

SCOPE newsletter

June 2017



SASKATCHEWAN COLLEGE OF PHARMACY PROFESSIONALS

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SCPP's New Visual Identity and Office Move

In the October 2015 edition of the SCOPE newsletter, SCPP announced the proclamation of Bill 151, which was an historic and exciting time for the pharmacy profession. In addition to welcoming Pharmacy Technicians as a new category of membership and expanding the scope of practice for Saskatchewan pharmacists, the College underwent a name change to reflect its newest members. *The Pharmacy and Pharmacy Disciplines Act* changed the College name from the Saskatchewan College of Pharmacists (SCP) to the Saskatchewan College of Pharmacy Professionals (SCPP).

As a result of the College's new legislation, addition of a new profession, location and name, a new logo was commissioned. SCPP is pleased to announce a newly developed logo that reflects the College's role in Saskatchewan. The College would like to acknowledge and express our appreciation to Brian Wood from Brian Wood Design Studio and to Greg Wilkins from Wilkins Media for their outstanding design work on the logo and in adapting and implementing the logo into our printed and electronic materials, as well as our new office space.

New Logo Visual Identity

The modern logo was designed to reflect SCPP's vision, mission, values and goals. The organic style of the new logo implies a progressive and approachable organization with a humanistic corporate culture and strong corporate ethics.

The stylized graphic of a person in the centre represents the people of Saskatchewan with design elements on both sides wrapping up and around. These denote SCPP's position of regulating the provision of safe, competent pharmacy care in Saskatchewan. The two curved graphics are also made up of multiple shapes and colours representing collaboration and orchestration of SCPP policies with healthcare public policy. The different shapes and elements also represent the healthcare team – SCPP included.



SASKATCHEWAN COLLEGE OF PHARMACY PROFESSIONALS

Office Move

SCPP has outgrown its current office space. Council formed a building committee at the end of 2015 and after exhausting all plausible possibilities, recommended a move to Sherwood Place on Albert Street in Regina. The College office has moved to its new space as of May 15.

The new address is Suite 221A – 1900 Albert Street, Regina, SK S4P 4K8.



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SCPP COUNCIL 2016-2017

PRESIDENT

Bill Gerla, Humboldt

PRESIDENT-ELECT

Justin Kosar, Saskatoon

VICE PRESIDENT

Leah Perrault, Swift Current

PAST PRESIDENT

Spiro Kolitsas, Regina

DIVISION 1

Shannon Klotz, Estevan

DIVISION 2

Kyla Jackson, Hudson Bay

DIVISION 3

Geoff Barton, Meadow Lake

DIVISION 4

Paul Melnyk, Saskatoon

DIVISION 5

Chet Mack, Regina

DIVISION 6

Leah Perrault, Swift Current

DIVISION 7

Bill Gerla, Humboldt

DIVISION 8

Marilyn Younghans, Lloydminster

EX OFFICIO

Dean Kishor Wasan, Saskatoon
College of Pharmacy and Nutrition

PUBLIC MEMBERS

Mark Hawkins, Regina
Michael Lummerding, St. Brieux
George Thomas, Regina

PHARMACY TECHNICIAN OBSERVERS

Lyndsay Brakstad, Tisdale
Jonina Code, Foam Lake

STUDENT OBSERVER

Steven Kary, Saskatoon

SCPP STAFF

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Administrative Assistant

JEANNE ERIKSEN

Assistant Registrar

PAT GUILLEMIN

Senior Administrative Assistant

PERRY HERMANSON

PIP Data Quality Facilitator (term)

RAY JOUBERT

Registrar

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LORI POSTNIKOFF

Field Officer, Complaints Director

JEANNETTE SANDIFORD

Field Officer, COMPASS Lead

TAMI SCHWEBIUS

Complaints Manager

BRITTANY SHARKEY

Professional Affairs Administrator

AUDREY SOLIE

Administrative Assistant

CHERYL WYATT

Administrative Assistant

COUNCIL HIGHLIGHTS - MAY 5, 2017

Council met on Friday, May 5, 2017 in Saskatoon, just prior to the Pharmacy Association of Saskatchewan (PAS) Annual Conference.

Elections

Notices of election were mailed according to the bylaws to eligible members in Divisions 1, 3, 5, and 7. One nomination was received from each of Divisions 5 and 7; with Peyman Nemati and Doug MacNeill declared elected by acclamation, respectively. A volunteer notice was sent out to members of Divisions 1 and 3; Council appointed Stephanie Miller and Margaret Wheaton respectively.

Council would like to thank the members who volunteered to join Council to further the work of the College.

