- We intend to continue to evaluate 8 performance indicators during Pharmacy Practice Reviews. This quality assurance/improvement process for pharmacy visits is based on the 2003 NAPRA Model Standards of Practice and we are collaborating with our colleagues in Alberta and British Columbia to update and develop common indicators for consistency and comparison across the three provinces. The current rating scale is:

Practice Review Ratings for Indicators

- (1) Indicator has no activity/compliance
– improvement required (ACTION PLAN)
- (2) Indicator has some activity/compliance
– improvement required (ACTION PLAN)
- (3) Indicator has most/complete activity/compliance
- (4) Indicator was not observed/discussed

The ratings are summarized as follows:

Year	<u>2011</u>	<u>2010</u>
Number of Pharmacies	77	119
<u>Indicator Rating</u>	<u>%</u>	<u>%</u>
1) Information gathering and documentation		
1	0	1
2	68	81
3	32	18
4	0	0
2) Patient information utilization		
1	0	1
2	1	5
3	99	94
4	0	0
3) Medication therapy through patient education		
1	0	0
2	3	5
3	97	95
4	0	0
4) Access and use information sources		
1	0	0
2	10	5
3	90	95
4	0	0

5) Effective use of personnel

1	0	1
2	6	2
3	94	97
4	0	0

6) Formal system for medication incidents

1	0	0
2	0	3
3	99	97
4	1	0

7) Safe drug inventory maintenance

1	0	0
2	0	2
3	100	98
4	0	0

8) Prescription and record keeping review

1	0	0
2	0	0
3	100	100
4	0	0

While it may be too early to draw conclusions, some trends may be emerging. For example, indicator 8 is described as "All prescriptions reviewed during PPR and all record keeping requirements are met to prevent prescription misuse, abuse and diversion". Pharmacists performed very well. In both years 100% of pharmacies were rated at 3 (Indicator has most/complete activity/compliance). However, for indicator "1) The pharmacists are obtaining and documenting all relevant patient information in order to be able to provide the best possible medication therapy for the patient. Information obtained should be periodically (once/year) reviewed with patient":

- In 2011 68% of pharmacies were rated at 2 (Indicator has some activity/compliance- improvement required (ACTION PLAN)); and
- In 2010 81% of pharmacies were rated at this level.

While this might suggest improvement, these are a different group of pharmacies suggesting that those visited in 2011 performed better than those visited in 2010. But overall performance needs improvement and we are incorporating education in our planning to support members.

More detail can be found in Appendix C.

Other activities include:

- Both Jeannette Sandiford and Lori Postnikoff participated in committees, council meetings, conferences and convocation ceremonies. They actively participate in the Canadian Pharmacy Inspectors Symposium.
- Lori Postnikoff participated in Complaints Committee meetings, and methadone meetings. She also assisted the Registrar in teaching federal laws to the U of S pharmacy students.
- Jeannette Sandiford provides administrative support for the Professional Practice Committee and continues to work with Jeanne Eriksen, Assistant Registrar regarding the regulation of Pharmacy Technicians.
- Continuing since 2009 Lori Postnikoff has been writing to pharmacists identified by the Prescription Review Program who may be dispensing inappropriate quantities/early part- refills/inappropriate prescription medication combinations/etc as part of ongoing surveillance and education regarding Prescription Review Program medications.

Our field officers extend their sincerest appreciation and thanks to all of the Saskatchewan pharmacists for their cooperation.

Complaints

New complaint files are submitted to the Complaints Committee for recommendation to the Discipline Committee that:

a) No further action to be taken; or

b) The Discipline Committee hear and determine the formal complaint.

The disposition of the complaints files is summarized as follows:

COMPLAINTS SUMMARY

	Bf 2010	March	June	Sept	Nov	bf 2012	Total 2011
# of New Complaint Files		14	5	4	11	N/A	34
# of Complaint Files Closed		15	11	6	2	N/A	34
# of Complaint Files Referred to Discipline		2	3	1	0	N/A	6
# of Complaint Files Open for Investigation	17	14	5	2	11		
Professional Incompetence							
Alcohol/Drug Abuse							
Medication errors		2		1	2		5
Prescription Transfers					1		1
Inappropriate Product Selection							
Miscellaneous/Other							
Professional Misconduct							
Bylaws/Standards/Guideline infractions			1				1
Communication / Unprofessional Behaviour		4	1	3	3		11
Record Keeping							
Unsupervised Assistant							
Prescription Short Fills							
Pharmacist Not on Duty							
Dispensing without Authority		1			1		2
Breach of Confidentiality		1	1		1		3
Miscellaneous / Other		1	2		3		9
Proprietary Misconduct							
Advertising							
Bylaws/Standards/Guideline Infractions							
Billing irregularities / Overcharging		2	1				3
Miscellaneous / Other							
TOTAL ALLEGATIONS		14	6*	4	11		35

* more than one allegation in one file

The complexity and seriousness of the complaints continues to increase with some requiring extensive investigation to gather all pertinent facts so that the Committee can make a well-informed decision.

The trends in the types of complaints are summarized as follows:

TYPE OF COMPLAINT								
	2004	2005	2006	2007	2008	2009	2010	2011
Advertising	0	0	0	1	0	0	0	0
Alcohol/Drug Abuse	0	0	0	0	0	0	0	0
Communication/Unprofessional Behavior	4	5	0	4	7	8	19	11
Medication Error	7	7	6	6	11	12	9	5
Record Keeping	0	0	0	0	0		0	0
Bylaws/Standards/Guidelines Infractions	5	4	0	3	4	7	5	1
Prescription Transfers	3	2	1	0	0	0	0	1
Overcharging/Billing Irregularities	4	3	5	0	7	2	4	3
Inappropriate Product Selection	0	4	2	1	0	1	0	0
Unsupervised Assistant	1	0	1	1	0	1	1	0
Prescription Short Fills	3	0	1	2	1		0	0
Pharmacist Not on Duty	0	0	0	1	0	3	1	0
Dispensing without Authority	1	0	0	0	1	2	2	1
Breach of Confidentiality		2	1	1	6	2	4	3
Miscellaneous/Other	5	4	2	3	2	2	2	9
TOTAL COMPLAINTS	33	31	*19	*23	*39	40	49	*35
*N.B. Total exceeds number of complaints due to more than one allegation in some of the complaints								

Other Activities

Effective March 4th, legislation came into force authorizing enhanced prescriptive authority for pharmacists. Activities included:

- supporting our Interdisciplinary Advisory Committee in the design and implementation of “Partners in Prescribing”, a public education campaign to supplement “My Pharmacist Knows” in describing the prescribing role of the pharmacist;
- supporting an new interdisciplinary advisory committee to consider the minor ailments guidelines that the Saskatchewan Medical Association asked be reviewed or reconsidered, and to address other implementation issues and recommend resolution to Council; and
- continuing to participate in Level I training sessions, including Minor Ailments prescribing training.

Under Council’s communications strategy, we prepared seven editions of our Newsletter. In March we introduced SCOPe Newsletter (Saskatchewan College Of Pharmacists e-newsletter) in a revised format for electronic distribution. Also, one of these editions was a

special Centennial issue published in May.

We also planned our 100th anniversary Annual General Meeting in Regina that included producing a booklet on the achievements of our Presidents, sponsoring a Past-presidents’ luncheon and a new “Centennial Pharmacy Award”.

Due to financial constraints, we cancelled our regular rotation of ten spring district meetings.

We have continued our contract with the College of Pharmacy and Nutrition to facilitate professional development activities for members. In particular CPDP played a critical role in the design organization and offering of Level I and Minor Ailments prescriptive authority training. We sincerely appreciate their outstanding support as well as the support of faculty and pharmacists who delivered the training sessions. We are also indebted to the Saskatchewan Drug Information Service who prepared what we consider to be world class minor ailments prescribing guidelines and contributed significantly to our training programs.

We continued our systems to collect data for the Canadian Institute for Health Information (CIHI) "Pharmacist Database Project".

Parallel to this system, we continued to electronically submit member and pharmacy data to the Provider Registry System of Saskatchewan Ministry of Health. Systems such as the Drug Plan and the Pharmaceutical Information Program rely on this registry to validate health service providers.

In pursuing a "paper light" office strategy, we released a Request for Proposals to various system vendors and selected OlaTech Corporation from Winnipeg to develop our new web based information and data processing system. Called In1Touch, it is designed to be a service centre for staff, members and the public that includes on-line functionality for registration as an intern and member, and membership and pharmacy permit renewal. It also contains extensive resource information and we continue to develop enhancements to extend the functionality of its services.

