



SASKATCHEWAN
COLLEGE OF
PHARMACISTS



A N N U A L R E P O R T 2 0 1 2





MISSION & ENDS

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

VISION

Quality Pharmacy Care in Saskatchewan.

VALUES

Visionary Leadership, Professionalism, “Patient First” care, Accountability, Effective Communications, Collaboration, Education.



THE MISSION INCLUDES THE END 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

KEY ACTION AREAS

- Increased Public Involvement
- Organizational Structure Review
- Practice Re-design and Regulatory Reform
- Citizenship in the Saskatchewan College of Pharmacists (SCP)

102ND ANNUAL GENERAL MEETING

AGENDA

May 4th, 2013 10:30 a.m.
Elk Ridge Resort
Waskesiu, SK
President: Kim Borschowa
Registrar: Ray Joubert

- 1.0 President's Welcome
- 2.0 Introduction of Councillors and Special Guests
- 3.0 Motion to Accept 2012 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

During my inaugural address I reflected on our key action areas and pledged “Thirty years from now, if someone was to review this document, I want each of these issues to be a thing of the past”. I am pleased to report that 2012 is a year in which we made meaningful progress. This was the first year of a new strategic plan. Examples under each key action area of our new plan include:

INCREASED PUBLIC INVOLVEMENT

(to improve communications and public engagement in our decision making)

- Public friendly sections in our website are under development;
- Planned for outsourcing a communications and public relations consultant; and
- Engaging patients in minor ailments prescribing research.

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)

- Planning to add technicians to Council initially as observers;
- Streamlining complaints management with introducing various alternative dispute resolution methods; and
- Began an internal governance and organizational review.

PRACTICE RE-DESIGN AND REGULATORY REFORM

(practice re-design to focus on quality so that pharmacy practice effectively meets public needs [the re-design trends are intended to be positive] and regulatory reform to ensure that our governing legislation, standards and policies are contemporary and support the profession)

- Approved a package of amendments to *The Pharmacy Act, 1996* for submission to the Ministry of Health. These include regulation of pharmacy technicians and authorizing pharmacists to administer drugs by injection and other routes and to assess, order, interpret and conduct medical laboratory tests;
- Reviewing mandatory PIP access and actively involved in planning for PIP CeRx integration with pharmacy systems;



KIM BORSCHOWA
PRESIDENT

- Professional Practice Committee is reviewing workflow and practice redesign issues and has recommended mandatory private patient assessment areas. Next steps include developing implementation plans; and
- Actively engaged in primary health care re-design.

CITIZENSHIP IN SCP

(to have a more engaged membership)

- Web site functionality to more actively engage members is under development;
- E-mail communications almost fully implemented;
- Reinstated district meetings by partnering with the Pharmacists' Association of Saskatchewan regional attendance type, telehealth and webinar regional meetings; and
- Plans are underway to revitalize member engagement in committees.

Other highlights during the year include:

- Added four conditions to minor ailments prescribing;
- Approved a bylaw allowing limits under prescriptive authority to be waived or amended upon authorization from the prescriber;
- Council placed a moratorium on mandatory PIP usage pending the resolution of issues concerning the integration of pharmacy systems with PIP;
- The Discipline Committee convened a record number of hearings;
- Undertook and published the results of a survey to determine the impact of pharmacy technician regulation;
- Approved bylaws making prescriptive authority training a licence requirement;
- Approved bylaws requiring each pharmacy to have a trained privacy officer, and facilitated training sessions;
- Reviewed and commented on federal regulatory proposals to authorize others such as Nurse Practitioners to prescribe Controlled Substances, and to modify patient access to medical marijuana;



- Along with the Registrar and representatives from the Pharmacists' Association of Saskatchewan (PAS) and the Canadian Society of Hospital Pharmacists (CSHP) (Saskatchewan Branch) met with the Honorable Dustin Duncan, Minister of Health;
- Reviewed the key messages arising from primary health care re-design initiatives of the Ministry of Health;
- Agreed with the Pharmacist Practice Change Working Group proceeding with developing indicators to measure the effectiveness of pharmacists' role in primary health care;
- Attended a Ministry of Health sponsored session to update stakeholders on health system planning;
- Reviewed the Ministry and health system planning initiatives and began strategizing on the impact upon and role of SCP;
- Co-sponsored the Inter D5 Joint Conference with the College of Physicians and Surgeons of Saskatchewan and the Saskatchewan Registered Nurses' Association; and
- Within our tri-province agreement, met with our colleagues from the Alberta College of Pharmacists and the College of Pharmacists of British Columbia to discuss topics of mutual interest.

Planning will continue in 2013 to progress on our 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 continued our Ends priorities and the 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 anticipates opportunities to cover some catastrophic costs and replenish reserves.

We welcomed Justin Kosar elected from Division 8 to fill the vacancy created by Barry Lyons being elected President-elect. Amanda Stevens replaced Kristen Schmidt as student observer.

PUBLIC POLICY SUPPORTING HEALTH

With the proclamation of the new legislation eliminating tobacco from pharmacies or from premises that include a pharmacy no further accomplishments arose.

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, the Pharmacist Practice Change Working Group 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 and Discipline Committees were very active during the year and more information can be found in the Registrar's report.



A SELF-REGULATED PROFESSION

We partnered with PAS in their regional meetings to reach members on important regulatory issues.

We conferred our sixth group of Members Emeriti at our annual general meeting. The development of a Fellows program has stalled due to other priorities.

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 other partners in the Prescription Review Program (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; and
- Continuing Education Roles and Responsibilities

Other highlights of 2012 include:

- Hosted the annual Convocation Luncheon to welcome the Pharmacy Class of 2012 into the profession;
- SCP was represented 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 Canadian Society of Hospital Pharmacists (CSHP) (Saskatchewan Branch);
- 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 Program at SIAST;
- Continued as a member of the National Association of Pharmacy Regulatory Authorities (NAPRA);
- Represented SCP at the Canadian Pharmacists' Association (CPhA) Centennial Conference in Whistler; and
- Continued to be a partner organization in and a founding member of the "Saskatchewan Institute of Health Leadership".

As this is a summary of our successes during a very busy year, further details can be found in newsletters and other publications at www.saskpharm.ca. 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,



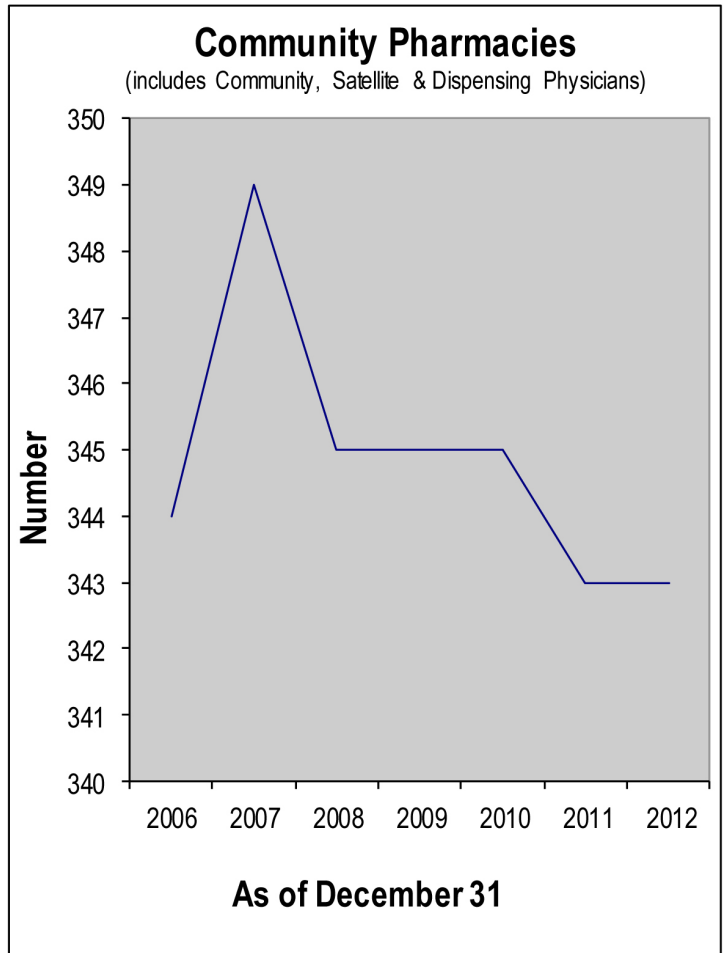
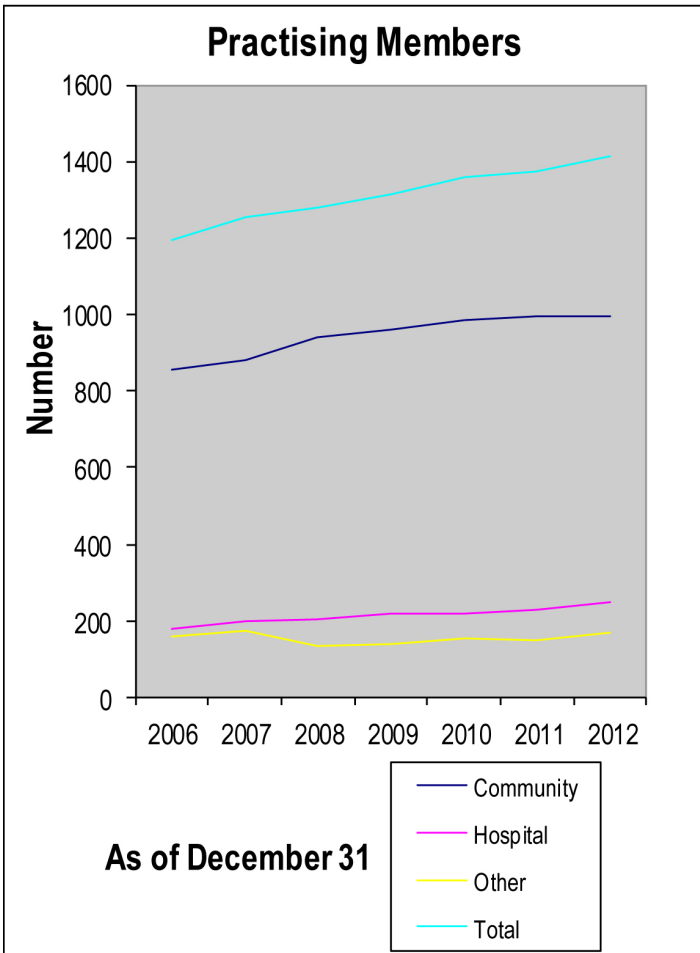
Kim Borschowa, President

REPORT OF THE REGISTRAR-TREASURER

President Borschowa and members of the College: I am pleased to present my twenty-eighth report as Registrar-Treasurer. This report describes how the office contributes towards achieving the College’s Vision, Mission, Ends and strategic direction established by Council. 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. Statistics for 2012 compared to prior years can be found in Appendix A. Key trends are shown in the following charts:

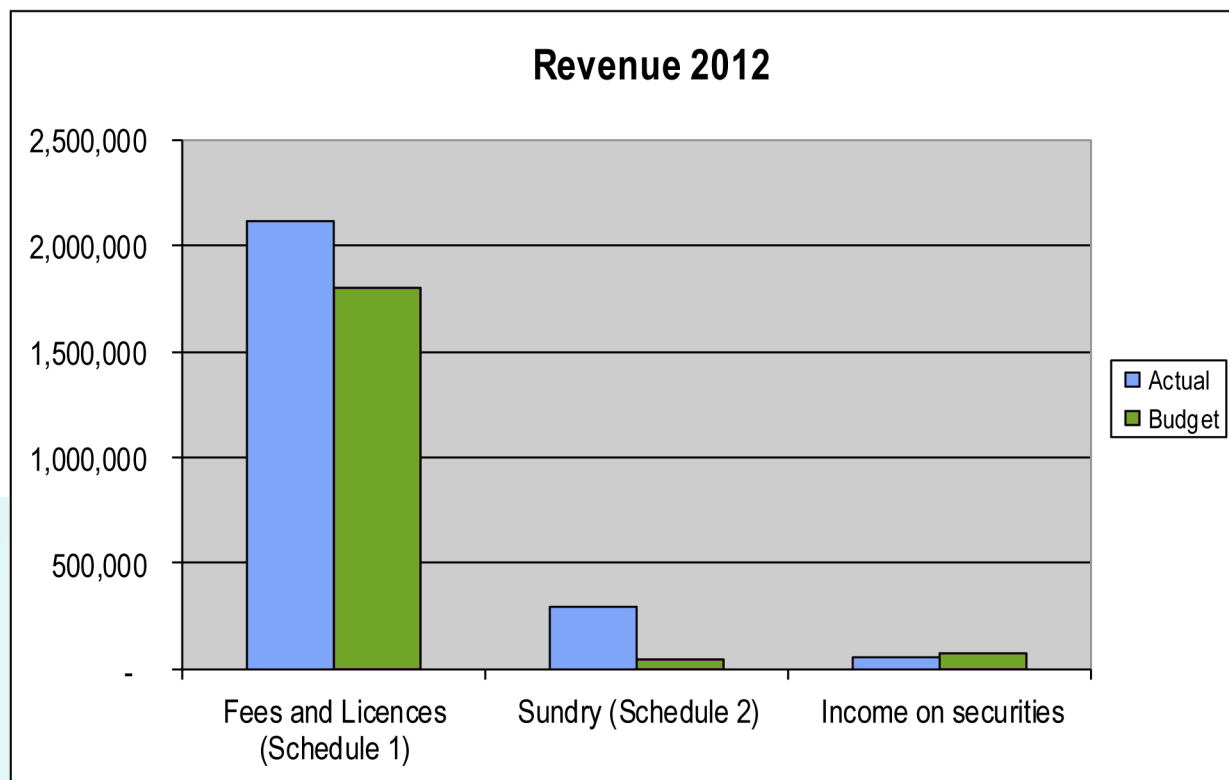


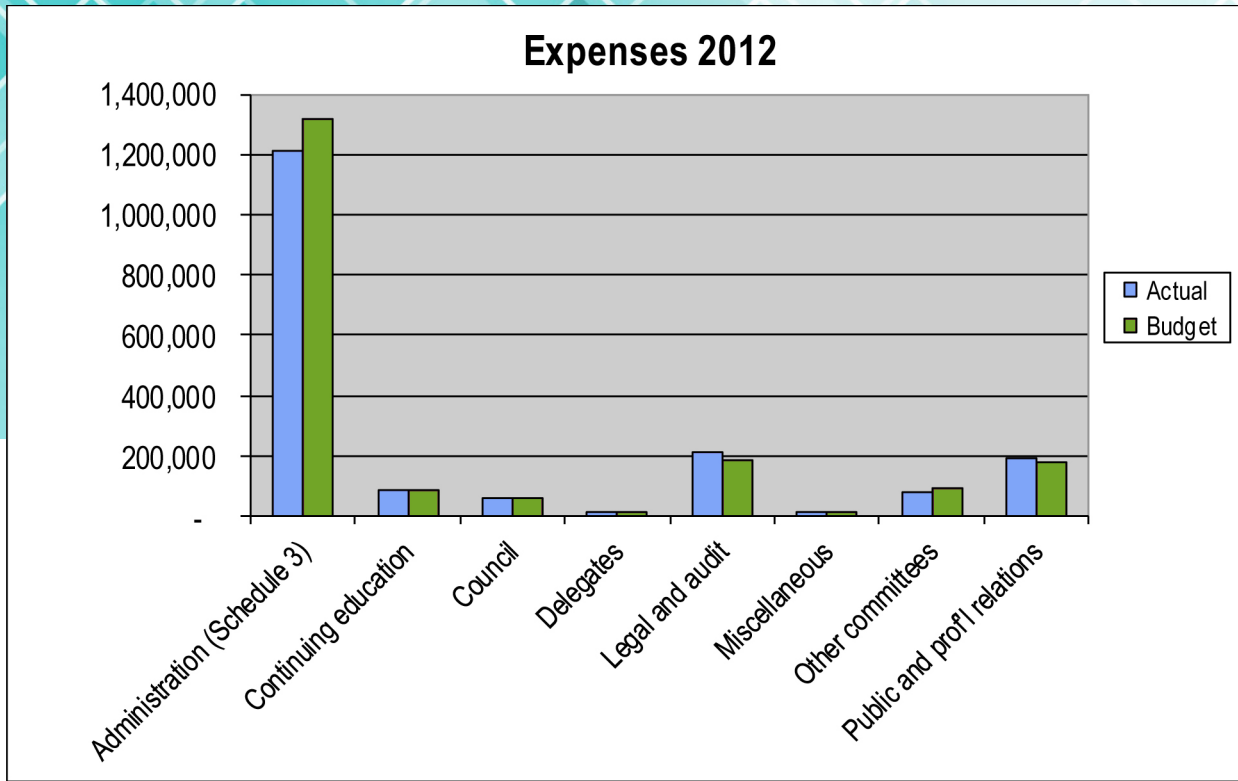
The growth in Practising members is within the high range of the trends over the last five years. Whether this is sustainable is uncertain given the impact of pharmacy economics and the provincial economy. Similarly, whether the netting of pharmacy openings and closures resulting in no gain is the beginning of a trend is difficult to predict. Many factors contribute to fluctuations in membership but appear to be due to normal attrition plus stable numbers of new registrations from University of Saskatchewan graduates, those from other provinces plus increasing numbers of International Pharmacy Graduates (IPGs). The number of IPG inquiries is high while the number of actual registrants is disproportionately low. We are actively monitoring trends to determine appropriate strategies.

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.

FINANCIAL

Please refer to the audited draft 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 the budget. The following graphs summarize our performance:

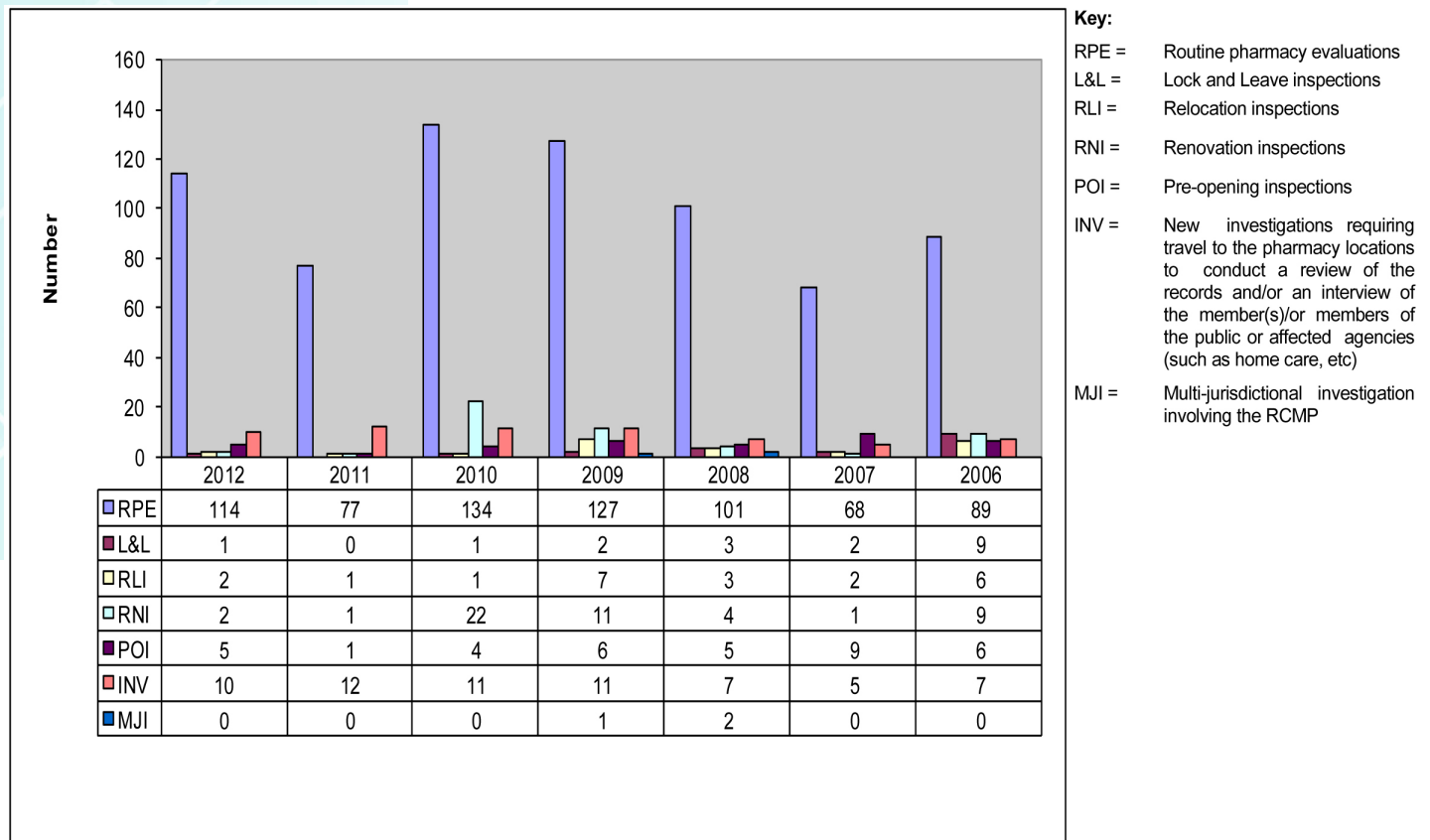




Our financial performance improved significantly over 2011 and budgeted for 2012. Significant contributing factors were growth in membership and pharmacy permit revenue plus costs and fines collected from successful conclusion of an unprecedented number of disciplinary hearings. Also, reduced operating, administration and building operating costs contributed to the operating surplus of \$610,242. Our plan is to use these funds to continue replenishing our operating reserve (target is 50% of administration costs) and establishing a catastrophic reserve for discipline costs (target minimum \$120,000). A final decision of Council is pending.

