



SASKATCHEWAN
COLLEGE OF
PHARMACISTS



A N N U A L R E P O R T 2 0 1 3





MISSION

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



STRATEGIC GOALS

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)

103rd ANNUAL GENERAL MEETING

AGENDA

May 31, 2014

Delta Bessborough

Saskatoon, Saskatchewan

President: Barry Lyons

Registrar: Ray Joubert

1.0 President's Welcome

2.0 Introduction of Councillors and Special Guests

3.0 Motion to Accept 2013 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/Reports of the Finance and Audit Committees

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 spoke about challenges facing the profession, how role models address these challenges and concluded, “At times like this, what our profession needs is strong, strong ... citizenship. Not leadership, citizenship.” During 2013, we made meaningful progress as citizens within our organizational, health care, professional and patient communities that we serve. Examples under each key action area of the second year of our strategic plan include:

INCREASED PUBLIC INVOLVEMENT

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

- Outsourced a communications and public relations consultant to enhance our strategies in these areas, including development of a social media strategy;
- Engaging patients in minor ailments prescribing research; and
- Engaging the public in a review of the impact of pharmacy inducements in patient attitudes toward care provided by pharmacists.

ORGANIZATIONAL STRUCTURE REVIEW

(so that the structure of the Saskatchewan College of Pharmacists (SCP) and Council meets the needs of members and the public and to reduce the negative impact of discipline on SCP)

- Continued planning to add technicians to Council, initially as observers;
- Continued streamlining of our complaints management processes with a change in policy to publish discipline decisions and orders in a publicly accessible database maintained by the Canadian Legal Information Institute (CanLII);
- Supported changes to our Discipline Committee quorum and procedures to enhance the process; and
- Shifted our Council governance process to a “knowledge based strategic decision making” model.



BARRY LYONS
PRESIDENT

PRACTICE RE-DESIGN AND REGULATORY REFORM

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

- Continued to pursue amendments to *The Pharmacy Act, 1996* to authorize:
 - SCP to regulate pharmacy technicians
 - pharmacists to administer drugs by injection and other routes, and
 - pharmacists to assess, order, interpret and conduct medical laboratory tests;
- Participated in planning and implementation of PIP CeRx integration with pharmacy systems; and
- Monitoring primary health care re-design and commissioned a framework document on mobilizing the role of the pharmacist within primary care.

CITIZENSHIP IN SCP

(to have a more engaged membership)

- Website functionality improved to more actively engage members;
- E-mail communications implemented;
- Developed a social media strategy;
- Continued regional meetings in partnership with the Pharmacists' Association of Saskatchewan (PAS), with members able to join by Telehealth, webinar or in-person; and
- Noted increased member engagement in committees arising from our survey of member skills and interests.

Other highlights during the year include:

- Full implementation of prescriptive authority for pharmacists by planning to add the remaining minor ailments conditions, along with oral contraceptives as adjuncts to emergency contraception and smoking cessation agents as adjuncts to established smoking cessation programs;
- Implemented bylaw amendments allowing limits under prescriptive authority to be waived or amended upon authorization from the prescriber;
- Continued the moratorium on mandatory PIP usage pending the resolution of issues concerning the integration of pharmacy systems with PIP;
- The Discipline Committee concluded a record number of hearings dealing with "DIN Spinning";



- Implemented bylaws making prescriptive authority training a membership licence requirement;
- Attended a Ministry of Health sponsored session to update stakeholders on health system planning;
- Reviewed the Ministry and health system planning initiatives and continued to strategize on their impact upon SCP; and
- Continued regular meetings with PAS and the Canadian Society of Hospital Pharmacists (CSHP) - Saskatchewan Branch.

Planning will continue in 2014 to progress on our key actions with specific targets and outcomes.

As Council shifted from Policy Governance to a “knowledge based strategic” decision making framework, our former Ends have become Strategic Goals that we monitor at each meeting. We routinely examine results we expect to achieve, for whose benefit and at what cost. These goals are summarized in this report’s covering pages.

We continue to use councillor reports on public linkage opportunities when reviewing our Strategic Goals. This review results in adjusting our priorities. An example was Council’s decision to focus more on patient safety, in particular medication safety and safe medication practices. Council decided that in principle every pharmacy should have a quality assurance program in place as a permit requirement. This led to exploring an opportunity to adapt the SafetyNet Rx quality assurance program developed in Nova Scotia. Our adaptation resulted in the development of COMPASS™ (Community Pharmacists Advancing Safety in Saskatchewan) that was introduced as a pilot project during the year.

The following demonstrates other ways in which we are achieving these Strategic Goals:

PRIORITY AND RESOURCE ALLOCATION

Council continued to prioritize resource allocation to the three highest priorities (public safety, standardized pharmacy services and the pharmacist as a member of the health care team). The budgeting has resulted in successful operating reserve recovery, along with establishing a reserve restricted to cover catastrophic discipline costs and minimize the impact of those costs on membership licence fee increases.

We welcomed Geoff Barton, Shannon Clarke, Leah Perrault and Jarron Yee as new Councilors, and recognized the contributions of Joan Bobyn and Sheldon Ryma as they retire from Council. Andrew Plishka replaced Amanda Stevens as student observer.



PUBLIC POLICY SUPPORTING HEALTH

As mentioned earlier, in conjunction with PAS, we commissioned an examination of the role of the pharmacist in primary health care. We approved the report as a framework to support development of this important role.

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 (PIP) and other e-health strategies.

PUBLIC SAFETY

This Strategic Goal 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; more information can be found in the Registrar's report.

A major initiative was the introduction of our COMPASS™ pilot project. It should be considered a demonstration model under development, as we intend to implement the program province-wide based upon our learnings from the pilot.

A SELF-REGULATED PROFESSION

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

We conferred our seventh group of Members Emeriti at our Annual General Meeting.

POSITIVE PROFESSIONAL IMAGE

Achieving this Strategic Goal 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). These discussions resulted in new bylaws authorizing our role in the program respecting information sharing and interaction with members.

We met with the Board of PAS to share information respecting issues of mutual interest, mostly relating to our evolving scope of practice.

Other highlights of 2013 include:

- Hosted the annual Convocation Luncheon to welcome the Pharmacy Class of 2013 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 Training Program at SIAST;
- Continued as a member of the National Association of Pharmacy Regulatory Authorities (NAPRA); and
- Represented SCP at the Canadian Pharmacists' Association (CPhA) Conference in Charlottetown, PEI.

This is a summary of our accomplishments during 2013 and 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, Ministry of Health, 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,