We continue to regulate conditions of sale of drugs based on the National Association of Pharmacy Regulatory Authorities' model drug scheduling system. This includes accepting National Drug Scheduling Advisory Committee recommendations based on objective, scientific application of risk management factors that depend upon the NAPRA Model Standards of Practice. To date with one exception, the Saskatchewan Government has accepted all NDSAC recommendations.

By serving on Advisory Committees and various working groups, we have been actively involved in the Pharmaceutical Information Program, especially the implementation of the prescribing and integration with pharmacy system phases of the Medication Profile Viewer.

We continue to be involved in liaison with the Primary Health Services Branch of Saskatchewan Health and chair the Integrated Primary Health Care Working Group. While dormant during the year, the Group consists of representatives from health professional organizations interested in promoting enhanced interdisciplinary collaboration in primary care. We are examining the feasibility of transferring the government educational grant we hold in trust to the InterD conference.

This connection resulted in serving on a Ministry of Health led Primary Health Care Re-design Core Team. The team oversaw a series of intensive stakeholder consultation workshops and the preparation of a framework document to guide the development and implementation of a re-designed primary health care system in this province.

We continue to participate in collaborative initiatives like the Network of Interprofessional Regulatory Organizations (NIRO), joint Board/Council meetings with the Pharmacists' Association of Saskatchewan and the Prescription Review Program. We also participate in all Health Quality Council initiatives involving drugs. In particular, NIRO consists of representatives from the governing bodies for all health professions and Saskatchewan Health and meets twice per year to share information and discuss issues of mutual interest. We have been engaged with our NIRO colleagues in the Ministry's Health Human Resources Plan.

Regarding the Prescription Review Program, we collaborated with the Program administration in corresponding with members when the program criteria indicated that a letter be sent to members requesting an explanation. Most of the situations involved patients with significant multiple doctoring and/or poly-pharmacy profiles. A disturbing proportion continue to allege concomitant use of methadone with other Narcotics. We sent 79 (43 in 2010) such letters. While most replies were acceptable, some were marginal and will require monitoring.

We were extensively involved on the planning committee for InterD4, the interdisciplinary conference that we co-sponsored with the College of Physicians and Surgeons and the Saskatchewan Registered Nurses Association that was held March 11 and 12.

We continue to support the Pharmacy Coalition on Primary Care. We joined the Pharmacists' Association of Saskatchewan in forming and co-chairing the Pharmacist Practice Change Working Group who met twice during the year.

The College is a founding and funding partner in the Saskatchewan Institute of Health Leadership. Since inception, 15 pharmacists have completed the program. Since we concluded our role on the planning and steering committee with the 2010 program, we continue to sponsor one candidate per year.

I am a member of the Council of Pharmacy Registrars of Canada, an advisory committee to the Board of Directors of the National Association of Pharmacy Regulatory Authorities. We coordinate activities amongst our respective organizations and advance issues to the Board for policy resolution. This involved attending three meetings during the year and participating on various task forces, committees and working groups.

Staff continues our strong relationship and liaison with the College of Pharmacy and Nutrition. We continued to teach law and ethics, and conducted guest lectures on a variety of professional issues. This liaison also includes serving on the Advisory Board of the Saskatchewan Drug Information Service.

Policy development and issues management required considerable staff involvement in research, coordinating and drafting documents. An example of such an initiative is the regulation of pharmacy technicians. During the year we planned for the implementation of a Task Force discussion paper, business case and concept document. We continue to liaise with the Ministry of Health as part of our formal request to amend *The Pharmacy Act 1996* to grant SCP authority to regulate qualified technicians as licensed members with an independent scope of practice and title protection. While we are awaiting a formal response, at the request of the Ministry we conducted an extensive survey to examine feasibility and identify relevant issues. The results are being compiled for submission to the Ministry that we expect will lead to a final decision.

Other activities include:

- Continued to liaise with the funding partners for the Prescription Review Program to plan for the new legislative framework for the Program, and to examine other options to enhance its effectiveness;
- Researched and prepared guidelines and responses to a variety of issues, including monitoring the effect of national initiatives on drug shortages;
- Provided administrative support to Council and the Audit and Finance Committees;
- Attended collaborative practice meetings with the Registrar of the College of Physicians and Surgeons of Saskatchewan and the Executive Director of the Saskatchewan Registered Nurses' Association. The latter included several sessions on the SRNA proposed Registered Nurse (Certified) designation to formally replace transfer of medical function with recognized advanced nursing practices.

Assistant Registrar Jeanne Eriksen manages the registration and licensing process. This includes ensuring our new In1Touch system meets our legislative and policy requirements. She also provides considerable administrative support to the Complaints Committee and represents SCP on the Continuing Professional Development for Pharmacists Advisory Committee, the Structured Practice Experiences Program Advisory Committee, and the SIAST Pharmacy Technician Training Program Advisory Committee.

During the year she began serving as our delegate on a

NAPRA sponsored committee working on a national pharmacy technician regulation model. She facilitated the piloting of three modules of the bridging program prior learning assessment and recognition examinations for four assistants.

Conclusion

On behalf of all staff, I extend our sincere appreciation to President Bobyn and members of Council and all committees and appointees for your leadership, loyalty and dedication. We acknowledge and sincerely appreciate the sacrifices you have made to serve the College. You have contributed significantly to our successes this year. We are privileged to work with such competent volunteers.

During the year we lost a key staff member, Cheryl Klein, who decided to retire after almost 26 years of service. On behalf of all members we are indebted to Cheryl for her outstanding service.

Sincere thanks are also extended to Dawn Martin and staff of PAS for their cooperation on issues of mutual interest, and to SCP staff Jeanne Eriksen, Pat Guillemin, Cheryl Klein (retired), Heather Neirinck, Dawn Pederson (term expired), Lori Postnikoff, Jeannette Sandiford, Audrey Solie, Andrea Wieler, and Ariel Hamel for their dedication, hard work and excellent support. The College is fortunate to have such gifted staff.

Respectfully submitted,
R. J. Joubert, Registrar-Treasurer

MEMBERSHIP

As of December 31	2004	2005	2006	2007	2008	2009	2010	2011
Practising Members:								
Community:								
Pharmacy Managers	315	317	311	317	326	326	329	324
Staff Pharmacists	526	527	545	566	570	588	615	636
Other Community				**53	46	45	43	35
Sub-Total:	841	844	856	883	942	959	987	995
Hospital:	175	178	179	198	205	217	217	230
Conditional Licences:	4	6	2	2	1	1	3	3
Others Practising:	150	149	158	170	131	137	151	145
TOTAL PRACTISING:	1170	1177	1195	1253	1279	1314	1358	1373
Non Practising	56	57	68	61	62	57	56	50
Retired	82	80	73	86	67	69	76	90
Associate	96	88	82	69	76	72	69	60
TOTAL MEMBERS:	1404	1402	1418	1469	1484	1512	1559	1573
PHARMACIES								
Community	325	326	326	330	330	330	330	328
Satellite	14	13	12	11	8	8	8	8
Dispensing Physician	6	6	6	8	7	7	7	7
Internet	1	1	0	0	0	0	0	
TOTAL	346	346	344	349	345	345	345	343

**"Other Community Pharmacist" were previously included in the "Others Practising" category.

We continued marginal increases in the number of members and a slight decrease in the number of pharmacies. Fluctuations in membership appear to be due to normal attrition plus stable numbers of new registrations from University of Saskatchewan graduates.

Provincially, and in collaboration with national initiatives, in particular the CPhA “Moving Forward” pharmacy human resources study, we are continuing to monitor membership trends to predict our human resource requirements.