FIELD OPERATIONS

Pharmacy & Professional Practice Reviews continue to be divided between Jeannette Sandiford in southern Saskatchewan and Lori Postnikoff in northern Saskatchewan. Regular activities are summarized as follows:



Pre-opening, Relocation and Lock & Leave Inspections:

- Each of these types of pharmacy visits required a check-list review. If some aspects were incomplete, follow up was required, often including formal “undertaking” agreements. Not all pharmacy renovations are reviewed at the time of the renovation. An undertaking agreement is signed by the pharmacy manager once the floor plan and other changes have been approved. Changes to the pharmacy (renovations) are reviewed at the next regular pharmacy visit.

Pharmacy Practice Reviews:

- The goal of the Field Officers is to visit each pharmacy once every three years. In 2012 we visited pharmacies which had last been visited in 2008/09 (Regina, southeast and Saskatoon).

- In the fall of 2009 SCP adopted the new NAPRA Model Standards of Practice, March 2009. The Field Operations staff continues to modify and review the practice review process based upon the Standards and safety information from the Institute for Safe Medication Practices (ISMP). These resources help to ensure pharmacists are able to make quality improvements to facilitate the best possible medication management for their patients.

- The practice review consists of a series of questions which answer the indicator statements. Each indicator is rated on a scale of 1 to 4, with ratings of 1 and 2 needing work plans and quality improvement reviews by the pharmacists.

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	2012	2011	2010	
Number of Pharmacies	114	77	119	
Indicator	Rating	%	%	%
1) Information gathering and documentation	1	0	0	1
	2	72	68	81
	3	28	32	18
	4	0	0	0
2) Patient information utilization	1	0	0	1
	2	12	1	5
	3	88	99	94
	4	0	0	0
3) Medication therapy through patient education	1	0	0	0
	2	3	3	5
	3	97	97	95
	4	0	0	0
4) Access and use information sources <i>(discontinued 2012)</i>	1	n/a	0	0
	2	n/a	10	5
	3	n/a	90	95
	4	n/a	0	0
5) Prescribing in best interest of patient <i>(new 2012)</i>	1	0	n/a	n/a
	2	0	n/a	n/a
	3	97	n/a	n/a
	4	3	n/a	n/a
6) Prescribing according to bylaws <i>(new 2012)</i>	1	0	n/a	n/a
	2	5	n/a	n/a
	3	87	n/a	n/a
	4	8	n/a	n/a
7) Effective use of personnel	1	0	0	1
	2	0	6	2
	3	100	94	97
	4	0	0	0
8) Formal system for medication incidents	1	0	0	0
	2	4	0	3
	3	96	99	97
	4	0	1	0
9) Safe drug inventory maintenance	1	0	0	0
	2	2	0	2
	3	98	100	98
	4	0	0	0
10) Prescription and record keeping review	1	0	0	0
	2	0	0	0
	3	100	100	100
	4	0	0	0

10

The Indicator statements have been modified somewhat from January 2012 to December 2012. The following statements were used in the review process during this period:

1 Pharmacists are obtaining and documenting all relevant patient information in order to be able to provide the most appropriate and best possible medication therapy for the patient.

2 Based on gathered and documented patient information, the pharmacists are assessing the medication therapy, identifying and resolving drug related problems, documenting care provided and providing the best possible medication therapy for the patient.

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

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

5 Pharmacists are prescribing when in the best interest of the patient to do so (new).

6 Pharmacists are prescribing in accordance with the SCP bylaws (new).

7 Pharmacy personnel are being used effectively and support safe medication practices within the optimal workflow.

8 There is a formal system in place in the pharmacy that identifies and resolves all issues involving medication errors, near misses and unsafe practices. All pharmacy staff are aware of the applicable policies and procedures.

9 Drug Inventory is being maintained to ensure the safe dispensing of medications.

10 All prescriptions reviewed during PPR and all record keeping requirements are being met to prevent prescription misuse, abuse and diversion.



Summary of Professional Practice Review Results

As the table on the previous page indicates, ratings are somewhat consistent over the three years of data collection. We remain concerned with indicator #1 where we observe that documentation of care still requires improvement. This will require closer examination of causative factors and remedial strategies such as education.

Indicator #8 creates an opportunity to align with health system planning. One of three major goals for the entire system is a culture of safe patients and workplaces. During 2012 we began planning to leverage these results to promote medication safety and safe medication practices. Formal announcements with further details are expected in 2013.

More detail on the results of our professional practice reviews can be found in Appendix C.

Other Field Operation activities include:

- Both Jeannette Sandiford and Lori Postnikoff participated in committees, council meetings, conferences and convocation ceremonies. They actively participate in the yearly Canadian Pharmacy Inspectors Symposium.

- As part of her duties, 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. Jeannette also serves on the Pharmacists' Association of Saskatchewan's (PAS) Professional Practice Committee.

- Lori Postnikoff continues to support the Complaints Committee as the investigator. Lori assists with Complaints requiring interviews or visits and acts as a resource for the Committee. Lori also sits on the College of Physicians and Surgeons of Saskatchewan Opioid Advisory Committee, as well as teaching federal law to U of S pharmacy students.

Our field officers extend their sincerest appreciation and thanks to all of the Saskatchewan pharmacists for their cooperation, who continue to make their job so interesting and enjoyable.

COMPLAINTS

The disposition of the complaints files is summarized as follows:

COMPLAINTS SUMMARY							
	b/f 2011	Jan	March	June	Sept	Dec	Total 2012
# of New Complaint Files		15	13	15	11	6	60
# of Complaint Files Closed		5	9	15	15	5	49
# of Complaint Files Referred to Discipline		0	0	**1	2	7	10
# of Complaint Files Referred to Alternative Dispute Resolution Process		0	0	0	0	2	2
# of Complaint Files Open for Investigation	11	21	25	24	18	10	10
Professional Incompetence							
Alcohol/Drug Abuse							
Medication Errors		11	5	7	3	1	27
Prescription Transfers				1			1
Inappropriate Product Selection							
Miscellaneous/Other				5			5
Professional Misconduct							
Bylaws/Standards/Guideline Infractions							
Communication/Unprofessional Behaviour		3	5	1	3	1	13
Record Keeping						1	1
Unsupervised Assistant							
Prescription Short Fills		1					1
Pharmacist Not on Duty							
Dispensing Without Authority						1	1
Breach of Confidentiality/Privacy			1	1	4		6
Miscellaneous/Other			1		1		2
Proprietary Misconduct							
Advertising							
			1				1
Bylaws/Standards/Guideline Infractions							
Billing Irregularities/Overcharging		1	2			1	4
Miscellaneous/Other							
TOTAL ALLEGATIONS		*16	*15	15	11	6	63

*more than one allegation in one file

**received new information and file now closed

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

TYPE OF COMPLAINT								
	2005	2006	2007	2008	2009	2010	2011	2012
Advertising	0	0	1	0	0	0	0	1
Alcohol/Drug Abuse	0	0	0	0	0	0	0	0
Communication/Unprofessional Behavior	5	0	4	7	8	19	11	12
Medication Error	7	6	6	11	12	9	5	27
Record Keeping	0	0	0	0	0	0	0	1
Bylaws/Standards/Guidelines Infractions	4	0	3	4	7	5	1	1
Prescription Transfers	2	1	0	0	0	0	1	1
Overcharging/Billing Irregularities	3	5	0	7	2	4	3	5
Inappropriate Product Selection	4	2	1	0	1	0	0	0
Unsupervised Assistant	0	1	1	0	1	1	0	0
Prescription Short Fills	0	1	2	1	0	0	0	1
Pharmacist Not on Duty	0	0	1	0	3	1	0	0
Dispensing Without Authority	0	0	0	1	2	2	1	1
Breach of Confidentiality/Privacy	2	1	1	6	2	4	3	6
Miscellaneous/Other	4	2	3	2	2	2	9	7
TOTAL COMPLAINTS	31	*19	*23	*39	40	49	*35	63

*N.B. Total exceeds number of complaints due to more than one allegation in some of the complaints

As the data shows, in 2012 we experienced an almost doubling in the number of complaints. *The Pharmacy Act, 1996* requires that the Complaints Committee review and investigate these complaints and either dismiss them or refer them to the Discipline Committee for hearing and determination of misconduct and/or incompetence. Alternative dispute resolution is available as an interim measure upon consent of the respondent. Along with increasing numbers, 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 well-informed decisions.

During 2012 we convened 12 disciplinary hearings compared to two in 2011.

Other Activities

- Finalized our operational plans under our new 2012-14 strategic plan.
- Published four editions of SCOPe (Saskatchewan College of Pharmacists e-newsletter).

- Planned our 101st Annual General Meeting in Saskatoon.
- Joined PAS in their regional meetings.
- Continued collaboration with the College of Pharmacy and Nutrition to facilitate professional development activities for members, in particular the design and delivery of our privacy officer training sessions.
- Continued electronic data collection and submission to the Canadian Institute for Health Information (CIHI) "Pharmacist Database Project".
- Continued to electronically submit member and pharmacy data to the Provider Registry System of Saskatchewan Ministry of Health.
- Finalized the implementation and refinement of our In1Touch information management and data processing system.



- Continued to process National Drug Scheduling Advisory Committee drug scheduling recommendations.
- Actively involved in the PIP CeRx Integration Advisory Committee.
- Continued liaison with the Primary Health Services Branch of Saskatchewan Health.
- Continued to serve on the Ministry of Health led Primary Health Care Re-design Stewardship Group that succeeded the Core Team to oversee the Primary Health-care Re-design Framework.
- Continue to participate in collaborative initiatives like joint Board/Council meetings with the Pharmacists' Association of Saskatchewan, the Canadian Society of Hospital Pharmacists (CSHP) (Saskatchewan Branch), the Prescription Review Program and the Network of Interprofessional Regulatory Organizations (NIRO). 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.
- Collaborated with the Prescription Review Program administration in corresponding with members when the program criteria indicated that a letter be sent to members requesting an explanation.
- Extensively involved on the planning committee for InterD5, the interdisciplinary conference that we co-sponsored with the College of Physicians and Surgeons of Saskatchewan and the Saskatchewan Registered Nurses' Association that was held November 16 and 17.
- Continued to support the Pharmacy Coalition on Primary Care.
- With the Pharmacists' Association of Saskatchewan, co-chaired the Pharmacist Practice Change Working Group.