Therefore, the constitution of Council and newly elected officers effective July 1, 2017 will be:

President – Justin Kosar, Saskatoon

President-Elect – Leah Perrault, Swift Current

Vice-President – vacant

Division 1 – Stephanie Miller, Weyburn

Division 2 – Kyla Jackson, Hudson Bay

Division 3 – Margaret Wheaton, Biggar

Division 4 – Paul Melnyk, Saskatoon

Division 5 – Peyman Nemati, Regina

Division 6 – Leah Perrault, Swift Current

Division 7 – Doug MacNeill, Lanigan

Division 8 – Marilyn Younghans, Lloydminster

Past-President – Bill Gerla, Humboldt

Ex-Officio – Dr. Kishor Wasan, Saskatoon, Dean, College of Pharmacy and Nutrition

Public Members – Mark Hawkins, Regina; Michael Lummerding, St. Brieux; George Thomas, Regina

Senior Stick – Jordan Kalesnikoff, Saskatoon, College of Pharmacy and Nutrition

Pharmacy Technician Observers – Lyndsay Brakstad, Tisdale, and Jonina Code, Foam Lake

Council says goodbye and extends their appreciation to Past-President, Spiro Kolitsas, Shannon Klotz from Division 1, Geoff Barton from Division 3, Chet Mack from Division 5, and Steven Kary, Senior Stick.

COMPASS

Based on feedback from the membership and the College's stakeholders, Council has approved the continuous quality improvement bylaws for proprietary pharmacies. These have been submitted to the Minister for approval. The first two of the four in-person training sessions were held in Regina in April and May. The next sessions will be held on September 17 in Regina and on September 24 in Saskatoon.

Private Care Area – Bylaw Amendments

The College is in the process of developing a comprehensive consultation document that will be sent to members for their feedback.

Prescription Validity

Council approved the revised policy, [Prescription Validity](#), replacing the policy "the prescription is valid for one year or whenever the physician ceases to attend the patient, whichever is lesser." The policy is available by clicking the link above, under the Reference Manual section of the website and in the article on page 6 of this issue.

Travel Vaccines

Council discussed the recent announcement that access to travel vaccines will transition from public health in the regions to pharmacies and medical clinics. The College, with the Ministry, is working to clarify which vaccines and what documentation and public record keeping requirements will be affected. The College will determine standards of practice and expected competency.

Continued next page >

Retirement Notice

Registrar, Ray Joubert, gave Council notice that he will be retiring at the end of 2017. Ray plans to stay with the College for 2018 in an advisory role to orient and assist his successor with the transition and knowledge transfer. He will also work on special projects. A search firm has been retained and a job opportunity notice has been posted (see last page of this newsletter).

Medical Cannabis and NAPRA

Council received a report on a National Association of Pharmacy Regulatory Authorities (NAPRA) strategy session to develop a national consensus on the role of the pharmacist and pharmacy technician with regards to medical cannabis. Details to be released later.



Community Pharmacy Professionals
Advancing **Safety** in Saskatchewan

COMPASS – Six Things to Do to Be Ready

In anticipation of the COMPASS implementation as a permit requirement on December 1, 2017, there are few things that pharmacies should do to get ready.

1. Choose a pharmacist or pharmacy technician to be the Quality Improvement (QI) Coordinator

Each pharmacy will need to have at least one person designated as the QI Coordinator.

The main responsibilities of the QI Coordinator are to:

- attend the COMPASS training and then train the other pharmacy staff
- ensure an MSSA is completed every two years
- ensure all pharmacy staff members are engaged in identifying and reporting medication incidents
- ensure that CQI meetings are held at the appropriate times, e.g. to complete the MSSA, when there is a medication incident that caused harm, to discuss medication incidents and to develop a CQI plan for improvement

2. Notify SCPP with the name of the QI Coordinator

3. QI Coordinator attends the COMPASS training

4. QI Coordinator trains the other pharmacy staff on the COMPASS tools

Once the QI Coordinator has attended the COMPASS training, the individual should set up times to train the other pharmacy staff. During the COMPASS training, the QI Coordinator will be given a checklist of areas to cover at the staff training session.

5. Pharmacy manager signs the data sharing agreement (DSA) and faxes it to ISMP Canada

Once the data sharing agreement is received by ISMP Canada, a username and password will be provided to the pharmacy. The username and password

MISSION

The Saskatchewan College of Pharmacy Professionals serves the public interest by regulating the profession of pharmacy to provide safe, competent pharmacy care in Saskatchewan.