During 2011:

- 2 Community Pharmacy Openings
- 4 Community Pharmacy Closures
- 14 Community Pharmacy Manager Changes
- 35 Community Pharmacy Ownership Changes
- 9 Community Pharmacy Name Changes
- 4 Pharmacy Relocations
- 20 Pharmacy Renovations
- 2 Lock and Leave Permits Issued
- 17 Lock and Leave Amendments

Registration and Membership Statistics

There were a total of 90 registrations:

- 70 Saskatchewan BSP Graduate Registrations:
 - 58 registered as Conditional Practising Members (3 still Conditional Practising)
 - 12 registered as Practising members
- 20 Candidates from Other Jurisdictions:
 - 18 Candidates from other Canadian Provinces
 - 2 International Pharmacy Graduates (IPGs)

Attrition

Total attrition was 101 members:

- 77 Terminations
 - 65 By Non Payment of Dues
 - 12 By Request
- 2 Deceased Members
- 22 Members Converted to Retired Membership

Prescriptive Authority –% of Licensed Pharmacists

Qualified to prescribe Emergency Post-coital Contraception	65.54%
Level I trained	84.71%
Minor Ailments Training	19.32%

FINANCIAL: FOR THE FISCAL YEAR ENDING DECEMBER 31, 2011

	<u>Actual</u>	<u>Budget</u>	<u>Var.</u>	<u>Comments</u>
REVENUE				
<u>Fees and Licenses (Schedule 1)</u>				
Pharmacy permit amendments	12,750	22,500	-43%	Due to new system at no charge during renewal
Non-Practising members	55,511	43,845	27%	Fee increase & higher number of members
Other fees	35,401	31,697	12%	Increased activity
Pharmacy permits	504,508	489,917	3%	
Practising members (licences)	1,140,911	1,156,874	-1%	
Registration	<u>23,491</u>	<u>43,558</u>	<u>-46%</u>	
Sub-total	1,772,572	1,788,391	-1%	
<u>Sundry (Schedule 2)</u>				
Expense recoveries	7,596	5,273	44%	Increased externally subsidized travel Service discontinued due to new In1Touch system
Mailing subscription	-	-		Service discontinued due to new In1Touch system
Narcotic signature letter	-	-		Service discontinued due to new In1Touch system
Newsletter advertisements	(450)	-		Decreased activity due to new In1Touch system
Other	9,727	22,276	-56%	1 case not completely recoverable due to insolvency
Recovery of discipline costs	<u>28,629</u>	<u>60,000</u>	<u>-52%</u>	
Sub-total	45,502	87,549	-48%	
Realized and unrealized income on securities	<u>84,176</u>	<u>68,083</u>	<u>24%</u>	
Total	1,902,250	1,944,023	-2%	
EXPENSES				
<u>Administration (Schedule 3)</u>				
Accounting	15,698	14,232	10%	Increased fees and activity
Automobile (lease)	5,276	7,236	-27%	Lower lease for new vehicle Unanticipated equipment failure and re-pairs
Building operations	43,611	30,143	45%	
Employee benefits	78,530	93,769	-16%	Staff turnover/Out-sourced replacements
Equipment rental/maint./software	143,707	122,215	18%	Unanticipated costs of computer upgrades
General office	94,602	96,949	-2%	
Postage	10,333	3,751	175%	New In1Touch system savings delayed

Printing and stationery	7,736	1,985	290%	New In1Touch system savings delayed/ Centennial booklets
Registrar and inspector	88,186	115,647	-24%	Less out of province travel
Salaries	767,140	799,400	-4%	
Telephone and fax	<u>19,627</u>	<u>15,163</u>	<u>29%</u>	Higher broadcast faxes
Sub-total	1,274,446	1,300,490	-2%	
Bad debt expense	47,994	-		Scholarship Fund debt forgiveness/ Unrecoverable discipline
Continuing education	82,140	84,661	-3%	
Council	80,018	53,321	50%	Added costs due to Centennial/Strategic planning
Delegates	7,641	10,771	-29%	Less out of province business than antici- pated
Legal and audit	102,071	185,841	-45%	Less discipline than anticipated
Miscellaneous	3,473	100	3373%	Centennial
Other committees	44,581	85,097	-48%	Reduced activity
Public and professional relations	<u>188,985</u>	<u>228,416</u>	-17%	2011 public education costs incurred in 2012
Total	1,831,349	1,948,697	-6%	
Excess of revenues over expenses	70,901	(4,674)		

2011 RESULTS OF PHARMACY PRACTICE REVIEWS

Practice Review Goals and Rating Scale

During the Practice Review, the Field Officers review the practice within the pharmacy and assess its competence to the NAPRA Model Standards of Practice for Canadian Pharmacist, safe medication practices as well as *The Pharmacy Act 1996*, the SCP Bylaws and Guidelines.

A series of yes/no questions are asked to the pharmacy manager and pharmacists. A “Rating for Indicators” 1 to 4 is determined.

Practice review rating for indicators

- (1) Indicator has no activity/ compliance—improvement required (ACTION PLAN)
- (2) Indicator has some activity/compliance—Improvement required (ACTION PLAN)
- (3) Indicator has most/complete activity/compliance
- (4) Indicator was not observed/discussed

From January to December 2011 the following areas of the province were visited and reviewed:
Regina, West-Central Saskatchewan, central Saskatchewan, and north-east Saskatchewan

The Practice Review contains ratings for eight questions with the following rating and question details:

1)The pharmacists are obtaining and documenting all relevant patient information in order to be able to provide the best possible medication therapy for the patient . Information obtained should be periodically (once/year) reviewed with patient.

2011	2010
Of the 77 pharmacies there was:	Of the 119 pharmacies there was:
0 rating of 1 = 0 %	1 rating of 1 = 1%
52 ratings of 2 = 68%	96 ratings of 2 = 81%
25 ratings of 3 = 32%	22 ratings of 3 = 18%

Although there was improvement this year, this is the area which still appears to need the most improvement.

The yes/no questions in this section provided a more specific view of the areas requiring improvements such as relevant social history, current medication therapies including non-prescription drugs, herbal remedies, etc. Test results are not yet available to the majority of pharmacists.

It would appear that limitations in the software systems within pharmacies and the workflow and processes used to gather patient information in order to access its relevance to patient care requires improvement.

Many pharmacists, when questioned, indicated that they knew their patients and their medical conditions and relevant social situations but were not documenting this information. Improvement to documentation processes and education regarding meaningful collection of relevant patient information and documentation is required.

2) The pharmacists are able to utilize the patient information obtained in order to assess the patient and identify and resolve drug related problems, to provide best possible medication therapy.

2011	2010
Of the 77 pharmacies there was:	Of the 119 pharmacies there was;
0 rating of 1 = 0%	1 pharmacy not rated
1 rating of 2 = 1%	1 rating of 1 = 1%
76 ratings of 3 = 99%	6 ratings of 2 = 5%
	112 ratings of 3 = 94%

There was a slight improvement in this area as well this year.

The yes/no questions in this section indicate pharmacists are using the patient information they have available to provide appropriate medication therapy. However, the concern continues to be that this is not all the information they should be gathering as per question #1. Pharmacists still need to improve in their collection, review, use and documentation of all relevant information in the patient profile and best practice guidelines and to ensure they are monitoring the patient's ongoing progress towards their therapeutic goals.

As pharmacists increase the amount of information they obtain from the patient and increase the amount of clinical information they use to determine best possible medication therapies for their patients through our monitoring, we will see increasing improvements in this area.

3) The pharmacists are able to provide best possible medication therapy for the patient by providing appropriate patient education.

2011	2010
Of the 77 pharmacies there was:	Of the 119 pharmacies there was:
2 ratings of 2 = 3 %	6 ratings of 2 = 5%
75 ratings of 3 = 97%	113 ratings of 3 = 95%

Again we saw a slight improvement in this area. Pharmacists continue to do an adequate job of providing medication therapy education.

The yes/no questions indicate there are some areas which still require improvement but that overall pharmacists are providing good patient education. Improvement in providing re-enforcing information during refills is required. Pharmacists were encouraged to use the "show and tell" method of opening the Rx vial while explaining the patient's medications to reduce errors. Having an area where these conversations can be held in private continues to be a challenge in some pharmacies.

4) Pharmacists have access to and use relevant sources of information

2011	2010
Of the 77 pharmacies there was:	Of the 119 pharmacies there was:
8 ratings of 2 = 10 %	6 ratings of 2 = 5%
69 ratings of 3 = 90 %	13 ratings of 3 = 95%

This was an area where we saw a decrease in the percentage of the highest rating of 3 being obtained.

The yes/no questions indicate that improvements are still required in a few areas. References were not easily accessible or reference libraries were not being kept up to date e.g. OTC references or did not support the practice area e.g. geriatric reference for long term care pharmacies. As well, PIP is still not consistently being accessed prior to filling of prescriptions. However, the integrated pharmacies are accessing PIP more often.

5) Pharmacy personnel are used effectively and support safe medication practices within the optimal workflow.

2011	2010
Of the 77 pharmacies there was:	Of the 119 pharmacies there was:
0 rating of 1 = 0%	1 rating of 1 = 1%
5 ratings of 2 = 6 %	2 ratings of 2 = 2%
72 ratings of 3 = 94%	116 ratings of 3 = 97%

This is another area that we saw a decrease in the percentage of the highest rating of 3 being obtained.

The yes/ no questions show that most pharmacies are conscious of their FTE needs. However, in some pharmacies the number of pharmacists in the workflow was not always adequate for the practice type or their other responsibilities e.g. prescribing, OTC medication requests and assessing appropriateness of drug therapy. As well, the workflow wasn't always conducive to pharmacist interacting sufficiently with patients.