Barry Lyons, President

REPORT OF THE REGISTRAR-TREASURER

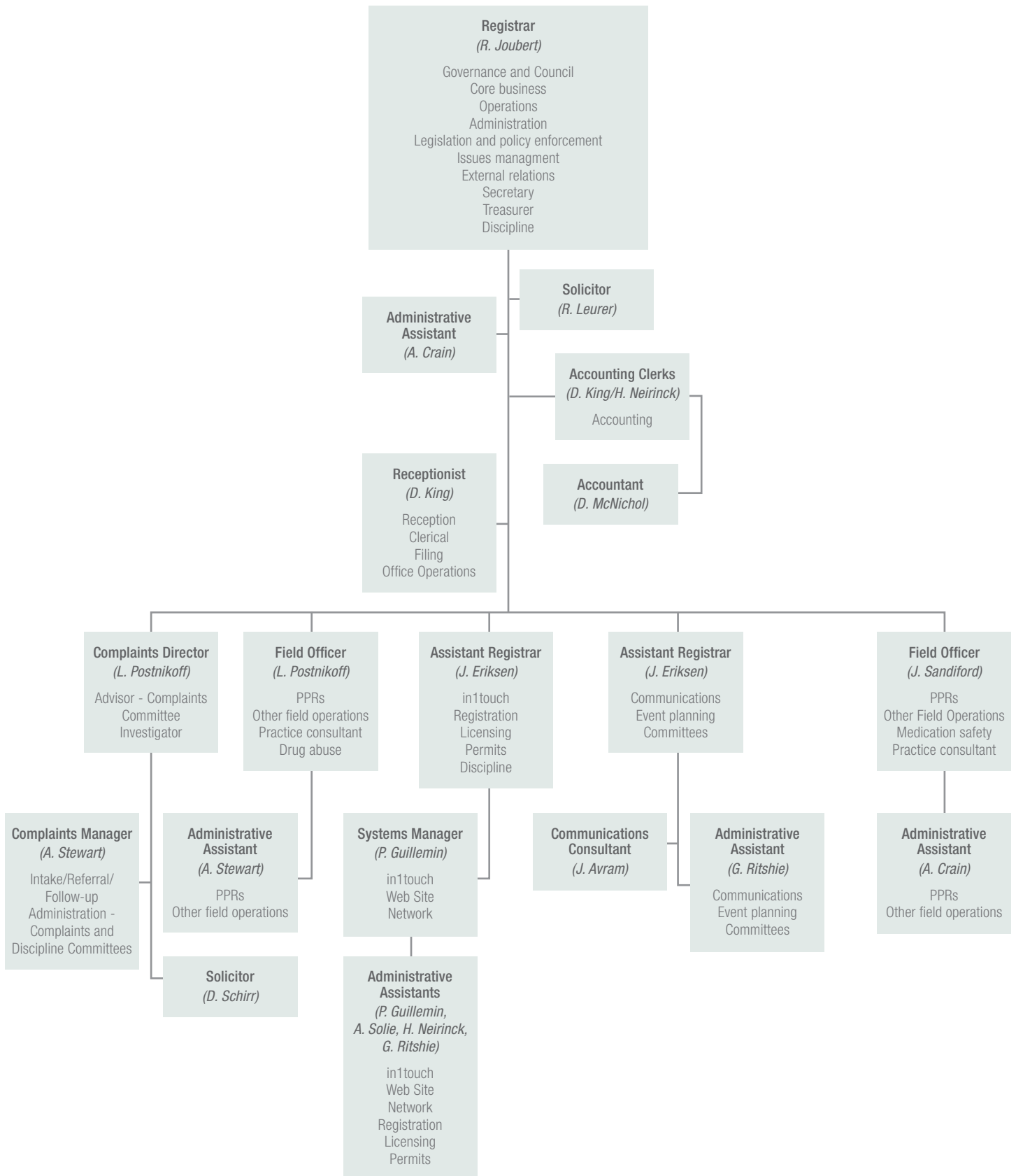


R. J. JOUBERT
REGISTRAR-TREASURER

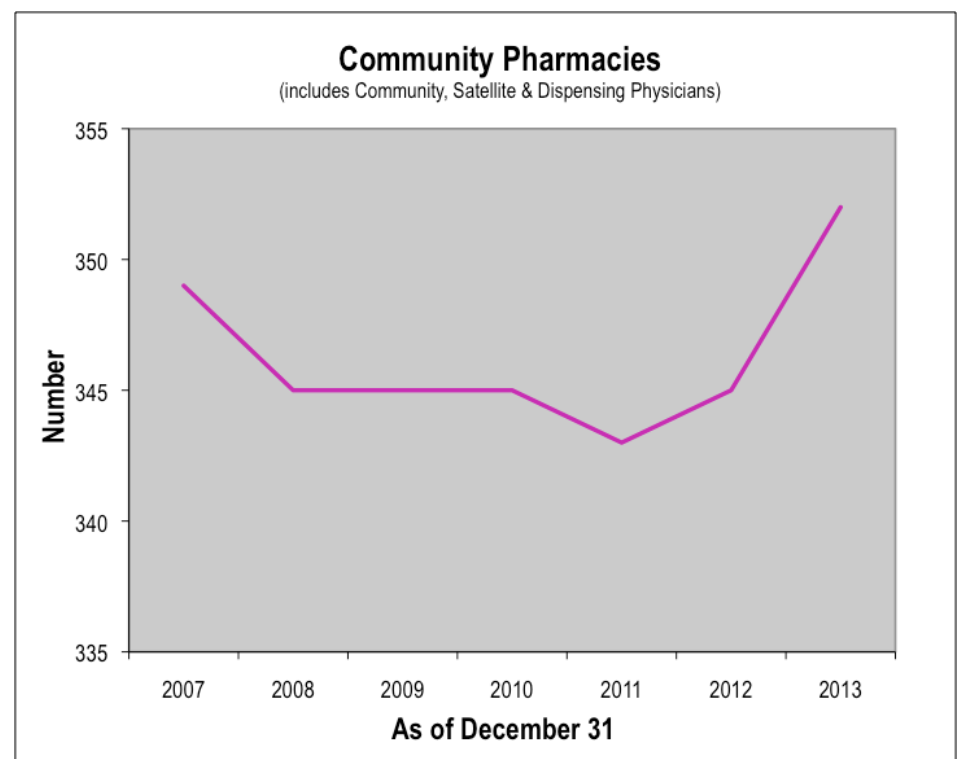
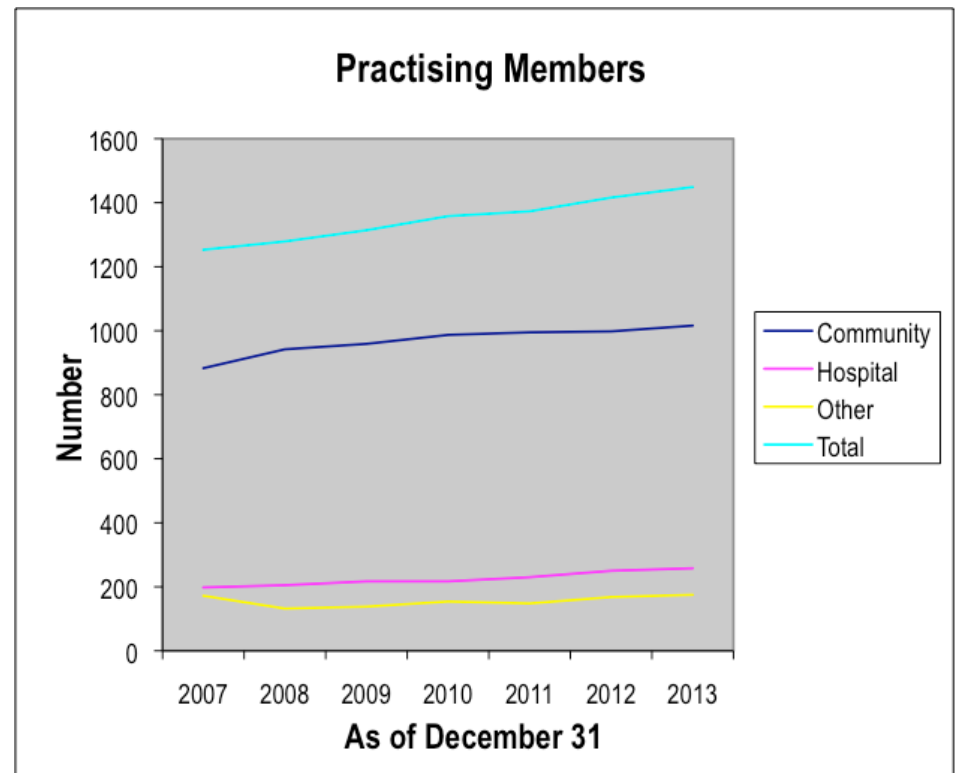
President Lyons and members of the College:

I am pleased to present my twenty-ninth report as Registrar-Treasurer. This report describes how the office contributes towards achieving the College's Vision, Mission, Goals 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. The office is managing the pilot phase of COMPASS™, a continuous quality assurance process for community pharmacies adapted from the SafetyNet Rx program in Nova Scotia. We act as liaison between Council, committees and members, government, the public, other professional organizations, the pharmaceutical industry and other stakeholders.

An important administrative development is the alignment of staff duties and responsibilities with our strategic and operational plans and priorities. Our revised structure is:



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 2013 compared to prior years can be found in Appendix A. Key trends are shown in the following charts:



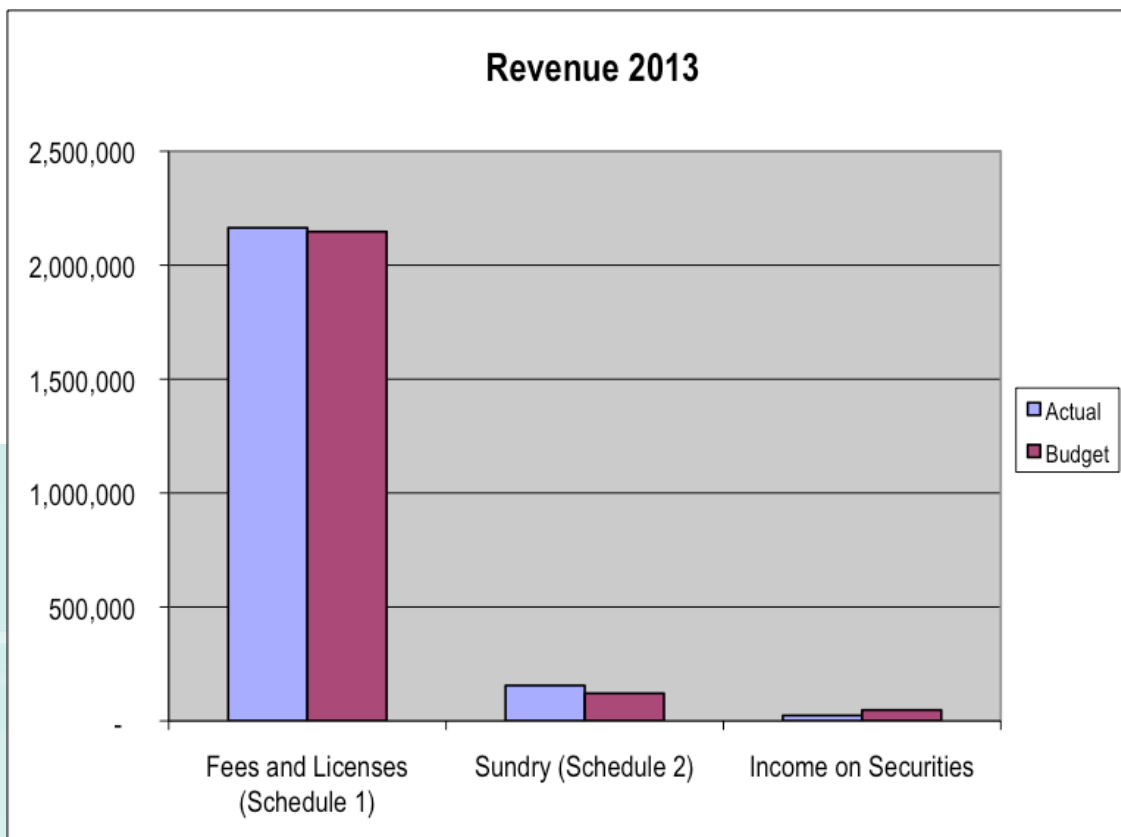
The growth in Practising members is within the high range of the trends over the last five (5) years. Whether this is sustainable is uncertain given the impact of pharmacy economics and the provincial economy. Similarly whether the increase in the number of pharmacies is the beginning of a trend is difficult 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 (IPG). The number of IPG inquires is high while the number of actual registrants amongst them is disproportionately low. We are actively monitoring trends to determine corrective strategies, one of which is engagement in the National Association of Pharmacy Regulatory Authorities' (NAPRA) International Pharmacist Graduate Gateway

program. It provides IPG's with systematic access to information and procedures for becoming a licensed pharmacist in Canada. We will continue to invest resources in this program as it promises to reduce the burden of inquiries upon our office.