- As a founding and funding partner in the Saskatchewan Institute of Health Leadership, continued liaison and sponsorship of one candidate.

- 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 resolution. This involved attending four 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. This also led to preparing an extensive submission to the Ministry of Health on amendments to *The Pharmacy Act, 1996*. Proposals included granting authority to:

- SCP to regulate qualified technicians as licensed members with an independent scope of practice and title protection;
- Allow pharmacists to access, order, conduct and interpret medical laboratory tests;
- Allow pharmacists to administer drugs by injection and other routes; and

- Recognize the entry level PharmD as the entry to practice credential along with a variety of other provisions to enhance and modernize our regulatory functions.

- Continued to liaise with the funding partners of the Prescription Review Program to plan for legislative changes to enhance its effectiveness.

- Researched and prepared guidelines and responses to a variety of national and federal initiatives including:

- NAPRA model standards of practice and entry to practice competencies for regulated technicians;
- NAPRA model standards for pharmacy practice management systems;
- Federal regulations to authorize new classes of practitioners to prescribe Controlled Substances, amend access to medical marihuana, and to regulate natural health products; and
- 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 meetings 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 Program Advisory Committee.

During the year she continued serving as our delegate on NAPRA sponsored committees working on a national pharmacy technician regulation model and the National Advisory Committee on Pharmacy Practice.

CONCLUSION

On behalf of all staff, I extend our sincere appreciation to President Borschowa 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.

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, Ariel Hamel (resigned), Darlene King, Cheryl Klein (temporary position), Heather Neirinck, Lori Postnikoff, Jeannette Sandiford, Audrey Solie, Amanda Stewart and Andrea Wieler for their dedication, hard work and excellent support. The College is fortunate to have such gifted staff.

Respectfully submitted,



R. J. Joubert, Registrar-Treasurer



R. J. JOUBERT
REGISTRAR-TREASURER

MEMBERSHIP

As of December 31	2006	2007	2008	2009	2010	2011	2012
Practising Members							
Community:	856	883	942	959	987	995	996
Hospital:	179	198	205	217	217	230	250
Conditional Licences:	2	2	1	1	3	3	2
Others Practising:	158	170	131	137	151	145	168
TOTAL PRACTISING:	1195	1253	1279	1314	1358	1373	1416
Non Practising	68	61	62	57	56	50	43
Retired	73	86	67	69	76	90	93
Associate	82	69	76	72	69	60	55
TOTAL MEMBERS:	1418	1469	1484	1512	1559	1573	1607
Pharmacies							
Community:	326	330	330	330	330	328	328
Satellite:	12	11	8	8	8	8	8
Dispensing Physician:	6	8	7	7	7	7	7
Internet:	0	0	0	0	0	0	0
TOTAL PHARMACIES:	344	349	345	345	345	343	343

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

During 2012:

- 9 Community Pharmacy Openings
- 9 Community Pharmacy Closures
- 40 Community Pharmacy Manager Changes
- 7 Community Pharmacy Ownership Changes
- 1 Community Pharmacy Name Changes
- 1 Pharmacy Relocations
- 6 Pharmacy Renovations
- 3 Lock and Leave Permits Issued
- 20 Lock and Leave Amendments

- 31 Candidates from Other Jurisdictions:

- 23 Candidates from other Canadian Provinces
- 8 International Pharmacy Graduates (IPGs)

Attrition

Total attrition was 84 members

- 67 Terminations
 - 47 By Non Payment of Dues
 - 20 By Request
- 2 Deceased Members
- 15 Members Converted to Retired Membership

Registration and Membership Statistics

There were a total of 98 registrations

- 67 Saskatchewan BSP Graduate Registrations:
 - 48 registered as Conditional Practising members (2 still Conditional Practising)
 - 19 registered as Practising members

Prescriptive Authority – % of Licensed Pharmacists

Qualified to Prescribe	
Emergency Post-coital Contraception	68%
Level I Trained	96%
Minor Ailments Training	67%

FINANCIAL: FOR THE FISCAL YEAR ENDING DECEMBER 31, 2012

	Actual	Budget	Var.	Comments
REVENUE				
<i>Fees and Licences (Schedule 1)</i>				
Pharmacy permit amendments	11,050	14,575	(3,525)	Fewer fees collected (more included with permit renewal)
Non-Practising members	58,258	39,287	18,971	Higher number of conversions netted against terminations
Other fees	47,650	52,783	(5,133)	Fewer out of province registrations
Pharmacy permits	620,502	490,628	129,874	Budgeting error (revenue deferral from prior year)
Practising members (licences)	1,348,186	1,171,401	176,785	More U of S graduates and growth
Registration	<u>34,002</u>	<u>34,776</u>	<u>(774)</u>	
Sub-total	2,119,648	1,803,450	316,198	
<i>Sundry (Schedule 2)</i>				
Expense recoveries	2,255	8,425	(6,170)	Lower compensated travel than expected
Other	67,776	33,434	34,342	Discipline fines and Pharmacy Inspectors' meeting
Recovery of discipline costs	<u>222,600</u>	<u>-</u>	<u>222,600</u>	Policy is to NOT budget
Sub-total	292,631	41,859	250,772	
Realized and unrealized income on securities	<u>58,398</u>	<u>70,323</u>	<u>(11,925)</u>	
Total	2,470,677	1,915,632	555,045	
EXPENSES				
<i>Administration (Schedule 3)</i>				
Accounting	16,086	15,153	933	
Automobile (lease)	4,648	7,764	(3,116)	New lease lower than anticipated
Building operations	32,553	59,062	(26,509)	Anticipated renovations did not occur
Employee benefits	92,163	85,815	6,348	Increased costs
Equipment rental/maint./software	63,411	77,891	(14,480)	Lease expirations not renewed
General office	100,045	164,450	(64,405)	System consultant not engaged
Postage	10,227	3,525	6,702	More mailings than projected
Printing and stationery	8,616	3,106	5,510	More printing than anticipated
Registrar and inspector	81,055	94,046	(12,991)	Reduced travel
Salaries	783,322	792,786	(9,464)	Less casual help hired
Telephone and fax	<u>18,726</u>	<u>14,589</u>	<u>4,137</u>	Increase cellular phone usage
Sub-total	1,210,852	1,318,187	(107,335)	
Continuing education	84,660	86,449	(1,789)	
Council	60,593	59,586	1,007	
Delegates	12,987	11,886	1,101	
Legal and audit	209,051	187,078	21,973	Increased corporate and discipline needs
Miscellaneous	12,785	11,071	1,714	
Other committees	80,384	91,958	(11,574)	Some committees did not meet
Public and professional relations	<u>189,123</u>	<u>181,245</u>	<u>7,878</u>	NAPRA assessment increase
Total	1,860,435	1,947,460	(87,025)	
Excess of revenues over expenses	610,242	(31,828)		

2012 RESULTS OF PROFESSIONAL PRACTICE REVIEWS

Practice Review Goals include the following:

- Assess compliance of pharmacists with NAPRA "Model Standards Practice for Canadian Pharmacists";
- Provide information regarding Safe Medication Practices;
- Communicate SCP priorities and policies to members;
- Provide support and help pharmacists solve practice related challenges; and
- Assess pharmacy compliance with *The Pharmacy Act, 1996*, Bylaws, Standards, and Guidelines of SCP.

As we continue with indicators and measurement in our Practice Reviews we have modified/added and changed questions in the report to get a better idea of how pharmacists are providing medication management to their patients. In June of 2012 we added indicators regarding prescriptive authority.

The questions on the form are not static – they change as we see trends developing in practice. This accounts for the discrepancies in the reporting statistics.

In the year 2012, 114 pharmacies were visited by the Field Officers.

Each indicator statement (below) has a series of questions which form the basis for the rating.

PRACTICE REVIEW RATINGS FOR INDICATORS

- (1) INDICATOR HAS NO ACTIVITY/COMPLIANCE — IMPROVEMENT REQUIRED (ACTION PLAN) >50% ACTIVITY
- (2) INDICATOR HAS SOME ACTIVITY/COMPLIANCE — IMPROVEMENT REQUIRED (ACTION PLAN) 50-75% ACTIVITY
- (3) INDICATOR HAS MOST/COMPLETE ACTIVITY/COMPLIANCE < 75% ACTIVITY
- (4) INDICATOR WAS NOT OBSERVED/DISCUSSED
- (A) ALWAYS (S) SOMETIMES (N) NEVER - SUPPLEMENTAL QUESTIONS

The ratings on the report are as follows:

Indicators and Results

1. Pharmacists are obtaining and documenting all relevant patient information in order to be able to provide the most appropriate and best possible medication therapy for the patient.

Field Officers determine what information is documented in the patient profile about current/past medical conditions, relevant social and lifestyle factors, current medication therapy including prescription drugs, vitamins, natural health products, etc. as well as drug allergies and intolerances.

Rating

2 –	=68/94	=72%
3 –	=26/94	=28%

Most pharmacies are not asking for medical condition or social history and other medication use. Field Officers were told this was due to a number of factors; a workflow which puts technicians at the prescription drop off area with the pharmacist not near a computer when speaking to the patient at pick up; or lacking time to enter data once the patient has left the pharmacy; lack of time to document and/or feeling uncomfortable or not confident enough to know how to ask the appropriate questions.

In some instances the pharmacists knew their patients quite well, but were not documenting any information about them into the patient profile.

Field Officers continue to encourage pharmacists to gather and document information which is relevant to the patient's ongoing care and not to make assumptions about the intended use of a medication without discussing medication use with the patient.



2. Based on gathered and documented patient information, the pharmacists are assessing the medication therapy, identifying and resolving drug related problems, documenting care provided and providing the best possible medication therapy for the patient.

Field Officers determine if the pharmacists are aware of the indication for use of the medication, determine if new therapy is appropriate based on individual patient factors (physical, social, economic) as well as pharmaceutical care/drug related problems; adherence issues and consulting PIP when necessary. Field Officers continue to encourage the use of best practice guidelines, drug information databases and the use of PIP.

Rating

2 –	=11/92	12%
3 –	=81/92	88%

Intuitively it would be expected that the 2 rating would be higher due to lack of documentation (see 1). However, pharmacists have adequate electronic software resources to identify and resolve drug related problems. Documentation of care provided still requires improvement.

Issues of concern for Field Officers are inadequate follow up, especially with high risk patients and high risk medications, follow up with patients who lack adequate knowledge of their medication therapy or for whom English literacy is an issue.

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

Supplemental questions help the Field Officers determine if the pharmacist is explaining the therapeutic goals of the medication therapy, providing adequate medication

information in a manner most suited to the individual patient and allowing the patient time to ask questions about their medications in an area where privacy is maintained.