The compliment of pharmacists to support staff is different amongst different pharmacies; most pharmacists are utilizing assistants for drug distribution functions.

6) There is a formal system in place in the pharmacy that identifies and resolves all issues involving medication errors, near misses and unsafe practices.

2011	2010
Of 77 pharmacies there was:	Of the 119 pharmacies there was:
0 rating of 2	4 rating of 2 = 3%
76 ratings of 3 = 99%	115 rating of 3 = 97%
1 rating of 4 = 1%	0 rating of 4 = 0%

There was improvement in this area, with 99% of all pharmacies receiving a "3" rating.

The yes/ no questions indicate that while not all pharmacies have a formal reporting process for medication errors, most engage in a process of quality improvement when reviewing and dealing with errors.

7) Drug Inventory is maintained to ensure the safe dispensing of medications

2011	2010
Of 77 pharmacies there was:	Of the 119 pharmacies there was:
0 rating of 2 = 0%	2 ratings of 2 = 2%
77 ratings of 3 = 100%	117 ratings of 3 = 98%

This is an area where pharmacists did well again this year and do not need much improvement.

The yes/ no questions appear to support the fact that pharmacists are doing well in regards to inventory management. However, the safe and secure storage of vaccines is still a concern in pharmacies using bar fridges. Improvement needs to be seen in monitoring fridge temperatures twice daily when storing vaccines.

8) All prescriptions reviewed during PPR and all record keeping requirements are met to prevent prescription misuse, abuse and diversion

2011

2010

Of 77 pharmacies:

Of 119 pharmacies:

All received a rating of 3

All received a rating of 3

This is another area where pharmacists did well again this year and do not need much improvement.

All pharmacies are following the bylaw requirements; however there has been a large increase in the amount of forgeries so pharmacists are reminded to carefully review all prescriptions and to verify any information which appears to be incorrect or missing.

We have been working with our current process of measuring specific indicators to implement quality assessment and quality improvement at the Saskatchewan College of Pharmacists for over a year. We are very encouraged with the improvements we had seen in some of the areas. It is still our hope to establish education and guidance documents to assist pharmacists in those areas which require improvement.

In the next year we will be implementing a process to collect, tabulate and analyze some common indicators with Alberta and British Columbia. Our goal is to document those areas in which pharmacists across the provinces are doing well and evaluate the common areas of concern.

Legend

* Chairman

A = Advisory (Non-Voting)

O = Officers

P = Public Members

Council/Executive

Joan Bobyn O

Kim Borschowa O

Barry Lyons O

Lori Friesen

Sheldon Ryma

Christine Hrudka

Doug MacNeill

Spiro Kolitsas

Brad Cooper

Bill Gerla

David Hill

Ken Hutchinson P

Barbara DeHaan P

Kristen Schmidt A

Committees

Audit Committee

Joan Bobyn

Kim Borschowa

Barry Lyons

Bill Paterson

Paul Melnyk

Ray Joubert A

Awards and Honours

*Bill Paterson

Rod Amaya

Garry Guedo

Doug Spitzig

Garth Walls

Jeanne Eriksen A

Complaints

* Joan Bobyn

Debora Bakken-Voll

Bev Brooks

Stan Chow

George Furneaux

Darryl Leshko

Janet Markowski

Melanie McLeod

Barbara DeHaan P

Jeanne Eriksen A

Lori Postnikoff A

Discipline

*Bev Allen

Brad Cooper

Mike Davis

Christine Hrudka

Spiro Kolitsas

Debbie McCulloch

Randy Wiser

Ken Hutchinson P

Ray Joubert A

Professional Practice

*Garry Guedo

Debora Bakken-Voll

Stan Chow

Zack Dumont

Karen Jensen

Bonnie Meier

Janice Norfield

Betty Riddell

Bill Semchuk

Kimberley Sentes

Myla Wollbaum

Jeannette Sandiford A

Registration and Licensing Policies

*Mike Davis

Kimberly Smith

Margaret Wheaton

Jeanne Eriksen A

Pharmacy Coalition on Primary Care

*Derek Jorgenson

Ray Joubert

Darcy Lamb

Barry Lyons

Dawn Martin

Brenda Schuster

Yvonne Shevchuk

Myla Wollbaum

Appointees

CCCEP

Lisa Bagonluri

Council of Pharmacy Registrars of Canada (CPRC)

Ray Joubert

National Association of Pharmacy Regulatory Authorities (NAPRA)

Debbie McCulloch

Ray Joubert

Pharmacy Examining Board of Canada (PEBC)

Karen McDermaid

University of Regina Senate

George Furneaux

University of Saskatchewan Senate

Doug Spitzig

Staff

Registrar-Treasurer

Ray Joubert

Assistant Registrar

Jeanne Eriksen

Field Officers

Lori Postnikoff

Jeannette Sandiford

Administrative Assistants

Pat Guillemain

Ariel Hamel (began December, 2011)

Cheryl Klein (retired November, 2011)

Heather Neirinck

Dawn Brown (temporary position)

Audrey Solie

Andrea Wieler

MINUTES OF THE 100th ANNUAL GENERAL MEETING

Saturday, April 30, 2011
Hotel Saskatchewan Radisson Plaza,
Regina, Saskatchewan
9:30 – 10:30 a.m.
Chairman – Christine Hrudka

1.0 Welcome and Opening Remarks

Chairman Hrudka called the meeting to order and welcomed those members present to the 100th Annual General Meeting of the Saskatchewan College of Pharmacists.

2.0 Introduction of Councillors and Special Guests

Chairman Hrudka of Saskatoon introduced the Council members as follows: President-Elect, Joan Bobyn, Saskatoon; Vice-President Kim Borschowa of Radville; Past-President, Randy Wisser of Prince Albert; Council Members; Lori Friesen of Melfort, Doug MacNeill from Saskatoon; Brad Cooper of Estevan; Leah Butt of Leader and Barry Lyons of Saskatoon. Not in attendance, Spiro Kolitsas of Regina; Ex-Officio, David Hill of Saskatoon; Public Members, Barbara DeHaan, of Biggar and Ken Hutchinson of Fort Qu'Appelle. Kim Borschowa was elected for Division 1 and Spiro Kolitsas was elected for Division 5 by acclamation. Divisions 3 and 7 will be appointed by Council as authorized by the bylaws.

Ms. Hrudka extended a special thank you to Randy Wisser and Leah Butt for their years of commitment and dedication to the College, as they retire from Council. Ms. Hrudka also thanked Jenna Arnelien, Senior Stick, who represented the students over the past year. Kristen Schmidt will be the new senior stick for the upcoming year.

Special guests welcomed and introduced to the assembly was Brenda Schuster as SCP appointee to the Pharmacy Examining Board of Canada, Debbie McCulloch as SCP appointee to the National Association of Pharmacy Regulatory Authorities, Linda Suveges as SCP appointee to the Canadian Council on Continuing Education in Pharmacy.

3.0 Motion To Accept 2010 Minutes as Printed and Distributed

MOTION: B. Allen/G. Miller

THAT the Minutes of the 99th Annual General Meeting of Saskatchewan College of Pharmacists, held on Saturday, May 1, 2010 in Elk Ridge, be adopted as printed and distributed.

CARRIED

4.0 Business Arising from the Minutes

There was no business arising from the minutes.

5.0 Memorial to Deceased Members

Chairman Hrudka asked the assembly to rise for a moment of silent tribute to the following deceased members:

Joseph Campbell
Ted Carino
Carol J. Derksen (nee Listoe)
Edward (Ed) Oscar Eidsness
W. C. (Charlie) Elviss
Russell Flodstedt
Hazel Harder
Glen Edward Hartnett
John Hartnett
Ernest A. Hintz
Charles Vincent James
Victor Lenko
Wilfrid A. Lohrenz
Leonard Meek
Jean M. Murray (nee Low)
Elwood R. Salter
Gordon Sauder
Wilfred J. Totten
John C. Turnbull
Giti Kohansal Varjargah
Alfred Vinge

6.0 Reports

6.1 President's Annual Report

President-Elect Joan Bobyn assumed the chair, introduced President Hrudka and invited her to present the Annual Report.

President Hrudka referred members to her published report of the Annual Report, which summarizes the activities of the College and demonstrates how we monitor and evaluate performance according to the Ends policies.

President-Elect Bobyn invited questions from the floor arising from the President's report. There were no questions.

MOTION: R. Wisser/G. Furneaux

THAT the President's report be accepted as presented.

CARRIED

Chairman Hrudka resumed the Chair.

6.2 Registrar's Report

Chairman Hrudka invited the Registrar, Ray Joubert, to present his report. Mr. Joubert referred to his printed report beginning on page 7 of the Annual Report, which includes statistical information and projections.