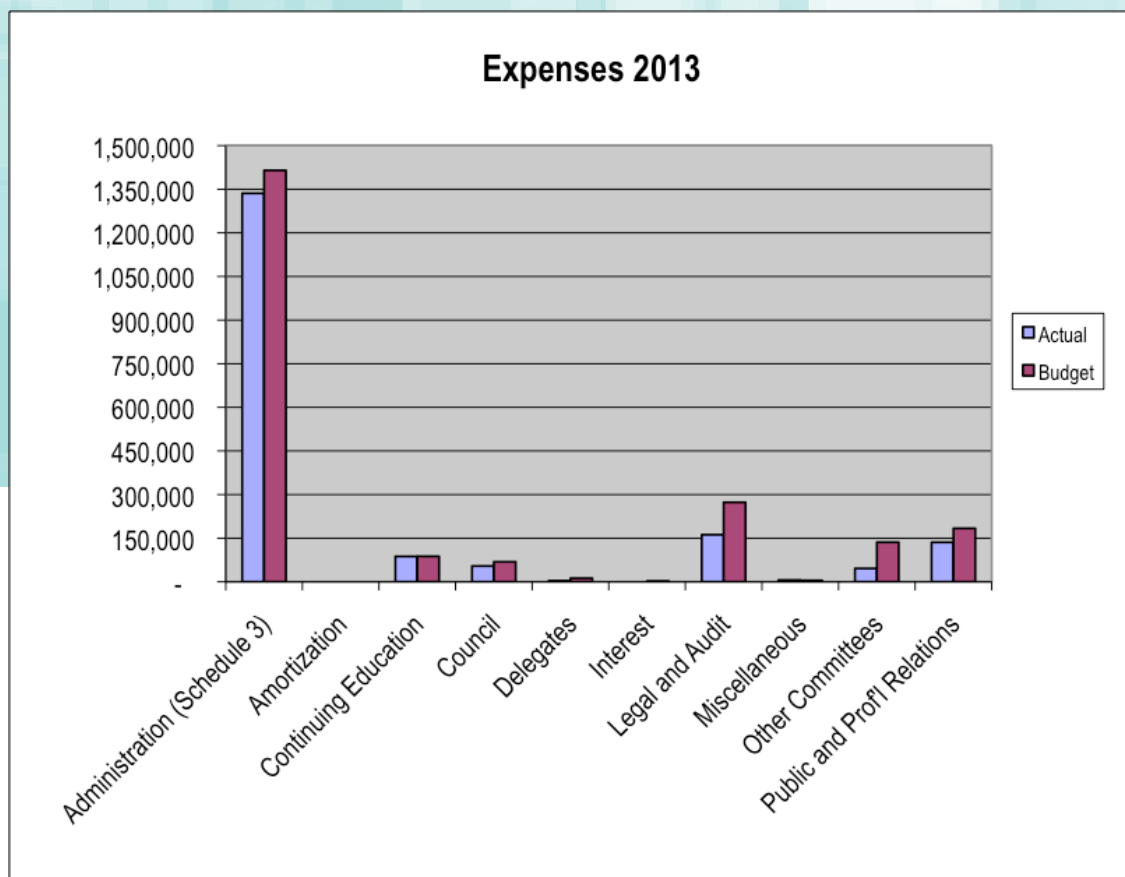
Provincially, and in collaboration with national initiatives, in particular the CPhA "Moving Forward" pharmacy human resources study, we are continuing to monitor membership trends to predict our human resource requirements.

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 budget. The following graphs summarize our performance:



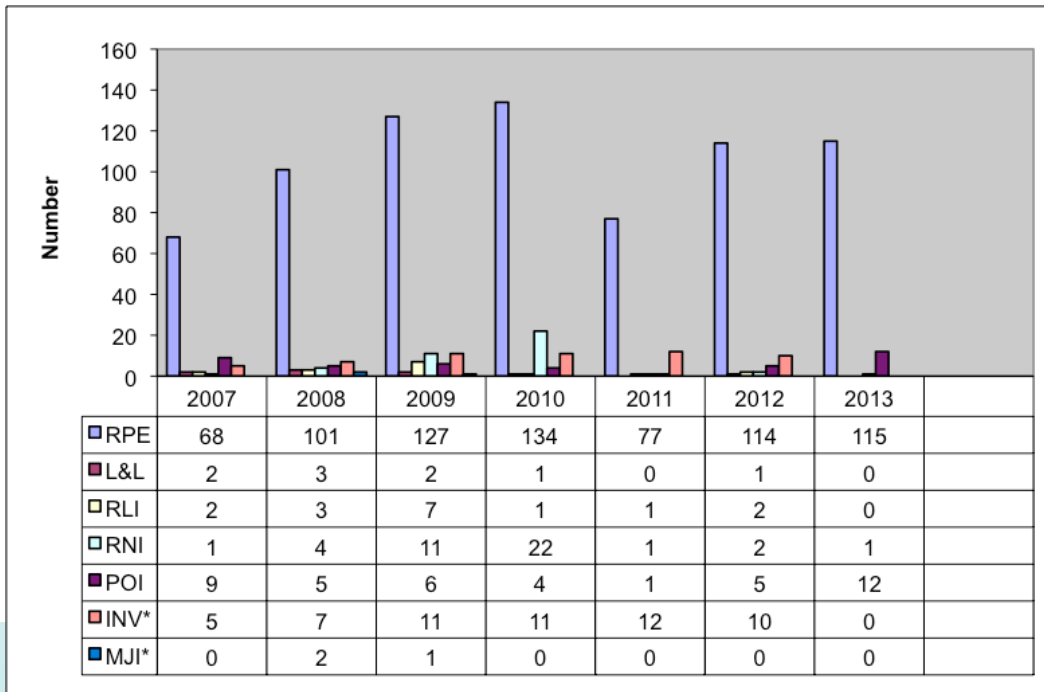
Expenses 2013



Our financial status improved remarkably due to reduced disciplinary costs and to discipline costs recoveries, along with administrative and other operational savings from reduced Council and committee costs. The \$512,606 surplus will allow us to exceed our operating reserve target of a minimum 50% of administrative costs, plus augment our catastrophic discipline costs reserve from \$120,000 to \$250,000.

FIELD OPERATIONS

Field Operations workload in regards to Pharmacy Practice Reviews continues to be divided between Jeannette Sandiford in southern Saskatchewan and Lori Postnikoff in northern Saskatchewan. Regular activities are summarized as follows:



*No Longer Tracking.

Key:

RPE = Routine pharmacy evaluations

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, 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. 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 (PPRs)

- The goal of the Field Officers is to visit each pharmacy once every three (3) years. In 2013, we visited pharmacies which had last been visited in 2009, 2010 and 2011.
- The Field Operations' staff continues to modify and review the practice review process based upon the *Model Standards of Practice for Canadian Pharmacists* (NAPRA 2009) 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.
- In the fall of 2009, SCP adopted the new *Model Standards of Practice for Canadian Pharmacists* (NAPRA 2009). The Field Operations' staff continues to modify and review the practice review process based upon these Standards. In partnership with the Institute for Safe Medication Practices Canada (ISMP), we are piloting COMPASS™, a continuous quality assurance process for community pharmacies. COMPASS™ is an acronym for Community Pharmacists Advancing Safety in Saskatchewan. Our vision is to implement COMPASS™ province-wide based upon the learnings from our pilot project. As our philosophy is that meeting standards assures quality, meeting these standards is an important component of COMPASS™. As a result, we foresee a significant shift in the role of our Field Officers from inspecting and monitoring compliance with standards to assisting community pharmacists with adopting and effectively using the tools within COMPASS™. They will become quality assurance advisors helping pharmacists to use COMPASS™ resources to identify, on a continuous basis, strengths and opportunities to sustain quality practices, as well as to identify those gaps in meeting standards and the corrective measures needed to assure quality. Members are asking:

Q: Why?

A: Because it:

- Aligns with Saskatchewan Health system planning. All in the system are expected to focus on a culture of safe patients and workplaces. Some goals focus on medication safety;
- Will replace our pharmacy practice review rating system with more meaningful and credible measures of the quality of our services; and
- Supports our standards of practice by emphasizing medication safety for patients and safe medication practices within the pharmacy.

Q: My practice is safe. Why will I be expected to participate?

A: Because it:

- Will help you stay that way;
- Will identify improvements so that your practice can become that much better; and
- Is measurable so that your performance can be used as a benchmark for lower performing practices to reach.

The current 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.

The ratings are summarized as follows:

Year		2013	2012	2011	2010
Number of Pharmacies		115	114	77	119
Indicator	Rating	%	%	%	%
1) Information gathering and documentation	1	0	0	0	1
	2	80	72	68	81
	3	20	28	32	18
	4	0	0	0	0
2) Patient information utilization	1	0	0	0	1
	2	9	12	1	5
	3	91	88	99	94
	4	0	0	0	0
3) Medication therapy through patient education	1	0	0	0	0
	2	4	3	3	5
	3	96	97	97	95
	4	0	0	0	0
4a) Access and use information sources <i>(discontinued 2012)</i>	1	n/a	n/a	0	0
	2	n/a	n/a	10	5
	3	n/a	n/a	90	95
	4	n/a	n/a	0	0
4b) Prescribing in best interest of patient <i>(new 2012)</i>	1	0	0	n/a	n/a
	2	4	0	n/a	n/a
	3	92	97	n/a	n/a
	4	4	3	n/a	n/a
5) Prescribing according to bylaws <i>(new 2012)</i>	1	1	0	n/a	n/a
	2	2	5	n/a	n/a
	3	96	87	n/a	n/a
	4	1	8	n/a	n/a
6) Effective use of personnel	1	0	0	0	1
	2	3	0	6	2
	3	97	100	94	97
	4	0	0	0	0
7) Formal system for medication incidents	1	0	0	0	0
	2	38	4	0	3
	3	62	96	99	97
	4	0	0	1	0
8) Safe drug inventory maintenance	1	0	0	0	0
	2	1	2	0	2
	3	99	98	100	98
	4	0	0	0	0
9) Prescription and record keeping review	1	0	0	0	0
	2	1	0	0	0
	3	99	100	100	100
	4	0	0	0	0

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 Indicator statements are as follows:

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.

4a Pharmacists have access to and use relevant sources of information (discontinued 2012).

4b Pharmacists are prescribing when in the best interest of the patient to do so.

5 Pharmacists are prescribing in accordance with the SCP bylaws.

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

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.

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

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

Summary of Professional Practice Review (PPR) Results:

As the table on the previous page indicates, ratings are somewhat consistent over the data collection period.

We remain concerned with #1 where we observe that information gathering and documentation still require improvement. We will identify causative factors and remedial strategies such as education.

Indicator #6 may be the beginning of a trend towards ineffective use of personnel. We will be closely monitoring this indicator.

Indicator #7 continues to create an opportunity to align with health system planning. One of three major goals for the entire system is a culture of safe patient and workplaces. As discussed in this report, we can leverage these results to promote medication safety and safe medication practices within our COMPASS™ pilot project.

More detail on the results of our PPRs can be found in Appendix C.

Other Field Operation activities include:

- Both Jeannette Sandiford and Lori Postnikoff participated in Council meetings, conferences and convocation ceremonies. They actively participate in the yearly Canadian Pharmacy Inspectors Symposium.
- Jeannette Sandiford is also our administrative lead resource for our COMPASS™ pilot project.
- Lori Postnikoff transitioned in 2013 to Complaints Director and continues as an investigator. She investigates complaints, usually requiring interviews or visits and acts as a resource for the Committee.
- Lori also serves on the College of Physicians and Surgeons 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 and for continuing to make their job so interesting and enjoyable.