Rating

2 –	=3/88	=3%
3 –	=85/88	=97%

Pharmacists have many tools and resources available to provide adequate medication information to their patients. Field Officers are emphasizing the need to explain the benefits and goals of medication therapy to patients in a way that assists with medication adherence and the best possible medication therapy.

4. Pharmacists are prescribing when in the best interest of the patient to do so. *(new)

Field Officers are ensuring that the pharmacist assesses the patient’s medication history prior to prescribing to ensure therapy is appropriate. Rationale for prescribing and any follow up is documented.

Rating

3 –	=59/61	=97%
4 –	=2/61	=3%

There have been some issues of concerns with documentation of the Pharmacist Assessment Record (PAR) through means other than the PIP system which are being reviewed on an ongoing basis at the College.

5. Pharmacists are prescribing in accordance with the SCP bylaws. *(new)

Field Officers are assessing compliance with the bylaws for prescribing, including the need to document all decisions and prescribing in the PIP system and submit the PAR to the physician in a timely manner.

Rating

2 –	=3/61	=5%
3 –	=53/61	=87%
4 –	=5/61	=8%

Most pharmacists have done some level of prescribing since the bylaws were brought into force. We continue to encourage pharmacists to review the bylaws and other useful information on the College's website for information regarding prescribing.

6. Pharmacy personnel are being used effectively and support safe medication practices within the optimal workflow.

Field Officers review the workflow within the pharmacy and the pharmacist's interaction with patients within that workflow including how support staff either encourage or discourage pharmacist interaction with patients. It is somewhat difficult to determine adequate skills and knowledge levels for assistants, as no minimum standards or requirements currently exist; nor is their regulatory oversight of pharmacy assistants.

Rating

3 –	=90/90	=100%
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This indicator remains very much subjective and opinion based.

In the current review process and reporting structure it is difficult to determine if the pharmacist is able to provide safe and effective medication management to their patients as we do not have adequate indicators to determine what constitutes a “safe” pharmacy environment. Much of our measurement relies upon the opinions of the staff and direct observation while in the pharmacy. The Field Officers have identified this as an area which requires more monitoring and review.

7. There is a formal system in place in the pharmacy that identifies and resolves all issues involving medication errors, near misses and unsafe practices. All pharmacy staff are aware of the applicable policies and procedures.

Currently Field Officers are determining what reporting structure and follow up processes are in place in pharmacies and what steps are followed when a medication incident occurs. We have emphasized the need to use this as a tool to learn from the error and to take a step back to review the system (pharmacy environment) to determine where improvements can be made to prevent reoccurrence.

Rating

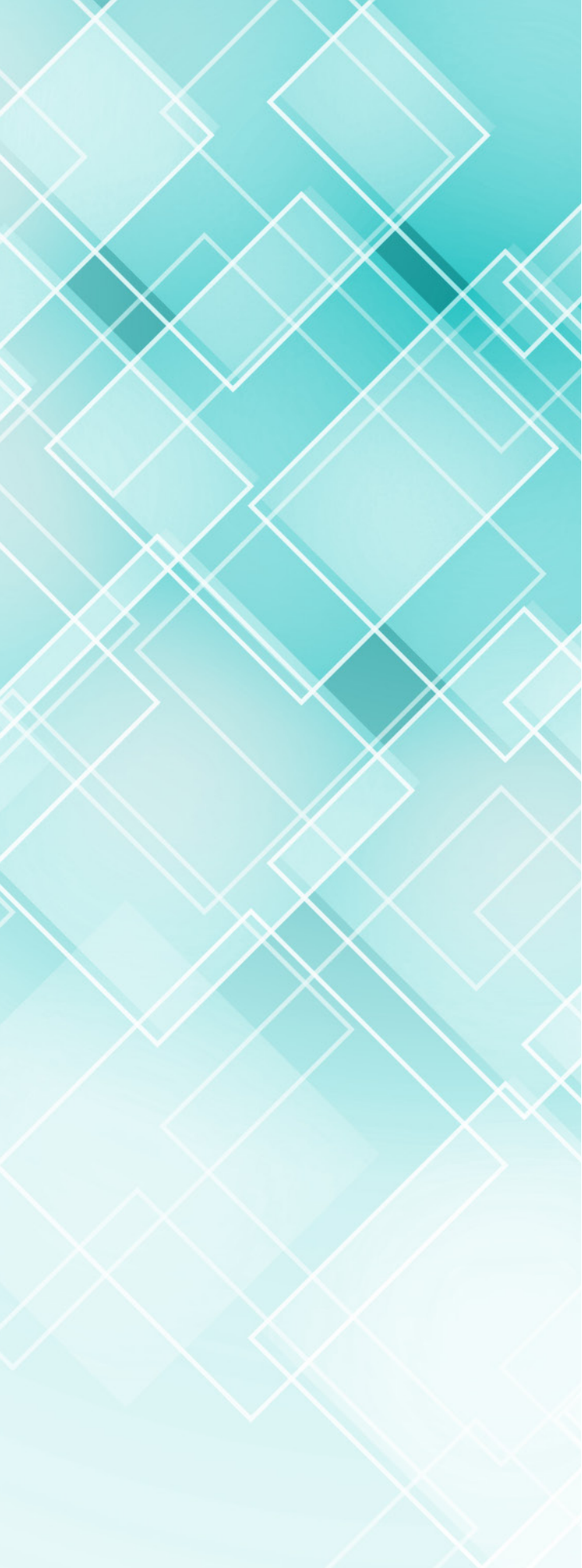
2 – =4/91 =4%
3 – =87/91 =96%

In most corporate (chain franchise, etc.) pharmacies a reporting system is in place, but the root cause analysis – systems review – Quality Assurance/Improvement and feedback loop needs improvement. Many independent pharmacies indicated they would welcome more information on formal reporting systems. We will be adapting this question to delve deeper into the quality assurance processes in place in pharmacies to ensure all staff are aware of the potential for medication errors and take appropriate steps to prevent and minimize the risk of errors in the pharmacy.

Currently we do encourage pharmacists to ensure they are aware of the indication for use of each medication prescribed to the patient. Two recent examples of the need for this step in the process were errors where Paxil was dispensed when Pariet was prescribed. Determining the use of the medication may have prevented both of these errors.

We also encourage use of the “show and tell” process for all new and refill medications provided to the patient. This last step of showing the patient their medication prior to them leaving the pharmacy is one last chance to review the prescription for accuracy and mention any changes in appearance.





Of recent concern is the overwhelming number of brand changes. This can be confusing to the patient and errors are now occurring when the patient assumes that a change in appearance to the medication is just a brand change.

8. Drug Inventory is being maintained to ensure the safe dispensing of medications.

Field Officers ensure there are adequate systems in place to ensure safe storage of all medications (including vaccines), that expired stock is not available to be dispensed and that narcotic and controlled drug inventories are reconciled on a regular basis.

Rating

2 –	=2/90	=2%
3 –	=88/90	=98%

9. All prescriptions reviewed during PPR and all record keeping requirements are being met to prevent prescription misuse, abuse and diversion.

Rating

3 –	=89/89	=100%
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Although often outside the pharmacists' control, issues of inadequate documentation of prescription requirements continue to be an issue for pharmacists. Changes to the Prescription Review Program regarding gabapentin have generated much discussion within pharmacies during visits.

2012-2013 SCP

LEGEND

* Chairman

A = Advisory (Non-Voting)

O = Officers

P = Public Members

COUNCIL/EXECUTIVE

*Kim Borschowa, O

Barry Lyons, O

Spiro Kolitsas, O

Joan Bobyn

Lori Friesen

Sheldon Ryma

Doug MacNeill

Bill Gerla

Justin Kosar

David Hill

Pamela Anderson, P

Barbara DeHaan, P

Amanda Stevens, A

COMMITTEES

Audit Committee

Kim Borschowa

Barry Lyons

Spiro Kolitsas

Bill Paterson

Curtis Loucks

Ray Joubert, A

Awards and Honours

*Bill Paterson

Rod Amaya

Garry Guedo

Doug Spitzig

Garth Walls

Jeanne Eriksen, A

Complaints

*Kim Borschowa

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

Janet Bradshaw

Brad Cooper

Mike Davis

Bill Gerla

Christine Hrudka

Spiro Kolitsas

Randy Wisner

Pamela Anderson, 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

*Ray Joubert

Kim Borschowa

Derek Jorgenson

Darcy Lamb

Barry Lyons

Dawn Martin

Shannan Neubauer

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

Dale Toni

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 (left September 2012)

Darlene King (began September 2012)

Cheryl Klein (temporary position)

Heather Neirinck

Audrey Solie

Amanda Stewart (began January 2012)

Andrea Wieler

MINUTES OF THE 101ST ANNUAL GENERAL MEETING

Saturday, April 28, 2012

Sheraton Cavalier Hotel, Saskatoon, Saskatchewan

9:30 – 10:30 a.m.

Chairman – Joan Bobyn

1.0 WELCOME AND OPENING REMARKS

Chairman Bobyn called the meeting to order and welcomed those members present to the 101st Annual General meeting of the Saskatchewan College of Pharmacists.

2.0 INTRODUCTION OF COUNCILLORS AND SPECIAL GUESTS

Chairman Bobyn of Saskatoon introduced the Council members as follows: President-Elect, Kim Borschowa, Radville; Vice-President Barry Lyons of Nipawin; Past-President, Christine Hrudka of Saskatoon; Council Members Lori Friesen of Melfort; Sheldon Ryma of Prince Albert; Doug MacNeill of Saskatoon; Spiro Kolitsas of Regina; Bill Gerla of Humboldt; Ex-Officio, David Hill of Saskatoon; Public Member Ken Hutchinson of Fort Qu'Appelle. Not in attendance, Brad Cooper of Estevan and Barbara DeHaan, public member of Biggar.

Dr. Bobyn extended a special thank you to Christine Hrudka and Brad Cooper for their years of commitment and dedication to the College, as they retire from Council. Dr. Bobyn also thanked Kristen Schmidt, Senior Stick, who represented the students over the past year. Amanda Stevens will be the new senior stick for the upcoming year.

This year SCP did not hold an election as Division 2, Lori Friesen and Division 4, Doug MacNeill, were elected by acclamation. We received two nominations for Division 8: As an officer of Council, Vice-President Barry Lyons' position was secured therefore Justin Kosar was elected by acclamation.

Special guests welcomed and introduced to the assembly were Karen McDermaid as SCP appointee to the Pharmacy Examining Board of Canada, Debbie McCulloch as SCP appointee to the National Association of Pharmacy Regulatory Authorities and Lisa Bagonluri as SCP appointee to the Canadian Council on Continuing Education in Pharmacy.