Mr. Joubert invited questions from the floor arising from his published report. There were no questions.

MOTION: H. Just/Y. Shevchuck

THAT the Registrar's report be accepted as presented and published.

CARRIED

6.3 Auditor's Report

Chairman Hrudka invited Ray Joubert to present the Auditor's report and answer questions respecting the published Audited Financial Statements for the fiscal year ended December 31, 2010. He directed those assembled to the Auditor's report and audited financial statements for 2009-2010 published in the Annual Report.

MOTION: G. King/B. Allen

THAT the audited Financial Statement of the College for fiscal period ended December 31, 2010 and the audited financial statements of the Diamond Jubilee Scholarship Fund be accepted.

Member comments arising from the Auditor's Report:

- budget for continuing education seems low,
- inquired on the types of complaints received by the office,
- what strategies for addressing the deficit concerning complaints/discipline,
- operational costs regarding staffing and council.

6.4 Consideration of Annual Report as Printed and Distributed

Chairman Hrudka called for questions or comments on the Annual Report. There were no questions.

MOTION: J. Bradshaw/B. Gray

THAT the balance of the Annual Report be approved as printed and distributed.

CARRIED

Member comments arising from the budget:

- pleased with the review of strategies for reducing the deficit;
- what savings are we finding for the coming year;
- suggestions for creating a discipline cost fund where members contribute annually;
- will prescriptive authority increase discipline costs;
- concern that overload of work will increase in discipline;
- look at in house lawyer as CPSS do (we spend less than 1/2 a lawyers salary);
- suggestion that we look more closely at alternative dispute resolutions instead of discipline.

6.5 College of Pharmacy and Nutrition Report

Dean David Hill was unable to attend the Annual General Meeting therefore no report was presented.

7.0 New Business

There was no new business.

7.1 Members Emeriti

Registrar Joubert listed the confirmed Members Emeriti which will be recorded into the College's records:

Wilfred Augustus (Gus) Lee

8.0 Concluding Remarks

Chairman Hrudka thanked those present for attending and thanked members of all committees for their work.

9.0 Adjournment

Chairman Hrudka declared the Annual General Meeting adjourned.

Introduction

Faculty and staff have been working on several major initiatives, the first of which is a *Program Evaluation* of the Bachelor of Science in Pharmacy program, and the recent accreditation review of the program. The Canadian Council for the Accreditation of Pharmacy Programs conducted its *Site Visit Evaluation* on November 20-23, 2011. Drs. Linda Suveges, Dennis Gorecki and Derek Jorgenson co-chaired the Self-Assessment Committee, and valuable input was received by representatives from the study body, faculty and staff, community and hospital practitioners, in preparing both the self-assessment of the program, and participating in the site visit. Dr. Joan Bobyn served as SCP Observer on the site review team. The College will have the opportunity to respond to the accreditation report prior to the accreditation status being provided in June. Guided by the *Blueprint for Pharmacy*, we are also developing a position paper on the re-design of the Pharmacy program. All of the above have been done in the context of preparing the College's Strategic Plan 2012-2016, which was submitted to the University in October 2011. Our Plan stressed to the University the inadequacy of the College's operating budget as measured against peer programs in Canada.

University News

President Peter MacKinnon will be stepping down from his post in June 2012. President MacKinnon is widely lauded for the tremendous vision and leadership that he provided throughout his tenure. I represented the Deans on the University search committee for a new president and on December 19, the University announced that Dr. Ilene Busch-Vishniak will be joining the University from McMaster University where she is currently the Provost and Vice-President Academic. She will be joining the U of S on July 1, 2012.

The University is in the process of developing its *Third Integrated Plan* for the period 2012-2016, based on college and administrative unit plans, including our *College Strategic Plan*.

I am currently serving as Chair of the *Council of Health Science Deans*, which sets strategic direction and policy with respect to interprofessional curricula, research and service, with the aim of achieving the priority outcomes of the Academic Health Sciences project.

Undergraduate Programs

Eighty-six students received the BSP at the Spring 2011 Convocation, and 20 students the BSc (Nutrition). Applications to the Pharmacy program this year totaled 566. Enrolment in the BSP is 350, with 91 students in

Year 1, 84 in Year 2, 90 in Year 3 and 85 in Year 4; and in the Nutrition program 108, with 28 students in Year 1, 28 in Year 2, 31 in Year 3 and 21 in Year 4. Saskatchewan Pharmacy and Nutrition Students' Society (SPNSS) Co-Presidents Kaylyn Bassett and Andrea Oliphant, Pharmacy Senior Stick Kristen Schmidt, Senior Dietitians of Canada Liaison Carly Phinney and Council representatives welcomed the Classes of 2015 at *Orientation 2010*.

The 19th Annual SPNSS Pharmacy Professional Enhancement Day was held in October, at which time Janet Bradshaw presented on the Pharmasave School of Wellness program that was initiated in Saskatchewan. The annual *White Coat Ceremony* welcomed new Pharmacy students to the College and profession. Paul Melnyk gave the *Welcoming Address*, and leaders in our College and profession presented white coats to the students.

Graduate Studies and Research

Enrolment in the Pharmacy graduate program is 26 MSc, 13 PhD; and in Nutrition, 12 MSc students and 9 PhD – for a total of 60 students, our largest complement ever. We welcomed new students from Saskatchewan, Alberta, Brazil, China, Ghana, India, Iran, Saudia Arabia and Serbia. One MSc student in Pharmaceutical Sciences and two MSc students in Nutrition received their degrees in 2011.

As in past years, Pharmacy and Nutrition graduate students were recognized for their excellent work at the University's annual *Health & Life Sciences Research Day*. Erin Yakiwchuk, MSc student with Dr. David Blackburn, received the New Hospital Pharmacy Practitioner Award from the Canadian Society of Hospital Pharmacists. The award acknowledges new hospital pharmacy practitioners who exhibit promising leadership, dedication and commitment to practice excellence and professional growth. Our students continue to achieve success in their applications for College, University and national awards and scholarships.

Dr. Derek Jorgenson and colleagues are researching projects involving application of pharmacists' knowledge in primary care, maximizing patients' drug therapy effectiveness and tobacco control. An NSERC Discovery grant was awarded to Dr. Azita Haddadi for her research on engineering nanoparticles for site-specific drug delivery. Nutrition faculty, along with Pharmacy colleagues Drs. Adil Nazarali and Roy Dobson, are involved in a number of international projects. The College's *Drug Design and Discovery Research Group* recently received a Saskatchewan Health Research Foundation grant.

Faculty and Staff News

We are pleased to have with us Pharmacy term faculty Rhett Carbo and Jade Rosin; Sessional Lecturers Barry Lyons and Barry Ward; Ray Joubert and Lori Postnikoff contributing in Law and Ethics. Recruitment is underway for a faculty vacancy in pharmacy practice. The College recently recruited Gen Clark to the Research Facilitator position to assist in our goal of increasing research funding success. Bev Allen retired as SPEP Coordinator in August 2011 and Shauna Gerwing joined us as the new SPEP Coordinator.

Melanie Rozwadowski was our second recipient of a new *Provost's Award for Outstanding Teaching* to annually recognize an outstanding teacher and educational leader in each College. Jane Cassidy and Doreen Walker, Professional Practice Coordinators in Pharmacy and Nutrition, respectively, and colleagues from Clinical Psychology, Medicine, Nursing, Physical Therapy and Social Work, are proud recipients of the *Alan Blizzard Award* for their leadership in interprofessional education.

Dr. Susan Whiting received the U of S Award for Distinction in Outreach and Engagement at the Spring Convocation 2011 ceremony for her dedication to teaching and research and her personal commitment to partnering with communities in Saskatoon and beyond.

Dr. Kamal Midha received a *CPhA Honorary Life Membership* to mark his outstanding service to pharmacy and the profession.

Development and Alumni

Recruitment is underway for a *Chair in Rational Drug Design*, generously supported by GlaxoSmithKline Inc., Saskatchewan Health, SaskTel, the University and the College. Recruitment is also underway for a *Chair in Quality Improvement Science and Interprofessional Health Education* which includes investments from the U of S and the Saskatchewan Ministry of Health. We extend sincere thanks to industry representatives and practitioners for contributions to the annual *Golden Suppository Golf Classic*, which this year generated over \$30,000 to enhance College research activities.

The University's *Honoured Years Reunion* was held in June, at which time we welcomed back graduates from 1951, 1956, 1961, and 1971. The Class of 1986 had a successful 25-Year reunion.

Concluding Remarks

It is my pleasure to continue to get to know the SCP Executive, Council and individual members. On behalf of everyone at the College, our thanks to SCP for your outstanding support and input, and the generous contributions of time and expertise of the pharmacists of Saskatchewan.