COMPLAINTS

The disposition of the complaints files is summarized as follows:

COMPLAINTS SUMMARY	B/F 2012	March	June	Sept	Dec	Total 2013
# of New Complaint Files		9	15	8	14	46
# of Complaint Files Closed		◆ 8	12	■ 13	◇ 12	45
# of Complaint Files referred to Discipline	◆ 1	■ 3	0	1	0	4 (3)
# of Complaint Files referred to Alternative Dispute Resolution Process (ADR)		1	0	◇ 1	0	2 (1)
# of Complaint Files Open for investigation	11	9	12	6	9	9
Professional Incompetence						
Alcohol/Drug Abuse		1				1
Medication Errors		3	2	2	1	8
Prescription Transfers		1				1
Inappropriate Product Selection						
**Adverse Drug Reaction (otc)				1		1
Miscellaneous/Other						
Professional Misconduct						
Bylaws/Standards/Guidelines/Ethical Infractions			2	1	1	4
Communication/Unprofessional Behaviour		2	2	2	2	8
Record Keeping				1		1
Unsupervised Assistant					2	2
Prescription Short Fills			1	1	2	4
Pharmacist Not on Duty						
Dispensing Without Authority					1	1
Breach of Confidentiality/Privacy		2	4	1	4	11
**Refusal to Fill		2	3		2	7
**Patients' Right to Choose Pharmacy			1		1	2
**Adverse Drug Reaction (otc)			1			1
Miscellaneous/Other					2	2
Proprietary Misconduct						
Advertising						
Bylaws/Standards/Guideline/Ethical Infractions						
Billing Irregularities/Overcharging					1	1
**Patients' Right to Choose Pharmacy			2		1	3
Miscellaneous/Other						
TOTAL ALLEGATIONS		*11	*18	*9	*20	*58

* more than one allegation in one file

**new statistic (2013)

◆ file originally referred to Discipline in 2012; received new information and file closed in March 2013 (1 file)

■ file originally referred to Discipline in March 2013; received new information and file closed in Sept. 2013 (1 file)

◇ file originally referred to ADR in Sept. 2013; received new information and file closed in Dec. 2013 (1 file)

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

TYPE OF COMPLAINT	2006	2007	2008	2009	2010	2011	2012	2013
Advertising	0	1	0	0	0	0	1	0
Alcohol/Drug Abuse	0	0	0	0	0	0	0	1
Communication/Unprofessional Behavior	0	4	7	8	19	11	12	8
Medication Errors	6	6	11	12	9	5	27	8
Record Keeping	0	0	0	0	0	0	1	1
Bylaws/Standards/Guidelines/Ethical Infractions	0	3	4	7	5	1	1	4
Prescription Transfers	1	0	0	0	0	1	1	1
Billing Irregularities/Overcharging	5	0	7	2	4	3	5	1
Inappropriate Product Selection	2	1	0	1	0	0	0	0
Unsupervised Assistant	1	1	0	1	1	0	0	2
Prescription Short Fills	1	2	1	0	0	0	1	4
Pharmacist Not on Duty	0	1	0	3	1	0	0	0
Dispensing Without Authority	0	0	1	2	2	1	1	1
Breach of Confidentiality/Privacy	1	1	6	2	4	3	6	11
**Adverse Drug Reaction (otc)	-	-	-	-	-	-	-	2
**Refusal to Fill	-	-	-	-	-	-	-	7
**Patient's Right to Choose Pharmacy	-	-	-	-	-	-	-	5
Miscellaneous/Other	2	3	2	2	2	9	7	2
TOTAL	*19	*23	*39	40	49	*35	*63	*58

* **Type of Complaint** total exceeds the number of actual complaint files due to more than one allegation in some of the complaint files

** new statistic (2013)

The Pharmacy Act, 1996 requires the Complaints Committee to investigate all complaints it receives in writing. Once the investigation is concluded the committee recommends the file to be closed, referred to a disciplinary hearing or referred to an Alternative Dispute Resolution (ADR) process.

In 2013, we had 46 new complaints and we carried forward 11 complaints from 2012. In total, 45 complaint files were closed.

Four files were referred for a disciplinary hearing; however, one file was closed as the former member could not be served with notice of hearing.

We concluded the DIN spin hearings with five pharmacies. The Discipline Committee also convened a hearing on a separate file.

Two files were referred to ADR; however, in one instance the complainant chose not to participate. The file was closed with a caution to the member.

Nine files remained open as of the end of 2013.

The College is currently developing an online complaints reporting system, including information for the public in regards to the complaints process.



COMPASS™

Patient safety, particularly in the area of medications, is a critical concern across Canada. Research has shown a high number of Canadians have been seriously injured, or worse as a result of medication incidents. The high incidence of emergency room visits related to medications indicate that errors could be occurring outside of the public facilities (hospitals and long term care facilities) in community pharmacies.

Up to now, very little research has been done within community pharmacies to identify practices that may contribute to safety issues within community pharmacies. The SafetyNET-Rx (www.safetynetrx.ca) program in Nova Scotia set out to identify and potentially resolve issues within community pharmacies that may contribute to medication incidents and thus improve the safety of medication practices.

Pharmacies in Saskatchewan are to establish and maintain a quality management program as per the NAPRA Model Standards of Practice for Canadian Pharmacists, 2009. The Continuous Quality Improvement (CQI) process should evaluate and ensure both medication safety (keeping patients safe as they use medications) and safe medication practices (processes that are in place that assures patients safe access to medications) in order to enable pharmacies to provide optimal patient care. However, routine audits of pharmacies undertaken by SCP Field Officers identified that many pharmacies were uncertain of what a quality management program entailed, or where they could access information or resources to assist them in meeting this requirement. Furthermore, SCP did not have specific criteria against which quality management programs established by some pharmacies could be assessed. The SCP Council saw the positive results from the SafetyNET-Rx program and as a result of the above issues became interested in developing a Continuous Quality Assurance (CQA) pilot project for Saskatchewan.

Such a pilot was launched this year. In September 2013, the Saskatchewan College of Pharmacists (SCP), partnering with the Institute for Safe Medication Practices (ISMP) Canada, launched the COMPASS™ (**C**ommunity **P**harmacists **A**dvancing **S**afety in Saskatchewan) Continuous Quality Assurance (CQA) pilot project.

The purpose of the pilot is to test the feasibility of having a standardized CQA program within community pharmacies in the province in order that pharmacy staffs may identify and resolve practices that could potentially be unsafe or effect patient safety.

Another goal is to develop tools for the Field Officers when evaluating quality management systems during professional practice reviews.

Two full day education sessions were held in September to introduce the pilot project, recruit pilot pharmacies and provide pharmacists with information on medication safety and strategies for ensuring safe medication practices within their community pharmacy.

The goal of the pilot was to recruit at least 10 community pharmacies to participate from a variety of practice settings including rural, urban, chain, independent, higher volume and lower volume in order to obtain a representative cross section of community pharmacy practice situations. Eleven pharmacies were recruited, but one pharmacy dropped out. The majority of the pharmacies were recruited from September to November with one pharmacy joining in January 2014.

The objective of the pilot is to have the pilot pharmacies utilize online safety tools to report medication errors, assess systems and procedures within the pharmacy and to develop plans of action for improvement. The online tools were developed by ISMP Canada and have been provided to the pilot pharmacies free of charge for the duration of the pilot. The online ISMP Canada tools that are being used are: CPhIR (Community Pharmacy Incident Reporting) tool (<http://www.cphir.ca>) as well as the Quality Improvement link in the same system and MSSA (Medication Safety Self-Assessment) (<http://www.ismp-canada.org/amssa/>).

The initial uptake and engagement of the pilot pharmacies was understandably slow, however as of March 2014, seven of the 10 pilot pharmacies have reported at least one medication incident, 4 of the 10 pharmacies have completed their MSSA (others may have started but not opened the online tool), and no pharmacies have scheduled their first quarterly meeting. Strategies are being developed to encourage the pilots to fully utilize the tools. We plan to obtain feedback from the pilot pharmacies on barriers and supports that inhibit or enable them from implementing the tools as a continuous quality improvement process in their pharmacy.

The future focus of the steering committee for the pilot project will be on scaling up strategies to include more pharmacies and evaluation of the results of the pilot in order to inform next steps and changes that may have to be made in order to implement a standardized continuous quality improvement process in all Saskatchewan pharmacies. The SCP Field Officers will be visiting each of the pilot stores as part of the process in order to develop and test an assessment tool to be used in the future to ensure an effective continuous quality improvement process is being maintained in each pharmacy.

OTHER COMMITTEES

OTHER COMMITTEES

As part of her duties, Jeanne Eriksen provides administrative support for the Professional Practice, Awards and Honours and Registration and Licensing Policies Committees and continues to work in planning for the introduction of the regulation of pharmacy technicians. Her involvement includes:

- A review of our conditional practising membership concept that included a key informant survey. This is being integrated with a review of our internship requirements for registration;
- Recognition of graduates from Canadian Council for Accreditation of Pharmacy Programs;
- Modifications to guidelines and policy statements regarding customized/compliance packages, return to stock of dispensed drugs and central fill; and
- The recommendation to introduce mandatory private counselling areas in community pharmacies.

Jeanne oversees our communications strategies and ensures that our inTouch data management and information processing system meets our legislative and policy requirements. In that capacity she led:

- a member survey and examination of our social media strategy expected to be implemented in 2014; and
- a member survey of skills and interests to serve SCP.

She also represents SCP on the Continuing Professional Development for Pharmacists Advisory Committee, and the Structured Practice Experiences Program Advisory Committee. She led the development of an online computer based jurisprudence examination.

During the year she continued serving as our delegate on a NAPRA sponsored committee working on a national pharmacy technician regulation model, and the SIAST Pharmacy Technician Training Program Advisory Committee.