VISION

Advancing quality pharmacy care for a healthier Saskatchewan

VALUES

Professionalism

Accountability

Visionary Leadership

Collaboration

Education

GOALS

Advancing Public Safety in Pharmacy Services

Ensuring Priorities and Resources are aligned to Achieve Goals

Maintaining a Self-Regulated Profession

Increasing Recognition of Pharmacy Professionals as Essential Members of the Health Care Team

Supporting Health Care Public Policy

are unique for the pharmacy and will be used to sign into the Community Pharmacy Incident Reporting (CPhIR) tool. Once signed in, the pharmacy staff has access to CPhIR, the Medication Safety Self-Assessment (MSSA) tool and the Quality Improvement (QI) tool.

6. Start entering medication incidents (actual incidents and near misses)

Reporting medication incidents will not only include reporting those incidents that have reached the patient, but also those that were caught prior to reaching the patient (near misses/good catches) if appropriate.

Medication incidents to be reported into CPhIR include:

- any incident that reached the patient
- any near miss that if not caught could have caused patient harm
- any near miss that continues to occur
- any near miss that the pharmacy staff feels is important to report.

Reminder of the Upcoming QI Coordinator Training

COMPASS training sessions were held in April and May. Two additional in-person training sessions will be held this fall: September 17 in Regina and September 24 in Saskatoon. After the in-person training sessions are complete, the training will be available online.

The training sessions are meant for Quality Improvement (QI) coordinators and therefore they will be given preference during registration. Provided there is room, pharmacy managers may also attend the training. The in-person training will be provided at no cost to the QI Coordinator and/or pharmacy manager.

COMPASS Statistics

Our statistical reports provide us with strong, numerical evidence of the value of the COMPASS program. These numbers are directly derived from the inputs provided by COMPASS pharmacies. Following are the statistics for incident reporting in the Community Pharmacy Incident Reporting (CPhIR) system from September 2013 (Phase I) until the end of April 2017.

To date, there have been **7,557** incidents reported on the CPhIR system.

A breakdown of the top four types of incidents include:

- **1,871** incidents with an incorrect dose/frequency
- **1,397** incidents where the incorrect quantity was dispensed
- **1,121** incidents that involved an incorrect drug
- **600** incidents that involved an incorrect strength/concentration

The majority or **5,994** of these incidents had an outcome of NO ERROR, which means the incidents were intercepted BEFORE they reached the patient.

1,464 were NO HARM incidents, which means the incidents, reached the patient but did not cause harm.

There were **99** reported incidents that did result in HARM. Information from ISMP Canada indicated that 80 were MILD and 11 were MODERATE HARM.

77 pharmacies completed or started their online data entry for the MSSA.

93 quarterly meetings were held.

98 users have submitted at least one incident.

Making pharmacy practice safer is a great place to start to ensure we are providing patients with the best care possible.

Pharmacy Technicians and Targeted Controlled Substances

There has been some question whether a pharmacy technician is able to participate in the transfer of a targeted controlled substance.

To answer this question, the following is an excerpt reprinted with permission from The PostScript – [Issue 17](#), published by The Newfoundland and Labrador Pharmacy Board. The information can also be found on page 4 of the January 2016 edition of SCOPe in an article entitled, "Differences between Licensed Pharmacy Technicians and Pharmacy Assistants."

"While the Food and Drug Regulations were amended in 2013 to recognize pharmacy technicians and allow them to accept verbal prescriptions and perform prescription transfers, amendments have not yet been made to the Controlled Drugs and Substances

*Act and its related regulations. This means that, at this time, while registered pharmacy technicians may accept verbal prescriptions and perform prescription transfers for most prescriptions, they **may not accept verbal prescriptions for narcotics, controlled drugs, benzodiazepines or targeted substances or participate in the transfer of prescriptions for benzodiazepines.**"*

To help differentiate and understand the scope of each staff person in a pharmacy, please refer to the [Licensed Pharmacy Technician Scope of Practice](#) document, which can be found on the SPP website under the Pharmacy Technician tab. Appendix A includes a helpful chart outlining and comparing the scope of practice for a pharmacist, pharmacy technician and a pharmacy assistant.

Pharmacy Technician Registration Deadline Approaching

As a reminder from last issue, the deadline of December 31, 2018, is quickly approaching and the timelines for those pursuing the bridging pathway are becoming tight.

Last Sitzings for PEBC Evaluating Exam

There are currently only three more opportunities for pharmacy assistants to register to sit the PEBC Evaluating Exam; the next available sitting is Saturday, October 14, 2017. **The application deadline for this exam is Friday, June 23, 2017.**

The final sitting of the PEBC Evaluating Exam will be in October 2018 and after December 31, 2018,

the bridging program and the PEBC Evaluating Exam will no longer be offered. After that date, pharmacy assistants who wish to become licensed as a pharmacy technician in Saskatchewan will have to attend a CCAPP-accredited pharmacy technician program.