This report is respectfully submitted,

David S. Hill, Ed.D., FCSHP
Professor and Dean

THE DIAMOND JUBILEE SCHOLARSHIP FUND

FINANCIAL STATEMENTS

December 31, 2011

Independent Auditor's Report

To the Trustees of **The Diamond Jubilee Scholarship Fund**

We have audited the accompanying financial statements of The Diamond Jubilee Scholarship Fund, which comprise the balance sheet as at December 31, 2011, and the statement of operations and change in net assets for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of The Diamond Jubilee Scholarship Fund as at December 31, 2011, and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Emphasis of Matter

We draw attention to Note 4 in the financial statements which describes the planned dissolution of The Diamond Jubilee Scholarship Fund in 2012. Our opinion is not qualified in respect of this matter.

Deloitte & Touche LLP, Chartered Accountants

April 27, 2012

Regina, Saskatchewan

THE DIAMOND JUBILEE SCHOLARSHIP FUND**Balance Sheet****As at December 31, 2011**

	<u>2011</u>	<u>2010</u>
ASSETS		
Investments (Note 5)	\$ 33,103	\$ 32,060
LIABILITIES		
Due to the Saskatchewan College of Pharmacists (Note 4)	\$ -	\$ 28,642
NET ASSETS		
Net assets	33,103	3,418
	\$ 33,103	\$ 32,060

THE DIAMOND JUBILEE SCHOLARSHIP FUND
Statement of Operations and Change in Net Assets
Year ended December 31, 2011

	<u>2011</u>	<u>2010</u>
REVENUE		
Realized and unrealized income on held for trading marketable securities	\$ 1,325	\$ 2,358
EXPENDITURES		
Scholarship	2,000	2,000
Management fees	281	264
Accounting	263	236
Audit	1,590	1,415
	4,134	3,915
Earnings before the following	(2,809)	(1,557)
Forgiveness of debt (Note 4)	32,494	-
Excess of revenues over expenditures	29,685	(1,557)
Net assets, beginning of year	3,418	4,975
Net assets, end of year	\$ 33,103	\$ 3,418

THE DIAMOND JUBILEE SCHOLARSHIP FUND

Notes to the Financial Statements

Year ended December 31, 2011

1. PURPOSE OF THE SCHOLARSHIP FUND

The Diamond Jubilee Scholarship Fund (the "Fund") is a single purpose fund with restrictions to pay scholarships and bursaries to qualified students at the College of Pharmacy and Nutrition at the University of Saskatchewan.

The Fund is registered as a Charitable Foundation with Canada Revenue Agency and is exempt from income tax.

2. SIGNIFICANT ACCOUNTING POLICIES

Use of estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the period. Actual results could differ from those estimates.

Financial instruments

Financial assets and financial liabilities are initially recognized at fair value and their subsequent measurement is dependent on their classification as described below. Their classification depends on the purpose for which the financial instruments were acquired or issued, their characteristics and the Fund's designation of such instruments.

Classification

Investments	Held-for-trading
Due to the Saskatchewan College of Pharmacists	Other Liabilities

Held-for-trading financial assets are non-derivative financial assets that are designated as held-for-trading. They are carried at fair value with unrealized gains and losses included in the statement of operations. Interest earned, interest accrued, gains and losses realized on disposal and unrealized gains and losses are included in realized and unrealized income held-for-trading marketable securities.

Other liabilities are recorded at amortized cost using the effective interest method.

Transaction costs are expensed as incurred.

Not-for-profit organizations may elect to adopt Sections 3862, "Financial Instruments - Disclosures," and 3863, "Financial Instruments — Presentation," or to continue applying Section 3861, "Financial Instruments — Disclosure and Presentation." The Fund has elected to not adopt Sections 3862 and 3863.

Fair value

The fair value of the investments is based on quoted market prices.

Interest rate risk

Interest rate risk refers to the adverse consequences of interest rate changes on Fund's cash flows, financial position and income. This risk arises from differences in the timing and amount of cash flows related to the Fund's financial assets and liabilities.

Statement of cash flows

A statement of cash flows has not been prepared, as it would provide no additional useful information to users.

3. FUTURE CHANGES IN ACCOUNTING STANDARDS

The Accounting Standards Board has approved a new framework for not-for-profit organizations that is based on existing Canadian Generally Accepted Accounting Principles and incorporates the 4400 series of standards which relate to situations unique to the not-for-profit world. The new standards are available as of December 31, 2011 as part III of the Canadian Institute of Chartered Accountants Handbook – Accounting and are effective for reporting periods beginning on or after January 1, 2012. Early adoption is permitted. The changes to the standards are not expected to have a significant impact on the Fund's current accounting policies.

4. DISSOLUTION OF THE FUND

These financial statements have been prepared in accordance with accounting principles that apply to an operating organization. Under the going concern assumption, an organization is viewed as being able to continue its operations in the foreseeable future and realize its assets and discharge its liabilities in the normal course of operations. The dissolution of the Fund does not affect the recognition or measurement of any items included in the Balance Sheet as at December 31, 2011 due to the nature of the remaining assets and liabilities held.

The Trustees of The Diamond Jubilee Scholarship Fund have resolved that it is in their best interests to cause the Trust to distribute its property and discharges any liabilities and take all such other acts and steps necessary to dissolve and conclude its activities. The Council of the Saskatchewan College of Pharmacists has decided to forgive any outstanding debt between the Fund and the College and all proceeds upon dissolution are to be paid to the Canadian Foundation for the Advancement of Pharmacy. The amount forgiven of \$32,494 has been recorded in the statement of operations for the year ended.

5. INVESTMENTS

Investments consist of pooled investments in short term and long term Canadian and International Bonds and Canadian, United States, and International Equities.

	<u>2011</u>	<u>2010</u>
	<u>Fair Value</u>	<u>Fair Value</u>
Fixed income pooled funds	\$ 21,769	\$ 19,897
Equities pooled funds	11,334	12,163
	<u>\$ 33,103</u>	<u>\$ 32,060</u>

Included in realized and unrealized income on held for trading marketable securities is \$90 (2010 - \$1,207) of unrealized gains.

6. CAPITAL MANAGEMENT

The Fund relies on income earned from investments to fund scholarships and bursaries as described in Note 1 to the financial statements. The Saskatchewan College of Pharmacists provides funding as required to maintain operations.

THE SASKATCHEWAN COLLEGE OF PHARMACISTS

FINANCIAL STATEMENTS

December 31, 2011

Independent Auditor's Report

To the Members of **The Saskatchewan College of Pharmacists**

We have audited the accompanying financial statements of The Saskatchewan College of Pharmacists, which comprise the balance sheet as at December 31, 2011, and the statements of operations and changes in fund balances and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of The Saskatchewan College of Pharmacists as at December 31, 2011, and its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche LLP, Chartered Accountants

April 27, 2012

Regina, Saskatchewan

THE SASKATCHEWAN COLLEGE OF PHARMACISTS

Balance Sheet

As at December 31

	2011			2010 Total
	Operating Fund	Asset Fund	Total	
CURRENT ASSETS				
Cash	\$ 5,255	\$ -	\$ 5,255	\$ 14,639
Marketable securities (Note 4)	1,561,774	79,060	1,640,834	1,258,121
Accounts receivable	17,021	-	17,021	35,895
Due from The Diamond Jubilee Scholarship Fund	-	-	-	28,642
Prepaid expenses	11,472	-	11,472	15,182
	1,595,522	79,060	1,674,582	1,352,479
CAPITAL ASSETS (Note 5)	-	205,666	205,666	216,785
INTANGIBLE ASSETS (Note 6)	-	84,277	84,277	-
	\$ 1,595,522	\$ 369,003	\$ 1,964,525	\$ 1,569,264
CURRENT LIABILITIES				
Accounts payable (Note 7)	\$ 147,648	\$ -	\$ 147,648	\$ 123,157
Demand loan (Note 8)	-	70,653	70,653	-
Due to The Centennial Scholarship Fund	3,525	-	3,525	-
Fees and licences collected in advance	1,220,865	-	1,220,865	938,604
Current portion of obligations under capital leases (Note 9)	-	21,861	21,861	20,149
	1,372,038	92,514	1,464,552	1,081,910
OBLIGATIONS UNDER CAPITAL LEASES (Note 9)	-	36,200	36,200	30,146
	1,372,038	128,714	1,500,752	1,112,056
FUND BALANCES				
Invested in capital and intangible assets	-	163,722	163,722	166,490
Externally restricted for building development	-	76,567	76,567	76,567
Internally restricted (Note 11)				
Training and Competency Program	267,399	-	267,399	267,399
Unrestricted (Note 11)	(43,915)	-	(43,915)	(53,248)
	223,484	240,289	463,773	457,208
	\$ 1,595,522	\$ 369,003	\$ 1,964,525	\$ 1,569,264