3.0 MOTION TO ACCEPT 2011 MINUTES AS PRINTED AND DISTRIBUTED

MOTION: B. Lyons / G. Miller

THAT the Minutes of the 100th Annual General Meeting of the Saskatchewan College of Pharmacists, held on Saturday, April 30, 2011 in Saskatoon, 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 Bobyn asked the assembly to rise for a moment of silent tribute to the following deceased members:

- Harold Melvin Brooks
- Frederick Siegfried Coen
- Edwin John Nylvek
- Robert Neven Marshall
- Raymond D. Pettit
- Harry Trifunov
- Robert Woods
- Darcy Lawrence Zadvorny

6.0 REPORTS

6.1 President's Annual Report

President-Elect Kim Borschowa assumed the Chair, introduced President Bobyn and invited her to present the Annual Report.

President Bobyn referred members to her published report beginning on page 4 of the printed Annual Report, which summarizes the activities of the College and demonstrates how we monitor and evaluate performance according to the Ends policies.

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

MOTION: S. Kolitsas / R. Amaya

THAT the President's report be accepted as presented.

CARRIED

Chairman Bobyn resumed the Chair.

6.2 Registrar's Report

Chairman Bobyn invited the Registrar, Ray Joubert, to present his report. Mr. Joubert referred to his printed report beginning on page 8 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: R. Wiser / G. Miller

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

CARRIED

6.3 Auditor's Report

Chairman Bobyn 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, 2011. He directed those assembled to the Auditor's report and audited financial statements for 2010-2011 published in the Annual Report.

MOTION: B. Gerla / C. Loucks

THAT the audited Financial Statements of the College for fiscal period ended December 31, 2011 and the audited financial statements of the Diamond Jubilee Scholarship Fund be accepted.

CARRIED

6.4 Consideration of Annual Report as Printed and Distributed

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

MOTION: B. Schuster / B. Lyons

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

CARRIED

6.5 College of Pharmacy and Nutrition Report

Dean David Hill highlighted his report as printed in the Annual Report.

7.0 NEW BUSINESS

There was no new business.

8.0 CONCLUDING REMARKS

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

9.0 ADJOURNMENT

Chairman Bobyn declared the Annual General Meeting adjourned.

COLLEGE OF PHARMACY AND NUTRITION

INTRODUCTION

Faculty, staff and students have been working on several major initiatives this past year, including the College's upcoming Centennial and the move to the new Health Sciences facility, which will begin in stages this summer. The Canadian Council for the Accreditation of Pharmacy Programs conducted its *Site Visit Evaluation* November 20-23, 2011 and the College has received a renewal of the accreditation status. The new award is for four years for the period July 1, 2012 to June 30, 2016. Connected to this is a major redesign of the professional pharmacy program and a *Program Evaluation* initiative.

The above projects have been done in the context of preparing the *College's Strategic Plan 2012-2016*, which was submitted to the University in October 2011 and approved by University Council and the Provost.

UNIVERSITY NEWS

Promise and Potential 2012-2016, the University's third integrated plan (IP3), based on the combined efforts of all academic and administrative units, was officially launched on May 1, 2012.

Dr. Ilene Busch-Vishniac became the University's ninth president on July 1, 2012. Dr. Busch-Vishniac received her PhD from MIT, and served as engineering dean at Johns Hopkins University. A specialist in acoustics and diversity issues, she came to us from McMaster University, where she was Provost and Vice-President Academic.

These are challenging times for the University in terms of finances, with the institution's operating deficit expected to grow to a \$44.5 million shortfall in the next four years unless operating expenses are reduced.

The Board of Governors has given direction to implement a set of budget adjustments, including support staff job deletions and a program prioritization process, to ensure best use of financial resources. We are also working with senior administration to address a recurring structural deficit in the College's operating grant.

The University hosted its 3rd annual *Discovery Days in Health Sciences* this November, which is jointly sponsored by the Canadian Medical Hall of Fame and TD Canada. The event gives secondary school Aboriginal students and teachers the opportunity to explore a variety of career options in the Health Sciences. Our College presented workshops on the topics "How Medicines Are Prepared" with the Division of Pharmacy and "The Food Factor Challenge" with the Division of Nutrition and Dietetics.

UNDERGRADUATE PROGRAMS

Eighty-five students received the BSP at Spring 2012 Convocation, and 21 students the BSc (Nutrition). Applications to the Pharmacy program this year totaled 566. Enrolment in the BSP is 354, with 94 students in Year 1, 87 in Year 2, 84 in Year 3 and 89 in Year 4; and in the Nutrition program 105, with 26 students in Year 1, 22 in Year 2, 27 in Year 3 and 30 in Year 4. Saskatchewan Pharmacy and Nutrition Students' Society (SPNSS) Co-Presidents Jeff Herbert and Jade Wendell, Pharmacy Senior Stick Amanda Stevens, Senior Dietitians of Canada Liaison Kaylee Michnik and Council representatives welcomed the Classes of 2016 at *Orientation 2012*.

The 20th Annual SPNSS Pharmacy Professional Enhancement Day was held in September, at which time Sandra Lane provided information about the Transtheoretical Model of Change and Motivational Interviewing. Sandra has over 45 years of experience, mostly with Mental Health and Addictions Services, as a nurse, counselor and educator.

The annual *White Coat Ceremony* welcomed new Pharmacy students to the College and profession. Kelly Babcock, BSP 1981, 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 30 MSc and 16 PhD; and in Nutrition, 8 MSc students and 15 PhD – for a total of 69 students, our largest complement ever. Our students continue to achieve success in their applications for College, University and national scholarships, and poster awards at the University's annual *Health & Life Sciences Research Day*.

A number of internal research grants have recently been awarded to our faculty:

- Dr. Ildiko Badea, Golden Suppository Golf Classic Research Grant
Project title: *Design and Evaluation of Cyclodextrin-Based Delivery Systems for Curcumin Analogs as Potential Topical Treatment of Melanoma*
- Dr. Roy Dobson, United Pharmacists' Grant for Pharmacy Practice Research
Project title: *Experiences with Prescriptive Authority among Community Pharmacists in Saskatchewan.*
- Dr. Gord Zello, College Research Trust Grant
Project title: *Inflammatory Bowel Disease in a Newly Diagnosed Cohort*
- Dr. Adil Nazarali, College Research Trust Grant
Project titles: *Role of Sirt2 on Myelin Protein and Myelination by Oligodendrocytes in Vivo/Hoxa2 Gene as a Biomarker of Anticonvulsant Drug-Induced Teratogenicity*
- Drs. Jane Alcorn and Ed Krol, Apotex Pharmacy Research Grant
Project title: *The Flaxseed Lignan Metabolite, Enterolactone, Mediates Selective Cytotoxicity of Breast and Prostate Cancer Cells via Inhibition of Fatty Acid Synthase.*
- Dr. Susan Whiting, Isabel Irwin Trust Fund
- Dr. Shawna Berenbaum, Isabel Irwin Trust Fund



SERVICE ACTIVITIES

The Saskatchewan Drug Information Service embarked on a strategic planning process to identify what services will be needed in the future and how the unit can meet these needs. The service has had several names since its inception and will now be known as medSask.

FACULTY AND STAFF NEWS

College Bylaws and Governance Working Group is reviewing the composition of our Faculty Council, determining Council subcommittees and drafting bylaws for operation of Council. The group is also confirming committees responsible for carrying out aspects of the collective agreements and how best to re-structure internal committees to advise the Dean and College Executive to enhance College operations and communications.

The College's faculty and staff complement grew in 2012:

Dr. Dennis Gorecki retired from the University as of July 1, 2012. Dennis obtained his Bachelor of Science in Pharmacy degree in 1969 and subsequently graduated with a PhD in Medicinal Chemistry in 1973 from the U of S. He joined the faculty of pharmacy in 1982 as Associate Professor and served as dean from 1999-2009.

Dr. Charity Evans joined the College on July 1, 2012 as Assistant Professor in Pharmacy in the area of pharmacoepidemiology. Charity received her Bachelor of Science in Pharmacy in 2003 and completed her PhD with Dr. David Blackburn in 2010. Charity has worked as a primary care pharmacist in a rural setting and has recently completed a post-doctoral fellowship with the Department of Neurology, Faculty of Medicine at the University of British Columbia.

Beryl McCullough, Graduate Programs Secretary, retired from the University as of July 1, 2012. She has been with the College since 1988 when she transferred from the former College of Home Economics. Christine Ruys joined the College in July 2012 as the Graduate Programs Secretary.

Dr. Thomas Rotter joined the College in September 2012 as the Research Chair in Health Quality Improvement Sciences. Thomas completed his undergraduate degree in Nursing and Nursing Management from the University of Glamorgan, Wales, UK, a Master of Public Health degree and a PhD in Public Health from the University of Dresden in Germany. The Research Chair in Health Quality Improvement Sciences is funded by the University of Saskatchewan and the Saskatchewan Ministry of Health and is supported by several units within the Council of Health Science Deans.

Dr. Holly Mansell was recently recruited to a pharmacy practice faculty vacancy. Holly completed the Bachelor of Science in Pharmacy degree from the U of S in 2002 and PharmD from the University of Washington in 2009. She previously worked as a transplant pharmacist with the Saskatchewan Transplant Program at the Saskatoon Health Region and a drug information consultant with the Saskatchewan Drug Information Service.

DEVELOPMENT AND ALUMNI

We are pleased to report that a number of our alumni received awards in 2012:

- Julia Bareham, BSP 2008 and current MSc student, received the CPhA New Practitioner Award in Whistler, BC.
- Dr. Gordon Duff, BSP 1953 and former faculty member, received an honorary doctor of laws degree from Dalhousie University in May.
- Dr. Jason Perepelkin, PhD 2008, received the Association of Faculties of Pharmacies of Canada (AFPC)-Janssen Innovation in Education Award.
- Karen Jensen, BSP 1969 and Manager of the Saskatchewan Drug Information Service, received the Pharmacists' Association of Saskatchewan Award of Merit.
- Dr. Derek Jorgenson, BSP 1995 and Assistant Professor in Pharmacy, received two Canadian Society of Hospital Pharmacists awards: Canadian Patient Care Enhancement Award with Dr. Anne Marie Whelan (Dalhousie University) and Dr. Andries Muller (College of Medicine, U of S); and a CSHP Fellowship.

We extend sincere thanks to industry representatives and practitioners for contributions to the annual *Golden Suppository Golf Classic*, which this year generated over \$27,000 to enhance College research activities.

The College has begun planning for the 2013-2014 centennial. Co-chairs Dr. Dennis Gorecki, BSP 1969, and Garry King, BSP 1970, have struck a Centennial Planning Committee with many alumni, faculty, staff and students serving on the committee and its various sub-committees. The School of Pharmacy at the U of S officially opened its doors in 1913 with the first graduating class beginning its program in 1914. The College has graduated 98 years of pharmacy alumni and 22 years of nutrition alumni. We are looking forward to reconnecting and reminiscing with faculty, staff, students, alumni and friends during the centennial year.