OTHER ACTIVITIES

OTHER ACTIVITIES

- Refined our operational plans under our new 2012-15 strategic plan;
- Held a meeting of our Interdisciplinary Advisory Committee on Prescriptive Authority for Pharmacists to advise on:
 - waiving or amending prescribing limits;
 - full implementation of prescriptive authority including all remaining minor ailments conditions;
 - Level I training as a licensure requirement;
 - Optional rather than mandatory recording of the prescription in the PIP system;(NB: Council passed the relevant bylaw amendments which are in varying stages of approval or implementation)
- Published 4 editions of SCOPe (Saskatchewan College of Pharmacists e-newsletter);
- Planned our 102nd Annual General Meeting at Elk Ridge Resort, Waskesiu, Saskatchewan;
- 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 and prescriptive authority for pharmacists 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;
- Continued the refinement of our in1touch information collection and data processing system;
- Continued to process National Drug Scheduling Advisory Committee drug scheduling recommendations;
- Actively involved in the PIP CeRx Integration Advisory Committee;

OTHER ACTIVITIES

- 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 the Network of Interprofessional Regulatory Organizations (NIRO), joint Board/Council meetings with the Pharmacists' Association of Saskatchewan (PAS), the Saskatchewan Branch of Canadian Society of Hospital Pharmacists (CSHP) and the Prescription Review Program (PRP). 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 PRP administration in corresponding with members when the program criteria indicated that a letter be sent to members requesting an explanation;
- Continued to support the Pharmacy Coalition on Primary Care;
- With PAS, 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;
- As a member of the Council of Pharmacy Registrars of Canada, which is an advisory committee to the Board of Directors of the National Association of Pharmacy Regulatory Authorities (NAPRA), we coordinate activities amongst our respective organizations and advance issues to the Board for policy resolution. This involved attending four meetings during the year and participating on various task forces, committees and working groups. Work includes national sterile and non-sterile compounding standards in response to the oncology drug under-dosing incident in Ontario;

OTHER ACTIVITIES

- Developed and signed a “Mutual Cooperation and Assistance Agreement” with the Alberta College of Pharmacists to facilitate information sharing and standards enforcement respecting inter-provincial pharmacy and pharmacist services;
- 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 medSask;
- Policy development and issues management required considerable involvement of staff including research, coordinating and drafting documents. An example of such an initiative is the regulation of pharmacy technicians. This also led to preparing extensive submissions to the Ministry of Health and stakeholder consultations 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
 - 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 and our role in information sharing and interaction with members;
- 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 requirements for pharmacy practice management systems to meet NAPRA model standards of practice for Canadian pharmacists

CONCLUSION

- Federal regulations to authorize new classes of practitioners to prescribe Controlled Substances, amend access to medical marihuana, and to regulate natural health products
- Monitoring the effect of national initiatives on drug shortages;
- Provided administrative support to Council, Audit and Finance Committees; and
- 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.

CONCLUSION

On behalf of all staff, I extend our sincere appreciation to President Lyons 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, Lori Postnikoff, Jeannette Sandiford, Pat Guillemin, Andrea Crain, Darlene King, Cheryl Klein, Heather Neirinck, Ginger Ritshie, Audrey Solie and Amanda Stewart 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 Statistics		2007	2008	2009	2010	2011	2012	2013
As of December 31								
Practising Members								
	Community:	883	942	959	987	995	996	1016
	Hospital:	198	205	217	217	230	250	258
	Conditional Licences:	2	1	1	3	3	2	5
	Others Practising:	170	131	137	151	145	168	175
	TOTAL PRACTISING:	1253	1279	1314	1358	1373	1416	1454
Non Practising		61	62	57	56	50	43	45
	Retired	86	67	69	76	90	93	97
	Associate	69	76	72	69	60	55	51
	TOTAL MEMBERS:	1469	1484	1512	1559	1573	1607	1641
Pharmacies								
	Community:	330	330	330	330	328	330	337
	Satellite:	11	8	8	8	8	8	8
	Dispensing Physician:	8	7	7	7	7	7	7
	Internet:	0	0	0	0	0	0	0
	TOTAL PHARMACIES:	349	345	345	345	343	345*	352

*Adjusted 2012 statistics according to renewal.

Pharmacy Changes During 2013

- 11 Community Pharmacy Openings
- 4 Community Pharmacy Closures
- 43 Community Pharmacy Manager Changes
- 9 Community Pharmacy Ownership Changes
- 5 Community Pharmacy Name Changes
- 5 Pharmacy Relocations
- 5 Pharmacy Renovations
- 6 Lock and Leave Permits Issued
- 27 Lock and Leave Amendments

Registration and Membership Statistics

- 350 inquiries for International Pharmacy Graduates (IPGs)
- 16 IPGs in appraisal training/assessment process

Total Registration: **102**

- 76 Saskatchewan BSP Graduates:
 - 56 registered as Conditional Practising
 - *4 remain Conditional Practising
 - 20 registered as Practising

- 26 Candidates from Other Jurisdictions:
 - 17 Candidates from other Canadian Provinces
 - 9 IPGs

Total Membership Terminations: **60**

- 37 Non Payment of Dues
- 23 By Request
- 3 Deceased Members
- 15 Converted to Retired Membership

Prescriptive Authority – % of Licensed Pharmacists

Qualified to prescribe Emergency	
Post-Coital Contraception	70%
Prescriptive Authority Level I Trained	96%
Prescriptive Authority Minor Ailments Trained	76%

Financial: For the Fiscal Year Ended December 31, 2013

	Actual	Budget	Variance	Comments
Revenue				
Fees and Licences (Schedule 1)	2,164,371	2,147,266	17,105	Permit fee reduction offset by more licences
Sundry (Schedule 2)	155,313	120,978	34,335	Increased recovery of discipline costs
Realized and Unrealized Income on Marketable Securities	23,776	47,556	(23,780)	Investment vehicle performance lower than expected
	2,343,460	2,315,800	27,660	
Expenses				
Administration (Schedule 3)	1,335,884	1,414,783	(78,899)	Operating costs increases lower than expected
Amortization	–	–	–	
Continuing Education	87,240	87,657	(417)	
Council	54,329	68,706	(14,377)	Fewer meetings
Delegates	3,543	12,290	(8,747)	Fewer out of province engagements
Interest	–	2,832	(2,832)	Bank loan retired
Legal and Audit	161,875	273,294	(111,419)	Reduced corporate and discipline needs
Miscellaneous	6,165	4,914	1,251	
Other Committees	45,968	136,265	(90,297)	Fewer meetings than expected
Public and Professional Relations	135,850	183,800	(47,950)	No public education campaign/Reduced COMPASSTM costs
	1,830,854	2,184,541	(353,687)	
Excess Revenues over Expenses	512,606	131,259	381,347	



2013 Results of Professional Practice Reviews (PPRs)

Practice Review Goals include the following:

- Assess compliance of pharmacists with NAPRA "Model of Standards of 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.

The questions on the form are not static – they change as we see trends developing in practice.

In the year 2013, the number of pharmacies visited by the Field Officers was 115.

Each **indicator statement** (bolded) has a series of questions which forms the basis for the rating.

The ratings on the report are as follows:

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

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 –	=92/115	=80%
3 –	=23/115	=20%

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 –	=10/115	9%
3 –	=104/115	91%

Intuitively it would be expected that the rating - 2 would be higher. 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, and 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 pharmacists 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 –	=4/115	4%
3 –	=110/115	96%

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.

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

2 –	=4/115	4%
3 –	=106/115	92%
4 –	=4/115	4%

There have been some 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.

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

1 –	=1/115	1%
2 –	=2/115	2%
3 –	=111/115	96%
4 –	=1/115	1%

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. Currently, there is no minimum standard or requirements nor is there regulatory oversight of pharmacy assistants. Therefore, it is somewhat difficult to determine adequate skills and knowledge levels for pharmacy assistants.

Rating

2 –	=3/115	3%
3 –	=112/115	97%

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 is 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 – =44/115 38%
 3 – =71/115 62%

In most corporate pharmacies (chain franchise, etc.) 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 to 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 – =1/115 1%
 3 – =114/115 99%

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

Rating

2 – =1/115 1%
 3 – =114/115 99%

Although often outside the pharmacists’ control, issues of inadequate documentation of prescription requirements continue to be an issue for pharmacists. Changes to the PRP regarding gabapentin have generated much discussion within pharmacies during visits.



2013-2014 SASKATCHEWAN COLLEGE OF PHARMACISTS

LEGEND

*Chairman

A = Advisory (Non-Voting)

O = Officers

P = Public Member

COUNCIL/EXECUTIVE

Barry Lyons* (O)

Spiro Kolitsas (O)

Bill Gerla (O)

Kim Borschowa

Shannon Clarke

Lori Friesen

Geoff Barton

Doug MacNeill

Jarron Yee

Leah Perrault

Justin Kosar

David Hill

Pamela Anderson (P)

Barbara deHaan (P)

Andrew Plishka (A)

COMMITTEES

Audit

Barry Lyons *

Kim Borschowa

(Term-ended: June 2013)

Bill Gerla

Christine Hrudka

Spiro Kolitsas

Curtis Loucks

(Term-ended: June 2013)

Bill Paterson

Ray Joubert (A)

Awards and Honours

Bill Paterson *

Rod Amaya

(Term-ended: October 2013)

Zack Dumont

Garry Guedo

(Term-ended: October 2013)

Monica Lawrence

Doug Spitzig

(Term-ended: October 2013)

Garth Walls

(Term-ended: October 2013)

Bridget Zacharias

Jeanne Eriksen (A)

Complaints

Kim Borschowa *

Debora Bakken-Voll

(Term-ended: October 2013)

Bev Brooks

Stan Chow

George Furneaux

Darryl Leshko

Janet Markowski

Melanie McLeod

(Term-ended: July 2013)

Barb deHaan (P)

Jeanne Eriksen (A)

(Term-ended: April 2013)

Lori Postnikoff (A)

Amanda Stewart (A)

Discipline

Mike Davis *

Janet Bradshaw

Brad Cooper

Bill Gerla

Christine Hrudka

Spiro Kolitsas

Pamela Anderson (P)

Ray Joubert (A)

Pharmacy Coalition on Primary Care

Ray Joubert *

Kim Borschowa

Derek Jorgenson

Darcy Lamb

Barry Lyons

(Term-ended: Spring 2013)

Dawn Martin

Shannan Neubauer

Brenda Schuster

Yvonne Shevchuk

Myla Wollbaum

Professional Practice

Geoff Barton *

Garry Guedo*

(Term-ended: October 2013)

Debora Bakken-Voll

(Term-ended: October 2013)

Stan Chow

(Term-ended: October 2013)

Karen Jensen

Deven Johnson

Don Kuntz

Sue Mack-Klinger

Lindsey McComas

Bonnie Meier

(Term-ended: October 2013)

Janice Norfield

(Term-ended: October 2013)

Betty Riddell

(Term-ended: October 2013)

Bill Semchuk

(Term-ended: October 2013)

Kimberley Sentes

(Term-ended: October 2013)

Bindu Shebi George

Myla Wollbaum

Jeanne Eriksen (A)

Jeannette Sandiford (A)

(Term-ended: October 2013)

Registration and Licensing Policies

Mike Davis *
Sharon Lyons
Glenn Murray
Carol Pannell
Kimberley Smith
Margaret Wheaton
(Term-ended: October 2013)
Jeanne Eriksen (A)

APPOINTEES

**Canadian Council on Continuing
Education in Pharmacy (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 (Senior Assistant)
Andrea Crain
Darlene King
Heather Neirinck
Ginger Ritshie
(began April 2013)
Audrey Solie
Amanda Stewart

MINUTES OF THE 102nd ANNUAL GENERAL MEETING

Saturday, May 4, 2013

Elk Ridge Resort, Waskesiu, Saskatchewan

10:30 – 11:30 a.m.