Commitments (Note 14)

Approved by Council

.....
Councillor

.....
Councillor

THE SASKATCHEWAN COLLEGE OF PHARMACISTS

Statement of Operations and Changes in Fund Balances

Year ended December 31

	Operating Fund 2011	Operating Fund 2010	Capital and Intangible Asset Fund 2011	Capital and Intangible Asset Fund 2010	Total 2011	Total 2010
REVENUES						
Fees and licences (Schedule 1)	\$ 1,772,572	\$ 1,447,624	\$ -	\$ -	\$ 1,772,572	\$ 1,447,624
Sundry (Schedule 2)	45,502	74,692	-	-	45,502	74,692
Realized and unrealized income on held for trading marketable securities (Note 4)	84,176	56,912	3,058	5,625	87,234	62,537
	1,902,250	1,579,228	3,058	5,625	1,905,308	1,584,853
EXPENSES						
Administration (Schedule 3)	1,274,446	1,188,021	-	-	1,274,446	1,188,021
Amortization	-	-	63,451	48,559	63,451	48,559
Bad debt expense	47,994	-	-	-	47,994	-
Continuing education	82,140	81,180	-	-	82,140	81,180
Council	80,018	66,031	-	-	80,018	66,031
Delegates	7,641	7,239	-	-	7,641	7,239
Interest	-	-	3,943	3,150	3,943	3,150
Legal and audit	102,071	192,443	-	-	102,071	192,443
Miscellaneous	3,473	10,143	-	-	3,473	10,143
Other committees	44,581	48,544	-	-	44,581	48,544
Public and professional relations	188,985	192,378	-	-	188,985	192,378
	1,831,349	1,785,979	67,394	51,709	1,898,743	1,837,688
Excess (deficiency) of revenues over expenses	70,901	(206,751)	(64,336)	(46,084)	6,565	(252,835)
Fund balance, beginning of year	214,151	454,082	243,057	255,961	457,208	710,043
Interfund transfers (Note 10)	(61,568)	(33,180)	61,568	33,180	-	-
FUND BALANCE, END OF YEAR	\$ 223,484	\$ 214,151	\$ 240,289	\$ 243,057	\$ 463,773	\$ 457,208

THE SASKATCHEWAN COLLEGE OF PHARMACISTS

Statement of Cash Flows

Year ended December 31

	2011	2010
CASH FLOWS FROM (USED IN)		
OPERATING ACTIVITIES		
Excess (deficiency) of revenues over expenses	\$ 6,565	\$ (252,835)
Items not affecting cash		
Amortization	63,451	48,559
Realized and unrealized gain on held for trading marketable securities	(50,384)	(6,024)
Loss on disposal of capital assets	-	1,803
Net change in non-cash working capital balances (Note 12)	361,503	113,588
	381,135	(94,909)
CASH FLOWS FROM (USED IN)		
FINANCING ACTIVITIES		
Proceeds from demand loan	88,987	-
Repayment of demand loan	(18,334)	-
	70,653	-
CASH FLOWS FROM (USED IN)		
INVESTING ACTIVITIES		
Capital asset purchases	(6,371)	(2,529)
Intangible asset purchases	(99,150)	-
Purchase of marketable securities	(1,752,593)	(1,169,521)
Redemption of marketable securities	1,420,264	1,291,999
Capital lease principal payments	(23,322)	(29,929)
	(461,172)	90,020
DECREASE IN CASH DURING THE YEAR	(9,384)	(4,889)
CASH, BEGINNING OF YEAR	14,639	19,528
CASH, END OF YEAR	\$ 5,255	\$ 14,639
Supplementary Information:		
Interest paid	\$ 3,943	\$ 3,150

THE SASKATCHEWAN COLLEGE OF PHARMACISTS

Notes to the Financial Statements

Year ended December 31, 2011

1. PURPOSE OF THE COLLEGE

The Saskatchewan College of Pharmacists (the "College") is the statutory governing and self-regulating body for the pharmacy profession in Saskatchewan. It is incorporated under the Pharmacy Act as a not-for-profit organization and is exempt from income tax under Section 149 of the Income Tax Act.

2. SIGNIFICANT ACCOUNTING POLICIES

Fund accounting

The College follows the restricted fund method of accounting for contributions. The accounts of the College are maintained in accordance with the principles of fund accounting in order that limitations and restrictions placed on the use of available resources are observed. Under fund accounting, resources are classified for accounting and reporting purposes into funds with activities or objectives specified. For financial reporting purposes, the accounts have been classified into the following funds:

a) *Operating Fund*

The Operating Fund consists of the general operations of the College.

b) *Capital and Intangible Asset Fund*

The Capital and Intangible Asset Fund has been established for the purpose of funding capital acquisitions and is an accumulation of direct contributions and that portion of the operating fund, which has been allocated to the fund at the discretion of the College's Council. The fund is increased by interest income earned on the investment of contributions and is reduced by amortization and interest on related lease obligations.

Use of estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the period. Actual results could differ from those estimates.

Cash

Cash consists of cash on hand and balances with banks.

Revenue recognition

Fees are recorded as revenue over the applicable membership period or when services are performed, measurable, and collectability is assured. Fees and licenses received in advance are recorded as fees and licenses collected in advance and recognized into revenue during the appropriate period.

Fees and licenses collected in advance at December 31, 2011 relate to the membership year July 1, 2011 through June 30, 2012 and to the permit year December 1, 2011 through November 30, 2012.

Financial instruments

Financial assets and financial liabilities are initially recognized at fair value and their subsequent measurement is dependent on their classification as described below. Their classification depends on the purpose for which the financial instruments were acquired or issued, their characteristics and the College's designation of such instruments.

Classification

Cash	Held-for-trading
Marketable securities	Held-for-trading
Accounts receivable	Loans and receivables
Due from The Diamond Jubilee Scholarship Fund	Loans and receivables
Due to The Centennial Scholarship Fund	Other liabilities
Accounts payable	Other liabilities
Demand loan	Loans and receivables

Held-for-trading financial assets are non-derivative financial assets that are designated as held-for-trading. They are carried at fair value with unrealized gains and losses included in the statement of operations. Interest earned, interest accrued, gains and losses realized on disposal and unrealized gains and losses are included in realized and unrealized income.

Loans and receivables and other liabilities are recorded at amortized cost using the effective interest method. Carrying value for accounts receivable and accounts payable approximates fair value due to the short term nature of these instruments. The fair value of the demand loan payable approximates the carrying value as the contracted interest rates are similar to current rates.

Transaction costs are expensed as incurred.

Not-for-profit organizations may elect to adopt Sections 3862, "Financial Instruments - Disclosures," and 3863, "Financial Instruments — Presentation," or to continue applying Section 3861, "Financial Instruments — Disclosure and Presentation." The College has elected to not adopt Sections 3862 and 3863.

Capital assets

Capital assets are recorded at cost. When capital assets are sold or retired, the related costs and accumulated amortization are removed from the respective accounts and any gain or loss is reflected in the statement of operations and changes in fund balances. Expenditures for repairs and maintenance are charged to operations as incurred.

Capital assets are amortized over their estimated useful lives using the following methods and rates:

Building	straight line over 30 years
Equipment	33% declining balance
Equipment under capital lease	straight line over 3 to 4 years
Furniture and fixtures	20% declining balance

Intangible assets

Intangible assets are accounted for at cost. Amortization is based on their estimated useful using the straight line method over the following period:

Software	5 years
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Asset impairment

The College reviews the carrying amounts of its capital and intangible assets annually, to determine whether there is any indication that those assets have suffered an impairment loss. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss.

3. FUTURE CHANGES IN ACCOUNTING STANDARDS

The Accounting Standards Board ("AcSB") has approved a new framework for not-for-profit organizations that is based on existing Canadian Generally Accepted Accounting Principles and incorporates the 4400 series of standards which relate to situations unique to the not-for-profit world. The new standards are available as of December

31, 2010 as part III of the Canadian Institute of Chartered Accountants (“CICA”) Handbook – Accounting and are effective for reporting periods beginning on or after January 1, 2012. Early adoption is permitted. The changes to the standards are not expected to have a significant impact on the College’s current accounting policies.