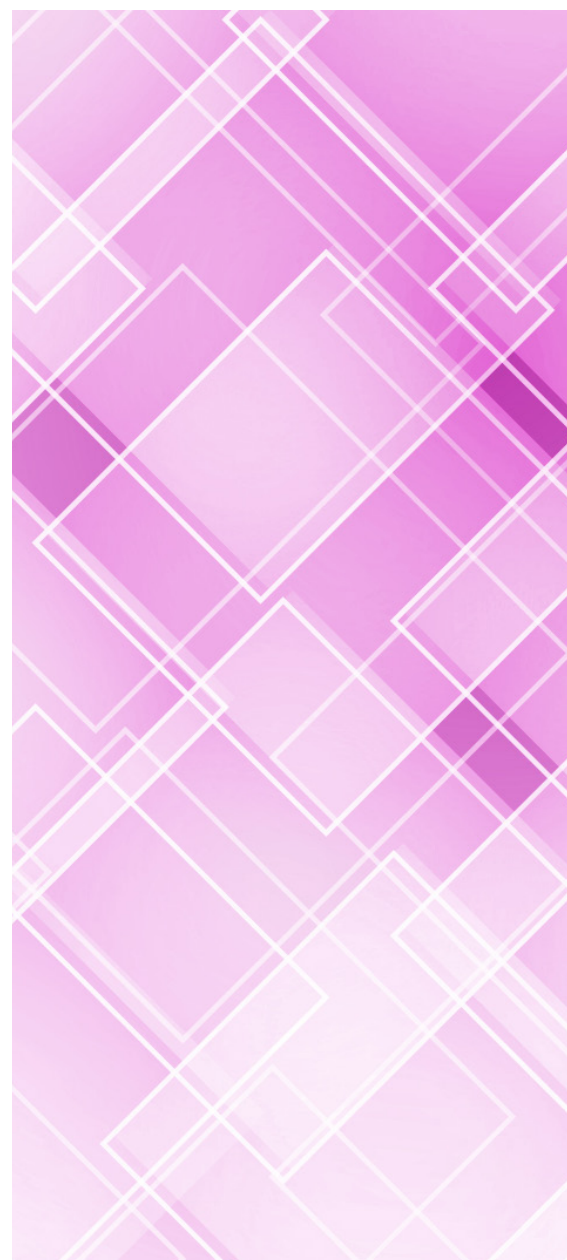
CONCLUDING REMARKS

On behalf of everyone at the College, our thanks to SCP for your outstanding support and the generous contributions of time and expertise to our operations and the education of future pharmacists.

Respectfully submitted,



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



SASKATCHEWAN COLLEGE OF PHARMACISTS
FINANCIAL STATEMENTS
DECEMBER 31, 2012



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2103 - 11th Avenue
Mezzanine Level
Bank of Montreal Building
Regina, SK S4P 3Z8
Canada

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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 statements of financial position as at December 31, 2012, December 31, 2011 and January 1, 2011, and the statements of operations and changes in fund balances and cash flows for the years ended December 31, 2012 and December 31, 2011, 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 accounting standards for not-for-profit organizations, 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 audits. We conducted our audits 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 in our audits 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, 2012, December 31, 2011 and January 1, 2011, and the results of its operations and its cash flows for the years ended December 31, 2012 and December 31, 2011 in accordance with Canadian accounting standards for not-for-profit organizations.

Chartered Accountants

April XX, 2013
Regina, Saskatchewan

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THE SASKATCHEWAN COLLEGE OF PHARMACISTS
Statement of Financial Position

As at

	December 31, 2012			December 31, 2011 Total (Note 2)	January 1, 2011 Total (Note 2)
	Operating Fund	Capital and Intangible Asset Fund	Total		
CURRENT ASSETS					
Cash	\$ -	\$ -	\$ -	\$ 5,255	\$ 14,639
Marketable securities (Note 4)	2,026,584	83,934	2,110,518	1,640,834	1,258,121
Accounts receivable	153,042	-	153,042	17,021	35,895
Due from the Diamond Jubilee Scholarship Fund	-	-	-	-	28,642
Prepaid expenses	13,156	-	13,156	11,472	15,182
	2,192,782	83,934	2,276,716	1,674,582	1,352,479
CAPITAL ASSETS (Note 5)	-	189,245	189,245	205,666	216,785
INTANGIBLE ASSETS (Note 6)	-	64,447	64,447	84,277	-
	\$ 2,192,782	\$ 337,626	\$ 2,530,408	\$ 1,964,525	\$ 1,569,264
CURRENT LIABILITIES					
Bank indebtedness	\$ 31,189	\$ -	\$ 31,189	\$ -	\$ -
Accounts payable (Note 7)	140,073	-	140,073	126,392	108,052
Government remittance payable	20,508	-	20,508	21,256	15,105
Demand loan (Note 8)	-	71,249	71,249	70,653	-
Due to the SCP Centennial Scholarship Fund Inc. (Note 14)	3,525	-	3,525	3,525	-
Fees and licences collected in advance	1,246,646	-	1,246,646	1,220,865	938,604
Current portion of obligations under capital leases (Note 9)	-	21,357	21,357	21,861	20,149
	1,441,941	92,606	1,534,547	1,464,552	1,081,910
OBLIGATIONS UNDER CAPITAL LEASES (Note 9)	-	14,757	14,757	36,200	30,146
	1,441,941	107,363	1,549,304	1,500,752	1,112,056
FUND BALANCES					
Invested in capital and intangible assets	-	146,329	146,329	163,722	166,490
Externally restricted for building development	-	83,934	83,934	76,567	76,567
Internally restricted (Note 11)					
Training and Competency Program	267,399	-	267,399	267,399	267,399
Unrestricted (Note 11)	483,442	-	483,442	(43,915)	(53,248)
	750,841	230,263	981,104	463,773	457,208
	\$ 2,192,782	\$ 337,626	\$ 2,530,408	\$ 1,964,525	\$ 1,569,264

Commitments (Note 13)

See accompanying notes

Approved by Council

.....
Councillor

.....
Councillor

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THE SASKATCHEWAN COLLEGE OF PHARMACISTS
Statement of Operations and Changes in Fund Balances
Years ended December 31, 2012 and December 31, 2011

	Operating Fund 2012	Operating Fund 2011 (Note 2)	Capital and Intangible Asset Fund 2012	Capital and Intangible Asset Fund 2011 (Note 2)	Total 2012	Total 2011 (Note 2)
REVENUES						
Fees and licences (Schedule 1)	\$ 2,119,648	\$ 1,772,572	\$ -	\$ -	\$ 2,119,648	\$ 1,772,572
Sundry (Schedule 2)	292,631	45,502	-	-	292,631	45,502
Realized and unrealized income on marketable securities (Note 4)	58,398	84,176	5,565	3,058	63,963	87,234
	2,470,677	1,902,250	5,565	3,058	2,476,242	1,905,308
EXPENSES						
Administration (Schedule 3)	1,210,852	1,274,446	-	-	1,210,852	1,274,446
Amortization	-	-	93,230	63,451	93,230	63,451
Bad debt expense	-	47,994	-	-	-	47,994
Continuing education	84,660	82,140	-	-	84,660	82,140
Council	60,593	80,018	-	-	60,593	80,018
Delegates	12,987	7,641	-	-	12,987	7,641
Interest	-	-	5,246	3,943	5,246	3,943
Legal and audit	209,051	102,071	-	-	209,051	102,071
Miscellaneous	12,785	3,473	-	-	12,785	3,473
Other committees	80,384	44,581	-	-	80,384	44,581
Public and professional relations	189,123	188,985	-	-	189,123	188,985
	1,860,435	1,831,349	98,476	67,394	1,958,911	1,898,743
Excess (deficiency) of revenues over expenses	610,242	70,901	(92,911)	(64,336)	517,331	6,565
Fund balance, beginning of year	223,484	214,151	240,289	243,057	463,773	457,208
Interfund transfers (Note 10)	(82,885)	(61,568)	82,885	61,568	-	-
FUND BALANCE, END OF YEAR	\$ 750,841	\$ 223,484	\$ 230,263	\$ 240,289	\$ 981,104	\$ 463,773

See accompanying notes

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THE SASKATCHEWAN COLLEGE OF PHARMACISTS

Statement of Cash Flows

Years ended December 31, 2012 and December 31, 2011

	2012	2011
CASH FLOWS FROM (USED IN)		
OPERATING ACTIVITIES		
Excess of revenues over expenses	\$ 517,331	\$ 6,565
Items not affecting cash		
Amortization	93,230	63,451
Realized and unrealized loss (gain) on marketable securities	95	(50,384)
Gain on disposal of capital assets	(2,843)	-
Net change in non-cash working capital balances (Note 12)	(98,991)	361,503
	508,822	381,135
CASH FLOWS FROM (USED IN)		
FINANCING ACTIVITIES		
Proceeds from demand loan	61,846	88,987
Repayment of demand loan	(61,250)	-18,334
	596	70,653
CASH FLOWS FROM (USED IN)		
INVESTING ACTIVITIES		
Capital asset purchases	(54,136)	(6,371)
Intangible asset purchases	-	(99,150)
Purchase of marketable securities	(1,646,955)	(1,752,593)
Redemption of marketable securities	1,177,176	1,420,264
Capital lease principal payments	(21,947)	(23,322)
	(545,862)	(461,172)
DECREASE IN CASH DURING THE YEAR	(36,444)	(9,384)
CASH, BEGINNING OF YEAR	5,255	14,639
(BANK INDEBTEDNESS) CASH, END OF YEAR	\$ (31,189)	\$ 5,255

See accompanying notes

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THE SASKATCHEWAN COLLEGE OF PHARMACISTS

Notes to the Financial Statements

Years ended December 31, 2012 and 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. ADOPTION OF NEW ACCOUNTING FRAMEWORK

During the year ended December 31, 2012, the College adopted the new Canadian accounting standards for not-for-profit organizations (the “new standards”) issued by the Accounting Standards Board of the Canadian Institute of Chartered Accountants (“CICA”) and set out in Part III of the CICA Handbook. In accordance with Section 1501 of Part III of the CICA Handbook, *First-time adoption*, (“Section 1501”), the date of transition to the new standards is January 1, 2011 and the College has prepared and presented an opening statement of financial position at the date of transition to the new standards. This opening statement of financial position is the starting point for the College’s accounting under the new standards. In its opening statement of financial position, under the recommendations of Section 1501, the College:

- (a) Recognized all assets and liabilities whose recognition is required by the new standards;
- (b) Did not recognize items as assets or liabilities if the new standards do not permit such recognition;
- (c) Reclassified items that it recognized previously as one type of asset, liability or component of equity, but are recognized as a different type of asset, liability or component of equity under the new standards; and
- (d) Applied the new standards in measuring all recognized assets and liabilities.