Chairman – Kim Borschowa

1 WELCOME AND OPENING REMARKS

Chairman Borschowa called the meeting to order and welcomed those members present to the 102nd Annual General meeting of the Saskatchewan College of Pharmacists.

2 INTRODUCTION OF COUNCILLORS AND SPECIAL GUESTS

Chairman Borschowa of Radville introduced the Council members as follows: President-Elect, Barry Lyons, Saskatoon; Vice-President, Spiro Kolitsas of Regina; Past-President, Joan Bobyn of Saskatoon; Council Members, Lori Friesen of Melfort; Sheldon Ryma of Prince Albert; Doug MacNeill of Saskatoon; Bill Gerla of Humboldt; Leah Perrault of Swift Current; Justin Kosar of Saskatoon; Ex-Officio, David Hill of Saskatoon. Not in attendance, Pamela Anderson, public member of Regina; Barbara DeHaan, public member of Biggar and Amanda Stevens, student observer from Saskatoon.

Chairman Borschowa extended a special thank you to Dr. Joan Bobyn for her years of commitment and dedication to the College, as she retires from Council. Chairman Borschowa also thanked Amanda Stevens, Senior Stick, who represented the students over the past year. Andrew Plishka will be the new senior stick for the upcoming year.

This year SCP held elections in Divisions 1, 3, 5 and 7. In Division 1, Shannon Clarke and in Division 5, Jarron Yee, were elected by acclamation. In Division 3 Geoff Barton was appointed. We held an election for Division 7 with Bill Gerla returning to Council. We wish to thank Glenn Murray for his interest in the affairs of the College.

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 MOTION TO ACCEPT 2012 MINUTES AS PRINTED AND DISTRIBUTED

MOTION: C. Loucks / D. Kuntz

THAT the Minutes of the 101st Annual General Meeting of the Saskatchewan College of Pharmacists, held on Saturday, April 28, 2012 in Saskatoon, be adopted as printed and distributed.

CARRIED

4 BUSINESS ARISING FROM THE MINUTES

There was no business arising from the minutes.

5 MEMORIAL TO DECEASED MEMBERS

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

Beverly Edwin Allen	Davis McHarg
Priscilla Maeve Cook	Don Hugh McIntyre
James Wesley Doerksen	Mary Alice McKendry
Warren John Domres	Duncan Scott McPherson
Eileen Hilsden	Susan M. Poulin
Edna Dorothy Hulth	Linda Genevieve Wurm
Rea Cunningham Knowles	

6 REPORTS

6.1 *President's Annual Report*

President-Elect Barry Lyons assumed the chair, introduced President Borschowa and invited her to present the Annual Report.

President Borschowa referred members to her published report beginning on page 5 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.

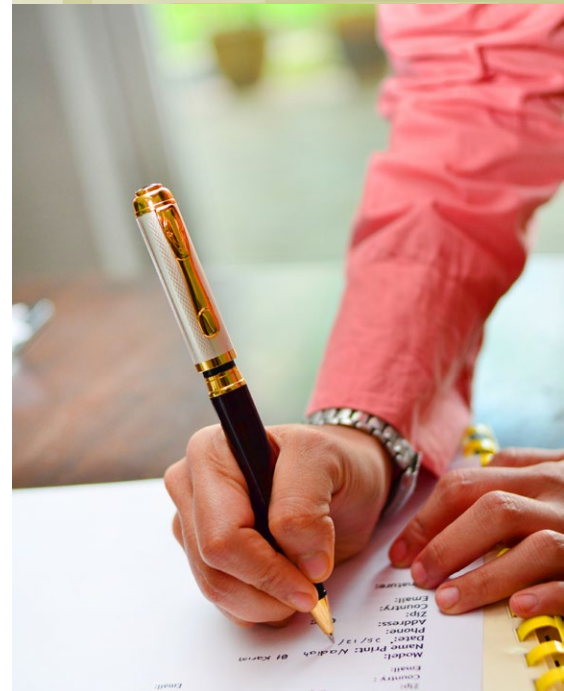
President-Elect Lyons invited questions from the floor arising from the President's report. There were no questions.

MOTION: J. Bobyng / K. Smith

THAT the President's report be accepted as presented.

CARRIED

Chairman Borschowa resumed the Chair.



6.2 Registrar's Report

Chairman Borschowa invited the Registrar, Ray Joubert, to present his report. Mr. Joubert referred to his printed report beginning on page 10 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: J. Bobyne / A. Kuntz

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

CARRIED

6.3 Auditor's Report

Chairman Borschowa 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, 2012. He directed those assembled to the Auditor's report and audited financial statements for 2011-2012 published in the Annual Report on page 38.

MOTION: R. Amaya / S. Kolitsas

THAT the audited Financial Statement of the College for fiscal period ended December 31, 2012 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 Borschowa called for questions or comments on the Annual Report. There were no questions.

MOTION: B. Gerla / R. Wisser

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 on page 34.

7 NEW BUSINESS

7.1 Members Emeriti

Chairman Borschowa asked Ray Joubert to enter into the records of the College the names of the confirmed Members Emeriti. The following retired member has been in good standing with the College or other pharmacy regulatory body for at least 25 years. In accordance with the bylaws, the Awards and Honours Committee confirmed that the honorary designation of "Member Emeritus" is conferred upon:

Brian Douglas Henderson

8 CONCLUDING REMARKS

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

9 ADJOURNMENT

Chairman Borschowa declared the Annual General Meeting adjourned.

COLLEGE OF PHARMACY AND NUTRITION

INTRODUCTION

The 2013-14 academic year has been an exciting one as we launched Centennial celebrations, moved many faculty and staff, our professional practice lab and medSask to the new Health Sciences facility, continued the redesign of the Pharmacy professional program, worked to address University and College operating budget challenges and opportunities, and made preparations to welcome the next Dean of the College. Highlights of the past year are described below, and for more details, please visit www.usask.ca/pharmacy-nutrition.

UNIVERSITY NEWS

TransformUS

In order to address a looming operating deficit, the University has undertaken a program prioritization initiative entitled TransformUS. The aim is to inform strategic decisions regarding all programs that will better position the university to re-establish the sustainability to reach its vision. Our College's senior leaders, faculty and staff worked exceptionally hard this past summer to complete nine templates describing our academic programs and services. The templates from all university units were then assessed and ranked by two respective teams from the University community. The results were released in December and our College was very pleased with the quintile score rankings for our programs and services. The Provost's Committee on Integrated Planning has been meeting with deans and unit leaders to seek additional feedback prior to developing a set of actions. These actions, expected in early May, will collectively address the goals of TransformUS: to eliminate the deficit and reallocate resources for future success.

COLLEGE NEWS

Pharmacy Curriculum Redesign

Work is progressing well on the pharmacy program curriculum renewal project. A new curriculum leading to the PharmD as the first professional degree in pharmacy is anticipated to begin September 2016. A Pharmacy Curriculum Renewal Steering Committee was struck in March 2013 to develop the vision, curriculum implementation and resource plan to deliver the program. The committee is being led by Associate Dean Academic Dr. Yvonne Shevchuk and project manager Dr. Linda Suveges, who are working with faculty and practitioners on various components of the new curriculum. I am looking forward to undertaking administrative leave in 2014-15 to work on the resource plan to deliver the new program.

Pharmacy Accreditation

Following a half-day visit in September 2013 to follow up on our report on progress on the College's action plans from its last accreditation site visit, the Canadian Council for the Accreditation of Pharmacy Programs re-confirmed the award of Full Accreditation for the period 2012-2016.

College Celebrates 100 Years

The College commenced Centennial celebrations on September 20, 2013! Students, faculty, staff, alumni and friends came together on the steps of the historic Thorvaldson Building. The Dean, Division heads, Co-chairs of the Centennial Planning Committee, Saskatchewan's Minister of Justice the Honourable Gordon Wyant, and Student Society Co-presidents addressed the gathering. The event culminated with the unveiling of a giant banner that will hang on the Thorvaldson Building until July 2014. Festivities continued that night with a tailgate party at the U of S Huskies Football game. On November 29, the

official date of a pharmacy program at the U of S one hundred years ago, we celebrated with a birthday party in the new Health Sciences facility. Centennial events continued in March at the national university hockey championships in Saskatoon. We are looking forward to the Centennial Gala Weekend June 26-28, at which time Alumni of Influence will be recognized and a book on the history of Pharmacy at the U of S will be launched. The co-chairs for the Centennial Planning Committee are Dr. Dennis Gorecki, BSP 1969, and Garry King, BSP 1970, with Heather Dawson, our Communications and Alumni Relations Officer, ably coordinating. The College has been very successful in securing sponsorship support for Centennial projects from its many corporate friends in the community pharmacy sector, the pharmaceutical industry and the foods industry.

Moving to a New Home

The first phase of the College move-over to the new Health Sciences facility has taken place, with a large segment of faculty and staff now relocated into the new D and E wings of the building, along with the new state-of-the-art Apotex Pharmacy Professional Practice Centre and medSask. Undergraduate pharmacy and nutrition classrooms, many labs, student society spaces and the CPDP office will not be ready until the final renovations of A and B Wings are completed in 2015-2017. As a result, the College has retained considerable space in Thorvaldson, with our goal during the transition being to ensure there is no diminution of the quality of education or support for our students.

Hosting CPhA/PAS/AFPC

The College is hosting this year's CPhA/PAS/AFPC Conference to be held from May 31-June 4 in Saskatoon. Dr. Kerry Mansell and various planning committees from these organizations are looking forward to everyone visiting the "Land of Living Skies"!

FACULTY AND STAFF NEWS

- Dr. Kishor Wasan will join the College on August 1, 2014 as our next Dean. Dr. Wasan comes from the University of British Columbia where he is professor and associate dean of research and graduate studies in the Faculty of Pharmaceutical Sciences and the director and co-founder of the UBC Neglected Global Diseases Initiative. He is well-known in the post-secondary circles for his strengths in research and education curriculum change.
- Dr. Meena Sakharkar was welcomed to the new position of Chair in Rational Drug Design this February. The goals of the Chair are to provide vision and leadership in developing a successful research program in rational drug design at the U of S.
- Dr. Carol Henry is serving as Acting Head of the Division of Nutrition and Dietetics during Dr. Gord Zello's sabbatical leave.