4. MARKETABLE SECURITIES

Marketable securities consist of guaranteed investments and pooled investments in short term and long term money market investments, Canadian and International Bonds, and Canadian, US and International Equities. The fair values which represent the carrying values are as follows:

Operating Fund	2011	2010
	Fair Value	Fair Value
Cash equivalents	\$ 79,274	\$ 68,810
Fixed income	1,482,500	1,112,744
	\$ 1,561,774	\$ 1,181,554

Capital and Intangible Asset Fund	2011	2010
	Fair Value	Fair Value
Fixed income	51,990	47,519
Equities	27,070	29,048
	\$ 79,060	\$ 76,567

Total	2011	2010
	Fair Value	Fair Value
Cash equivalents	\$ 79,274	\$ 68,810
Fixed income	1,534,490	1,160,263
Equities	27,070	29,048
	\$ 1,640,834	\$ 1,258,121

Included in realized and unrealized gains on held-for-trading marketable securities is \$27,394 (2010 - \$6,024) of unrealized gains.

5. CAPITAL ASSETS

	2011		2010	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Land	\$ 15,000	\$ -	\$ 15,000	\$ -
Building	336,039	217,804	336,039	206,603
Equipment	220,788	212,266	220,376	208,068
Equipment under capital lease	201,811	142,670	233,586	182,934
Furniture and fixtures	86,587	81,819	80,627	71,238
	860,225	654,559	885,628	668,843
Accumulated amortization	654,559		668,843	
Net book value	\$ 205,666		\$ 216,785	

6. INTANGIBLE ASSETS

	2011		2010	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Software	\$ 99,150	\$ 14,873	-	-
	\$ 99,150	\$ 14,873	-	-
Accumulated amortization	\$ 14,873		-	
Net book value	\$ 84,277		-	

7. ACCOUNTS PAYABLE

	2011	2010
Trade	\$ 122,984	\$ 99,864
Funds held in trust	24,664	23,293
	\$ 147,648	\$ 123,157

Funds held in trust are held on behalf of the Integrated Primary Health Care Working Group ("IPHCWG"). The College is responsible to ensure all funds are expended exclusively on primary health services workshops and education. Any unused funds may remain with the College for use by the IPHCWG and documentation regarding the actual costs will be submitted to Saskatchewan Health upon request.

8. DEMAND LOAN

The demand loan is secured by a general security agreement and a \$175,000 investment property pledge on the College's GIC and investment accounts. The demand loan matures on April 1, 2013, when it becomes due on demand, and has a variable interest rate of Prime plus 1.50% with a principal payment of \$4,583.

	2011	2010
Demand loan	\$ 70,653	\$ -

Principal payments over the next two years are as follows:

2012	\$ 55,000
2013	15,653

9. OBLIGATIONS UNDER CAPITAL LEASES

The following is a schedule of future minimum lease payments under capital leases:

2012	\$ 24,181
2013	22,493
2014	10,913
2015	4,529
	62,116
Less amount representing interest	(4,055)
	58,061
Less current portion	(21,861)
	\$ 36,200

10. INTERFUND TRANSFERS

Amounts transferred from the Operating Fund of \$61,568 (2010 - \$33,180) to the Capital and Intangible Asset Fund were made in order to fund the cash outlays for capital and intangible asset acquisitions and the obligations under capital leases.

11. OPERATING FUND

<u>2011</u>	<u>Unrestricted</u>	<u>Training and Competency Program</u>	<u>2011 Total</u>
Balance beginning of year	\$ (53,248)	\$ 267,399	\$ 214,151
Excess of revenues over expenses	70,901	-	70,901
Transfers to Capital and Intangible Asset Fund (Note 10)	(61,568)	-	(61,568)
Balance end of year	\$ (43,915)	\$ 267,399	\$ 223,484

<u>2010</u>	<u>Unrestricted</u>	<u>Training and Competency Program</u>	<u>2010 Total</u>
Balance beginning of year	\$ 186,683	\$ 267,399	\$ 454,082
Deficiency of revenues over expenses	(206,751)	-	(206,751)
Transfers to Capital Asset Fund (Note 10)	(33,180)	-	(33,180)
Balance end of year	\$ (53,248)	\$ 267,399	\$ 214,151

Funds relating to the Training and Competency Program have been internally restricted for the purpose of supporting student practical training assistance and investment in a competency assessment initiative or competency assurance program.

12. NET CHANGE IN NON-CASH WORKING CAPITAL BALANCES

	<u>2011</u>	<u>2010</u>
DECREASE (INCREASE) IN ASSETS		
Accounts receivable	\$ 18,874	\$ (25,733)
Due from The Diamond Jubilee Scholarship Fund	28,642	(3,652)
Prepaid expenses	3,710	(2,943)
INCREASE IN LIABILITIES		
Accounts payable	24,491	8,542
Due to the Centennial Scholarship Fund	3,525	-
Fees and licences collected in advance	282,261	137,374
	\$ 361,503	\$ 113,588

13. CAPITAL MANAGEMENT

The College relies mainly on revenue generated from membership fees and licenses collected in advance to finance its operations. The funds available are allocated to various projects and initiatives based on the College's mandate and the priorities identified by the Council.

14. COMMITMENTS

The College is committed under an operating agreement relating to system support as long as the system remains in operation or until the contract is terminated. The aggregate commitment due in 2012 is \$11,700.

15. FINANCIAL INSTRUMENTS

Significant Terms and Conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows.

Significant terms and conditions for the other financial instruments are disclosed separately in those financial statements.

Credit risk

The College's principal financial assets are cash, marketable securities and accounts receivable, which are subject to credit risk. The carrying amounts of financial assets on the balance sheet represent the College's maximum credit exposure at the balance sheet date.

The College's credit risk is primarily attributable to its trade receivables. The amounts disclosed in the balance sheet are net of allowance for doubtful accounts, estimated by the management of the College based on previous experience and its assessment of the current economic environment. The College does not have significant exposure to any individual customer. The College has had to write off any amounts due from the Diamond Jubilee Scholarship Fund in the current year due to plans for the Fund to be wound up in 2012. The credit risk on cash and marketable securities is limited because the counterparties are chartered banks with high credit ratings assigned by national credit-rating agencies and fixed term investments of a high credit quality. The College also limits its exposure by ensuring that it has invested in a diversified portfolio and that there is no large exposure to any one issuer.

Market risk

The market risk associated with marketable securities is minimized substantially by ensuring that the majority of these assets are invested in guaranteed investment certificates, money market funds, bond funds, and bonds. The rates of these investments are fixed at rates similar to market interest rates. The College's investment in equities is less than 2% of the entire portfolio.

Interest risk

The College is exposed to interest rate risk on its floating interest rate financial instruments. Floating rate instruments subject the College to a cash flow risk.

THE SASKATCHEWAN COLLEGE OF PHARMACISTS

Schedule of Fees and Licences - Schedule 1

Year Ended December 31, 2011

	<u>2011</u>	<u>2010</u>
Amendments	\$ 12,750	\$ 23,050
Non-practising members	55,511	48,701
Other fees	35,401	27,010
Pharmacy (Permits)	504,508	388,719
Practising members (Licences)	1,140,911	921,059
Registration	23,491	39,085
	<u>\$ 1,772,572</u>	<u>\$ 1,447,624</u>

THE SASKATCHEWAN COLLEGE OF PHARMACISTS

Schedule of Sundry Revenue - Schedule 2

Year Ended December 31, 2011

	<u>2011</u>	<u>2010</u>
Expense recoveries	\$ 7,596	\$ 3,563
Mailing subscription	-	2,250
Narcotic signature letter	-	2,800
Newsletter advertisements	(450)	2,385
Other	9,727	10,694
Recovery of discipline costs	28,629	53,000
	<u>\$ 45,502</u>	<u>\$ 74,692</u>

THE SASKATCHEWAN COLLEGE OF PHARMACISTS

Schedule of Administrative Expenditures - Schedule 3

Year Ended December 31, 2011

	<u>2011</u>	<u>2010</u>
Accounting	\$ 15,698	\$ 14,648
Automobile	5,276	4,925
Building operations	43,611	28,128
Employee benefits	78,530	77,031
Equipment rental and maintenance	143,707	147,514
General office	94,602	86,669
Postage	10,333	18,789
Printing and stationery	7,736	16,255
Registrar and inspector	88,186	93,169
Salaries	767,140	684,384
Telephone and fax	19,627	16,509
	<u>\$ 1,274,446</u>	<u>\$ 1,188,021</u>



SASKATCHEWAN
COLLEGE OF
PHARMACISTS

700—4010 PASQUA STREET
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P R E S I D E N T

J o a n B o b y n

R E G I S T R A R - T R E A S U R E R

R a y J o u b e r t

100th ANNIVERSARY
1911—2011
SASKATCHEWAN COLLEGE OF PHARMACISTS