In accordance with the requirements of section 1501, the accounting policies set out in Note 3 have been consistently applied to all years presented and the standards have been applied retrospectively excluding cases where optional exemptions available under Section 1501 have been applied. The College has not elected to adopt any of the exemptions available under Section 1501.

The impact of the adoption of the new standards on the statement of financial position as at January 1, 2011 is limited to the following:

Government remittances payable

The impact of the adoption of the new standards on the statement of financial position as at January 1, 2011 and December 31, 2011 is a reclassification of government remittances from accounts payable to government remittances payable in the amount of \$15,105 and \$21,256 respectively as the new standards require separate disclosure of government remittances payable.

There was no impact of the adoption of the new standards on the statement of operations and changes in fund balances or cash flows for the year ended December 31, 2011.

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THE SASKATCHEWAN COLLEGE OF PHARMACISTS

Notes to the Financial Statements

Years ended December 31, 2012 and December 31, 2011

3. 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 accounting standards for not-for-profit organizations 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 and bank indebtedness

Cash and bank indebtedness 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, 2012 relate to the membership year July 1, 2012 through June 30, 2013 and to the permit year December 1, 2012 through November 30, 2013.

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THE SASKATCHEWAN COLLEGE OF PHARMACISTS

Notes to the Financial Statements

Years ended December 31, 2012 and December 31, 2011

3. SIGNIFICANT ACCOUNTING POLICIES (continued)

Financial instruments

The College initially measures its financial assets and financial liabilities at fair value. The College subsequently measures all its financial assets and financial liabilities at amortized cost, except for marketable securities that are quoted in an active market (money market pool funds, bonds and equities) which are measured at fair value. Changes in fair value are recognized in the statement of operations.

Financial assets measured at amortized cost include cash, accounts receivable, and amounts due from The Diamond Jubilee Scholarship Fund.

Transaction costs are added to the carrying value of the asset or netted against the carrying value of the liability and are then recognized using the effective interest method. Any premium or discount related to an instrument measured at amortized cost is amortized over the expected life using the effective interest method and recognized in net earnings as interest income or expense.

With respect to financial assets measured at cost or amortized cost, the College recognizes in net earnings an impairment loss, if any, when it determines that a significant adverse change has occurred during the period in the expected timing or amount of future cash flows. When the extent of impairment of a previously written-down asset decreases and the decrease can be related to an event occurring after the impairment was recognized, the previously recognized impairment loss shall be reversed in net earnings in the period the reversal occurs.

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 statement of financial position represent the College's maximum credit exposure at the statement of financial position date.

The College's credit risk is primarily attributable to its trade receivables. The amounts disclosed in the statement of financial position 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 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.

Liquidity risk

Liquidity risk is the risk of being unable to meet cash requirements or to fund obligations as they become due.

The College manages its liquidity risk by constantly monitoring forecasted and actual cash flows and financial liability maturities, and by holding assets that can be readily converted into cash.

Accounts payable are generally repaid within 30 days.

THE SASKATCHEWAN COLLEGE OF PHARMACISTS
Notes to the Financial Statements
Years ended December 31, 2012 and December 31, 2011

3. SIGNIFICANT ACCOUNTING POLICIES (continued)

Interest rate risk

The College is exposed to interest rate risk on its fixed and floating interest rate financial instruments. Fixed-rate instruments subject the College to a fair value risk while the floating rate instruments subject it to a cash flow risk. The College is exposed to this type of risk as a result of investments in money market pool funds and bonds and bank overdrafts.

Other price risk

Other price risk associated with investments in equities is the risk that their fair value will fluctuate because of changes in market prices. The College mitigates the risk by regularly rebalancing its portfolio and keeping the equity portfolio below 2% of the entire marketable security portfolio.

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.

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THE SASKATCHEWAN COLLEGE OF PHARMACISTS

Notes to the Financial Statements

Years ended December 31, 2012 and December 31, 2011

4. MARKETABLE SECURITIES

Marketable securities consist of money market pool funds, Canadian and International Bonds, and Canadian, US, International and Global Equities. The fair values which represent the carrying values are as follows:

Operating Fund	December 31, 2012 Fair Value	December 31, 2011 Fair Value	January 1, 2011 Fair Value
Cash equivalents	\$ 110,749	\$ 79,274	\$ 68,810
Fixed income	1,915,835	1,482,500	1,112,744
	\$ 2,026,584	\$ 1,561,774	\$ 1,181,554
Capital and Intangible Asset Fund	December 31, 2012 Fair Value	December 31, 2011 Fair Value	January 1, 2011 Fair Value
Fixed income	\$ 52,983	\$ 51,990	\$ 47,519
Equities	30,951	27,070	29,048
	\$ 83,934	\$ 79,060	\$ 76,567
Total	December 31, 2012 Fair Value	December 31, 2011 Fair Value	January 1, 2011 Fair Value
Cash equivalents	\$ 110,749	\$ 79,274	\$ 68,810
Fixed income	1,968,818	1,534,490	1,160,263
Equities	30,951	27,070	29,048
	\$ 2,110,518	\$ 1,640,834	\$ 1,258,121

There were unrealized losses in the current year of \$9,896 (unrealized gain in 2011 of \$27,394) included in realized and unrealized income on marketable securities.

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THE SASKATCHEWAN COLLEGE OF PHARMACISTS

Notes to the Financial Statements

Years ended December 31, 2012 and December 31, 2011

5. CAPITAL ASSETS

	December 31, 2012			December 31,	January 1,
	Cost	Accumulated Amortization	Net Book Value	2011	2011
				Net Book Value	Net Book Value
Land	\$ 15,000	\$ -	\$ 15,000	\$ 15,000	\$ 15,000
Building	336,039	253,275	82,764	118,235	129,436
Equipment	252,693	218,498	34,195	8,522	12,308
Equipment under capital lease	163,854	126,977	36,877	59,141	50,652
Furniture and fixtures	108,320	87,911	20,409	4,768	9,389
	\$ 875,906	\$ 686,661	\$ 189,245	\$ 205,666	\$ 216,785

6. INTANGIBLE ASSETS

	December 31, 2012			December 31,	January 1,
	Cost	Accumulated Amortization	Net Book Value	2011	2011
				Net Book Value	Net Book Value
Software	\$ 99,150	\$ 34,703	\$ 64,447	\$ 84,277	\$ -

7. ACCOUNTS PAYABLE

	December 31, 2012	December 31, 2011	January 1, 2011
Trade	\$ 115,409	\$ 101,728	\$ 84,759
Funds held in trust	24,664	24,664	23,293
	\$ 140,073	\$ 126,392	\$ 108,052

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.

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THE SASKATCHEWAN COLLEGE OF PHARMACISTS

Notes to the Financial Statements

Years ended December 31, 2012 and December 31, 2011

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.

	December 31, 2012	December 31, 2011	January 1, 2011
Demand loan	\$ 71,249	\$ 70,653	\$ -

9. OBLIGATIONS UNDER CAPITAL LEASES

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

2013	\$ 22,613
2014	10,794
2015	4,528
	37,935
Less amount representing interest	(1,821)
	36,114
Less current portion	(21,357)
	\$ 14,757

10. INTERFUND TRANSFERS

Amounts transferred from the Operating Fund of \$82,885 (2011 - \$61,568) 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

2012	Unrestricted	Training and Competency Program	2012 Total
Balance beginning of year	\$ (43,915)	\$ 267,399	\$ 223,484
Excess of revenues over expenses	610,242	-	610,242
Transfers to Capital and Intangible Asset Fund (Note 10)	(82,885)	-	(82,885)
Balance end of year	\$ 483,442	\$ 267,399	\$ 750,841

THE SASKATCHEWAN COLLEGE OF PHARMACISTS

Notes to the Financial Statements

Years ended December 31, 2012 and December 31, 2011

11. OPERATING FUND (continued)

2011	Unrestricted	Training and Competency Program	2011 Total
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

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

	2012	2011
DECREASE (INCREASE) IN ASSETS		
Accounts receivable	\$ (136,021)	\$ 18,874
Due from the Diamond Jubilee Scholarship Fund	-	28,642
Prepaid expenses	(1,684)	3,710
INCREASE IN LIABILITIES		
Accounts payable	13,681	39,596
Government remittance payable	(748)	(15,105)
Due to the SCP Centennial Scholarship Fund Inc.	-	3,525
Fees and licences collected in advance	25,991	282,261
	\$ (98,781)	\$ 361,503

13. 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 2013 is \$11,700.

14. RELATED PARTY TRANSACTIONS

The College and the SCP Centennial Scholarship Fund Inc. ("Centennial") are common control organizations since they have the same board of directors.

The College committed to donate Snil to Centennial in the year (\$3,525 in 2011).

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THE SASKATCHEWAN COLLEGE OF PHARMACISTS

Notes to the Financial Statements

Years ended December 31, 2012 and December 31, 2011

14. RELATED PARTY TRANSACTIONS (continued)

All these transactions were carried out in the normal course of operations and are recorded at the exchange value. This value corresponds to the consideration agreed upon by the parties and is determined based on the costs incurred.

At year end, there was \$3,525 due to Centennial.

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THE SASKATCHEWAN COLLEGE OF PHARMACISTS

Schedule of Fees and Licences - Schedule 1

Years ended December 31, 2012 and December 31, 2011

	<u>2012</u>	<u>2011</u>
Amendments	\$ 11,050	\$ 12,750
Non-practising members	58,258	55,511
Other fees	47,650	35,401
Pharmacy (Permits)	620,502	504,508
Practising members (Licences)	1,348,186	1,140,911
Registration	34,002	23,491
	<u>\$ 2,119,648</u>	<u>\$ 1,772,572</u>

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THE SASKATCHEWAN COLLEGE OF PHARMACISTS

Schedule of Sundry Revenue - Schedule 2

Years ended December 31, 2012 and December 31, 2011

	<u>2012</u>	<u>2011</u>
Expense recoveries	\$ 2,255	\$ 7,596
Newsletter advertisements	-	(450)
Other	67,776	9,727
Recovery of discipline costs	222,600	28,629
	\$ 292,631	\$ 45,502

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THE SASKATCHEWAN COLLEGE OF PHARMACISTS
Schedule of Administrative Expenditures - Schedule 3
 Years ended December 31, 2012 and December 31, 2011

	<u>2012</u>	<u>2011</u>
Accounting	\$ 16,086	\$ 15,698
Automobile	4,648	5,276
Building operations	32,553	43,611
Employee benefits	92,163	78,530
Equipment rental and maintenance	63,411	143,707
General office	100,045	94,602
Postage	10,227	10,333
Printing and stationery	8,616	7,736
Registrar and inspector	81,055	88,186
Salaries	783,322	767,140
Telephone and fax	18,726	19,627
	\$ 1,210,852	\$ 1,274,446

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SASKATCHEWAN
COLLEGE OF
PHARMACISTS

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