- Doreen Walker (Nutrition Professional Practice and IPE Coordinator) has been seconded from the College to take on the position of U of S Health Sciences IPE Coordinator, funded by the College of Medicine.
- New positions/appointments in the Division of Pharmacy included Amber Ly as Pharmacy Undergraduate Programs Administrative Coordinator and Eric Landry, Coordinator of our new Medication Assessment Centre.

UNDERGRADUATE PROGRAMS

Eighty-eight students received the BSP at Spring 2013 Convocation, and 26 students received the BSc (Nutrition) degree. Applications to the pharmacy program this year totaled 578. Enrolment in the BSP is 348, with 91 students in Year 1, 88 in Year 2, 85 in Year 3 and 84 in Year 4; and 94 in nutrition, with 28 students in Year 1, 21 in Year 2, 21 in Year 3 and 24 in Year 4. Saskatchewan Pharmacy and Nutrition Students' Society Co-Presidents Laura Almas and Shelby Anderson, Pharmacy Senior Stick Andrew Plishka, Senior Dietitians of Canada Liaison Caitlin Peiris and Council representatives welcomed the Classes of 2017 at *Orientation 2013*. The 21st *Annual SPNSS Pharmacy Professional Enhancement Day* was also held in September, at which time Dr. Stephen Sanche spoke on "The HIV Epidemic in Saskatchewan: What's Happening and How Pharmacists are Helping."

We welcomed our 100th incoming pharmacy class at the annual White Coat Ceremony in November. President Ilene Busch-Vishniac, Dean David Hill, faculty, staff, members of the pharmacy profession, including Kim Borschowa who gave the welcoming address, and family and friends were on hand to see first year pharmacy students receive their white coats.

Early in the New Year, a large number of our BSP students travelled to Vancouver to the CAPSI conference hosted by UBC. Highlights included the various competitions in which our student teams placed very well. In February, 2nd Year students participated in a very unique experience – they attended class with pharmacy students from Qatar University. Professors Jeff Taylor (U of S) and Kyle Wilby (Qatar University) teamed up to co-deliver a practice session on smoking cessation for students in Saskatoon and Doha. This is the first pharmacy encounter between the two universities, and this co-delivered event, with approximately 7,000 miles between lecture spaces, helps students learn and share with colleagues across the world. Our annual Pharmasave-Rubicon Pharmacy Student Business Plan competition was held recently. Created by Dr. Jason Perepelkin, the goal is to encourage students to look past the dispensary and consider the additional services that an entrepreneurial pharmacist can provide to patients.

GRADUATE STUDIES AND RESEARCH

Enrolment in the Pharmacy graduate program continues to be strong, with 28 MSc and 16 PhD; and in Nutrition, 5 MSc students and 17 PhD – for a total of 66 students. Our students continue to achieve success in their applications for College, University and national scholarships, and numerous poster awards at the University's *Health & Life Sciences Research Day* held each spring.

Faculty work hard to secure research funding, with examples of successes indicated below.

- Dr. Ildiko Badea received a VP Research President's NSERC award for *Engineering and Characterization of Novel Delivery Nanoparticles*.
- Dr. David Blackburn received a CIHR Operating grant for *Major Determinants of Non-adherence in Saskatchewan*.
- Dr. Jonathan Dimmock received a MITACS Accelerate for *Syntheses of Novel 3, 5-bis (Benzylidene) - 4 - Piperidone Derivatives as Potential Anticancer Agents*.
- Dr. Roy Dobson received funding from the CIHR Regional Partnership Program for *Supporting a Greater Role for Patients in Assessing the Quality of Care*.
- Dr. Charity Evans was co-applicant on a UBC grant entitled *Adherence to Immunomodulators in Multiple Sclerosis: Prevalence and Clinical Impact*.
- Dr. Carol Henry, along with Drs. Zello, Whiting, and Vatanparast, received funding from Dairy Farmers of Canada for the project *Assessing Children's Acceptance of Reduced Sugar Chocolate Milk Option on Elementary Schools in Saskatoon*.
- Drs. Ed Krol and David Palmer (Chemistry) were awarded a Sylvia Fedoruk Centre for Nuclear Innovation grant for *Chemical and Enzymatic Synthesis of Novel Medical Imaging Probes*. Dr. Krol was also awarded a VP Research President's NSERC for *Toxicity and Biological Activity of Naturally Occurring Polyphenols*.
- Dr. Thomas Rotter was awarded a SHRF Establishment grant for *The Implementation and Evaluation of Clinical Pathways in Saskatchewan*.
- Dr. Susan Whiting was awarded Dairy Farmers of Canada research funding for *Association between Dietary Intakes and Cardiovascular Risk of Canadians Using the Canadian Health Measures Survey Cycles*.
- Drs. Gordon Zello and Philip Chilibeck (Kinesiology) received funding from the Saskatchewan Pulse Development Board for *Effect of a Pulse-Based Diet on the Health of Women with Polycystic Ovarian Syndrome-Phase II Investigations*.
- Dr. Jian Yang was part of a successful Saskatchewan Agriculture Development Fund grant with colleagues in the College of Agriculture and Bioresources to study *Adding Value to Flax Peptides*.

We hosted the first stakeholder meeting on the evaluation of Lean in Saskatchewan's healthcare system. Evaluating the impact of such an ambitious health system improvement initiative is a complex undertaking and the U of S is leading the way through the expert work of Dr. Thomas Rotter, Research Chair in Health Quality Improvement Science in our College.

SERVICE ACTIVITIES

The newly named medSask, Your Medication Information Service (formerly the Saskatchewan Drug Information Service) also has an excellent new home in E Wing of the Health Sciences facility. The bright new offices and expanded work space is enabling the service to provide additional placements for SPEP students and summer students. Dr. Yvonne Shevchuk is Director of the service and Karen Jensen its Manager. The Continuing Professional Development for Pharmacists unit located in the College, directed by Dr. Linda Suveges and Assistant Director Lisa Bagonluri, continues to evolve and expand.

MAC (Medication Assessment Centre) was launched this winter. Directed by Dr. Derek Jorgenson and coordinated by Eric Landry, the Centre is a new initiative for the College to: provide quality clinical experiential training for undergraduate pharmacy students and learners from other health disciplines; provide an opportunity for practicing pharmacists to upgrade skills; and expose undergraduate students and practicing pharmacists to the opportunities and benefits of incorporating existing and emerging e-Health technologies into practice.

DEVELOPMENT AND ALUMNI

We extend sincere thanks to industry representatives and practitioners for contributions to the annual *Golden Suppository Golf Classic*, which again this year generated significant funds to enhance College research activities. Alumni receptions were held in Victoria, in conjunction with the Dietitians of Canada annual conference, at Elk Ridge Resort for the Pharmacists' Association of Saskatchewan annual conference, at the co-hosted successful Saskatchewan Nite in Charlottetown, PEI at the Canadian Pharmacists Association annual conference, and in Vancouver, Regina, Calgary and Toronto. Please see also Centennial celebrations update.

CONCLUDING REMARKS

This is my last report to SCP as the Dean of the College, may I say how much I have appreciated the outstanding support and generous contributions of time and expertise to our operations and the education of future pharmacists, and on a personal note, the wonderful friendships I have formed with SCP and the pharmacists of Saskatchewan. Thank you.

This report is respectfully submitted,



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

SASKATCHEWAN COLLEGE OF PHARMACISTS
FINANCIAL STATEMENTS
DECEMBER 31, 2013



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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, 2013, 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 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 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, 2013, and the results of its operations and its cash flow for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Emphasis of Matter

Without modifying our opinion, we draw attention to Note 3 of the financial statements, which explains that certain comparative information for the year ended December 31, 2013 has been restated.

Chartered Accountants

May 30, 2014
Regina, Saskatchewan

THE SASKATCHEWAN COLLEGE OF PHARMACISTS
Statement of Financial Position
As at December 31, 2013

	2013			December 31, 2012 Total (Restated - Note 3)
	Operating Fund	Capital and Intangible Asset Fund	Total	
CURRENT ASSETS				
Marketable securities (Note 4)	\$ 2,370,635	\$ 93,000	\$ 2,463,635	\$ 2,110,518
Accounts receivable	8,798	-	8,798	153,042
Due from the SCP Centennial Scholarship Fund Inc. (Note 14)	445	-	445	-
Prepaid expenses	18,897	-	18,897	13,156
	2,398,775	93,000	2,491,775	2,276,716
CAPITAL ASSETS (Note 5)	-	226,519	226,519	213,514
INTANGIBLE ASSETS (Note 6)	-	44,617	44,617	64,447
	\$ 2,398,775	\$ 364,136	\$ 2,762,911	\$ 2,554,677
CURRENT LIABILITIES				
Bank indebtedness	\$ 10,123	\$ -	\$ 10,123	\$ 31,189
Accounts payable (Note 7)	75,286	-	75,286	140,073
Government remittance payable	15,394	-	15,394	20,508
Demand loan (Note 8)	-	1,249	1,249	71,249
Due to the SCP Centennial Scholarship Fund Inc. (Note 14)	-	-	-	3,525
Fees and licences collected in advance	1,178,721	-	1,178,721	1,246,646
Current portion of obligations under capital leases (Note 9)	-	13,916	13,916	21,357
	1,279,524	15,165	1,294,689	1,534,547
OBLIGATIONS UNDER CAPITAL LEASES (Note 9)	-	14,435	14,435	14,757
	1,279,524	29,600	1,309,124	1,549,304
FUND BALANCES				
Invested in capital and intangible assets	-	241,536	241,536	170,598
Externally restricted for building development	-	93,000	93,000	83,934
Internally restricted (Note 11)				
Training and Competency Program	267,399	-	267,399	267,399
Unrestricted (Note 11)	851,852	-	851,852	483,442
	1,119,251	334,536	1,453,787	1,005,373
	\$ 2,398,775	\$ 364,136	\$ 2,762,911	\$ 2,554,677

Commitments (Note 13)

See accompanying notes

Approved by Council

.....
Councillor

.....
Councillor

THE SASKATCHEWAN COLLEGE OF PHARMACISTS
Statement of Operations and Changes in Fund Balances
Year ended December 31, 2013

	Operating Fund 2013	Operating Fund 2012	Capital and Intangible Asset Fund 2013	Capital and Intangible Asset Fund 2012 (Restated - Note 3)	Total 2013	Total 2012 (Restated - Note 3)
REVENUES						
Fees and licences (Schedule 1)	\$ 2,164,371	\$ 2,119,648	\$ -	\$ -	\$ 2,164,371	\$ 2,119,648
Sundry (Schedule 2)	155,313	240,071	-	-	155,313	240,071
Realized and unrealized income on marketable securities (Note 4)	23,776	58,398	9,984	5,565	33,760	63,963
	2,343,460	2,418,117	9,984	5,565	2,353,444	2,423,682
EXPENSES						
Administration (Schedule 3)	1,335,884	1,210,852	-	-	1,335,884	1,210,852
Amortization	-	-	71,051	68,961	71,051	68,961
Continuing education	87,240	84,660	-	-	87,240	84,660
Council	54,329	60,593	-	-	54,329	60,593
Delegates	3,543	12,987	-	-	3,543	12,987
Interest	-	-	3,125	5,246	3,125	5,246
Legal and audit	161,875	209,051	-	-	161,875	209,051
Miscellaneous	6,165	12,785	-	-	6,165	12,785
Other committees	45,968	80,384	-	-	45,968	80,384
Public and professional relations	135,850	136,563	-	-	135,850	136,563
	1,830,854	1,807,875	74,176	74,207	1,905,030	1,882,082
Excess (deficiency) of revenues over expenses	512,606	610,242	(64,192)	(68,642)	448,414	541,600
Fund balance, beginning of year	750,841	223,484	254,532	240,289	1,005,373	463,773
Interfund transfers (Note 10)	(144,196)	(82,885)	144,196	82,885	-	-
FUND BALANCE, END OF YEAR	\$ 1,119,251	\$ 750,841	\$ 334,536	\$ 254,532	\$ 1,453,787	\$ 1,005,373

See accompanying notes

THE SASKATCHEWAN COLLEGE OF PHARMACISTS

Statement of Cash Flows

Year ended December 31, 2013

	2013	2012 (Restated - Note 3)
CASH FLOWS FROM (USED IN)		
OPERATING ACTIVITIES		
Excess of revenues over expenses	\$ 448,414	\$ 541,600
Items not affecting cash		
Amortization	71,051	68,961
Realized and unrealized (income) loss on marketable securities	(37,066)	95
Gain on disposal of capital assets	-	(2,843)
Net change in non-cash working capital balances (Note 12)	(3,293)	(98,991)
	479,106	508,822
CASH FLOWS FROM (USED IN)		
FINANCING ACTIVITIES		
Proceeds from demand loan	-	61,846
Repayment of demand loan	(70,000)	(61,250)
	(70,000)	596
CASH FLOWS FROM (USED IN)		
INVESTING ACTIVITIES		
Capital asset purchases	(49,521)	(54,136)
Purchase of marketable securities	(1,280,000)	(1,646,955)
Redemption of marketable securities	963,950	1,177,176
Capital lease principal payments	(22,469)	(21,947)
	(388,040)	(545,862)
INCREASE (DECREASE) IN CASH DURING THE YEAR	21,066	(36,444)
(BANK INDEBTEDNESS) CASH, BEGINNING OF YEAR	(31,189)	5,255
BANK INDEBTEDNESS, END OF YEAR	\$ (10,123)	\$ (31,189)

See accompanying notes

THE SASKATCHEWAN COLLEGE OF PHARMACISTS

Notes to the Financial Statements

December 31, 2013

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 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.

THE SASKATCHEWAN COLLEGE OF PHARMACISTS

Notes to the Financial Statements

December 31, 2013

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

Revenue recognition (continued)

Fees and licenses collected in advance at December 31, 2013 relate to the membership year July 1, 2013 through June 30, 2014 and to the permit year December 1, 2013 through November 30, 2014.

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 SCP Centennial Scholarship Fund.

Transaction costs, except for those assets measured at fair value, 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.

THE SASKATCHEWAN COLLEGE OF PHARMACISTS

Notes to the Financial Statements

December 31, 2013

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

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.

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
Leasehold improvements	straight line over 20 years

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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THE SASKATCHEWAN COLLEGE OF PHARMACISTS

Notes to the Financial Statements

December 31, 2013

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

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. RETROSPECTIVE RESTATEMENT OF ERROR

During the year the College identified that capital assets in the prior year financial statements were understated. Consequently, opening fund balances invested in capital and intangible assets have increased by \$24,269 and the prior year financial statements have been restated. For the year ended December 31, 2012, amortization expense has decreased by \$24,269 and capital assets have increased by \$24,269.

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	2013	2012
	Fair Value	Fair Value
Cash equivalents	\$ 138,677	\$ 110,749
Fixed income	2,231,958	1,915,835
	\$ 2,370,635	\$ 2,026,584

Capital and Intangible Asset Fund	2013	2012
	Fair Value	Fair Value
Fixed income	\$ 55,572	\$ 52,983
Equities	37,428	30,951
	\$ 93,000	\$ 83,934

THE SASKATCHEWAN COLLEGE OF PHARMACISTS

Notes to the Financial Statements

December 31, 2013

4. MARKETABLE SECURITIES (CONTINUED)

Total	2013		2012	
	Fair Value		Fair Value	
Cash equivalents	\$	138,677	\$	110,749
Fixed income		2,287,530		1,968,818
Equities		37,428		30,951
	\$	2,463,635	\$	2,110,518

There were unrealized losses in the current year of \$32,791 (unrealized losses in 2012 of \$9,896) included in realized and unrealized income on marketable securities.

5. CAPITAL ASSETS

	2013			2012	
	Cost	Accumulated Amortization	Net Book Value	(Restated - Note 3) Net Book Value	
Land	\$ 15,000	\$ -	\$ 15,000	\$	15,000
Building	336,039	240,207	95,832		107,033
Equipment	252,693	229,782	22,911		34,195
Equipment under capital lease	165,705	136,302	29,403		36,877
Furniture and fixtures	93,380	77,052	16,328		20,409
Leasehold improvements	64,461	17,416	47,045		-
	\$ 927,278	\$ 700,759	\$ 226,519	\$	213,514

6. INTANGIBLE ASSETS

	2013			2012	
	Cost	Accumulated Amortization	Net Book Value	Net Book Value	
Software	\$ 99,150	\$ 54,533	\$ 44,617	\$	64,447

THE SASKATCHEWAN COLLEGE OF PHARMACISTS

Notes to the Financial Statements

December 31, 2013

7. ACCOUNTS PAYABLE

	<u>2013</u>	<u>2012</u>
Trade	\$ 50,622	\$ 115,409
Funds held in trust	24,664	24,664
	<u>\$ 75,286</u>	<u>\$ 140,073</u>

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, 2014, and has a variable interest rate of Prime plus 1.50%.

	<u>2013</u>	<u>2012</u>
Demand loan	\$ 1,249	\$ 71,249

9. OBLIGATIONS UNDER CAPITAL LEASES

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

2014	\$ 15,458
2015	8,358
2016	3,978
2017	2,750
	<u>30,544</u>
Less amount representing interest	<u>(2,193)</u>
	28,351
Less current portion	<u>(13,916)</u>
	<u>\$ 14,435</u>

THE SASKATCHEWAN COLLEGE OF PHARMACISTS

Notes to the Financial Statements

December 31, 2013

10. INTERFUND TRANSFERS

Amounts transferred from the Operating Fund of \$144,196 (2012 - \$82,885) 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

2013	Unrestricted	Training and Competency Program	2013 Total
Balance beginning of year	\$ 483,442	\$ 267,399	\$ 750,841
Excess of revenues over expenses	512,606	-	512,606
Transfers to capital and intangible asset fund (Note 10)	(144,196)	-	(144,196)
Balance end of year	\$ 851,852	\$ 267,399	\$ 1,119,251
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

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.

THE SASKATCHEWAN COLLEGE OF PHARMACISTS
Notes to the Financial Statements
December 31, 2013

12. NET CHANGE IN NON-CASH WORKING CAPITAL BALANCES

	<u>2013</u>	<u>2012</u>
DECREASE (INCREASE) IN ASSETS		
Accounts receivable	\$ 144,244	\$ (136,021)
Due from the Centennial Scholarship Fund Inc.	(3,970)	-
Prepaid expenses	(5,741)	(1,684)
INCREASE (DECREASE) IN LIABILITIES		
Accounts payable	(64,787)	13,681
Government remittance payable	(5,114)	(748)
Fees and licences collected in advance	(67,925)	25,781
	<u>\$ (3,293)</u>	<u>\$ (98,991)</u>

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 2014 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.

All 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.

15. COMPARATIVE FIGURES

Certain comparative figures have been restated to be consistent with current year disclosures.

THE SASKATCHEWAN COLLEGE OF PHARMACISTS

Schedule of Fees and Licences - Schedule 1

Year ended December 31, 2013

	<u>2013</u>	<u>2012</u>
Amendments	\$ 22,310	\$ 11,050
Non-practising members	54,667	58,258
Other fees	38,781	47,650
Pharmacy (permits)	607,103	620,502
Practising members (licences)	1,401,031	1,348,186
Registration	40,479	34,002
	<u>\$ 2,164,371</u>	<u>\$ 2,119,648</u>

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THE SASKATCHEWAN COLLEGE OF PHARMACISTS

Schedule of Sundry Revenue - Schedule 2

Year ended December 31, 2013

	<u>2013</u>	<u>2012</u>
Expense recoveries	\$ 4,994	\$ 2,255
Other	7,921	15,216
Recovery of discipline costs	142,398	222,600
	\$ 155,313	\$ 240,071

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THE SASKATCHEWAN COLLEGE OF PHARMACISTS

Schedule of Administrative Expenditures - Schedule 3

Year ended December 31, 2013

	<u>2013</u>	<u>2012</u>
Accounting	\$ 18,419	\$ 16,086
Automobile	5,863	4,648
Bad debt	12,000	-
Building operations	31,266	32,553
Employee benefits	97,985	92,163
Equipment rental and maintenance	48,111	63,411
General office	153,769	100,045
Postage	10,208	10,227
Printing and stationery	14,022	8,616
Registrar and inspector	90,433	81,055
Salaries	836,413	783,322
Telephone and fax	17,395	18,726
	<u>\$ 1,335,884</u>	<u>\$ 1,210,852</u>

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SASKATCHEWAN
COLLEGE OF
PHARMACISTS

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