For additional information about pharmacy technician registration, please refer to the [March 2015 SCOPe Special Edition Newsletter](#). If you have any questions about which pathway you should consider, or other questions related to pharmacy technician registration, please contact Brittany at SCPPRegistration.PHARMTECH@saskpharm.ca.

Entering Non-Prescription Medication Information in PIP

The Pharmaceutical Information Program (PIP) is an important tool for health care practitioners to access clinically relevant information such as allergies, prescription and non-prescription medications. The Saskatchewan College of Pharmacy Professionals (SCPP) encourages the entry of non-prescription medication in PIP for the purpose of documenting a complete and relevant medication profile. This is accomplished using a unique vendor software function designed to record non-prescription data in PIP. Entering non-prescription medication in PIP is dependent on information provided by the patient and determined appropriate to add in PIP, based on professional judgment to improve patient safety and to optimize drug therapy. These two principles should guide the recording of non-prescription medications in PIP unless another policy requires a prescription (e.g. health region policy for long-term care or home care clients).

PIP data is intended as a conversational tool and not meant to be the final authority on a patient's complete medication profile. Recording clinically relevant non-prescription medication in PIP will aid in the conversation to optimize drug therapy. Examples may include Schedule II Drugs, medications prone to abuse or misuse, or medications that interact with current drug therapy, allergies, or medical conditions. SCPP recommends that unless professional judgment indicates otherwise, pharmacists and pharmacy technicians record non-prescription medications in the purchaser's PIP profile.

How to Record Non-Prescription Medication

Recording the information should be done according to the instructions of the respective Pharmacy Practice Management Systems (PPMS), with the pharmacist's name being entered in the prescriber field. Each PPMS has a unique way to record non-prescription medication that will distinguish the record from any prescription drug

information in PIP. This function will acknowledge the pharmacist that recorded the data but not as a prescriber. Recording medication on PIP is encouraged in the absence of a prescription using the non-prescription vendor function, except concerning exempted codeine products.

Recording Exempted Codeine Products in PIP

Exempted codeine product sales should always be recorded in PIP using the prescription vendor function rather than the non-prescription vendor function. This method of recording the sale of exempted codeine products will allow compliance with current Saskatchewan regulations that require exempted codeine product sales to be recorded to both PIP and the Saskatchewan Drug Plan. The non-prescription vendor function does not submit any data to the Saskatchewan Drug Plan and therefore should not be used for recording exempted codeine product sales.

Adding Out-of-Province Medications to PIP for a Saskatchewan Resident

The same process for recording non-prescription medication on PIP may also be used to record medications received out of province for a Saskatchewan resident, whether prescription or non-prescription. It is strongly advised to record out-of-province prescriptions in PIP when the pharmacist is aware. This will ensure a more complete PIP profile until out-of-province therapy expires, a new prescription filled in Saskatchewan replaces the current medication, or the out-of-province medication is effectively transferred and filled in Saskatchewan. However, this recorded data should be discontinued and replaced when a Saskatchewan resident receives a replacement prescription within the province or the prescription is transferred into the province.

Accurate and complete patient medication information is necessary to ensure safe and effective health care services for patients in Saskatchewan.



Introducing SSCP's New Complaints Manager

SCPP is pleased to welcome Tami Schwebius to our team as the Complaints Manager. Tami has worked in the legal field as a paralegal for 15 years in Regina.

Tami supports the Complaints Director, Lori Postnikoff, by managing the administration of the complaints process at the College. The role includes organizing and attending meetings for the Complaints Committee, attending related hearings, assisting legal counsel during the discipline process, and compiling documentation and reports for Council and others.

If you have any questions about the College's complaints process, please contact Tami at Tami.Schwebius@saskpharm.ca or at 306-584-2292 extension 4.

Additions/Updates to Reference Manual on Website

Prescription Validity

You can view the document, [Prescription Validity](#), in the Reference Manual section of the SSCP website.

Council has revised the SSCP policy on the validity of a prescription. The following replaces the former policy that "the prescription is valid for one year or whenever the physician ceases to attend the patient, whichever is lesser."

New prescriptions or requests for refills when a prescriber passes away, retires or otherwise ceases practice

Historically, it was felt that since the prescriber-patient relationship no longer exists and the patient is no longer under the practitioner's care, the prescription should be no longer considered valid. However, this is not always practical because it can often take an extended period of time for a patient to obtain the services of another primary health care provider. In many cases, a prescriber will intentionally write prescriptions for a period of time that extends beyond his or her leaving practice to specifically cover for such situations.

In consultation with the College of Physicians and Surgeons of Saskatchewan (CPSS), SSCP's revised position is that as long as the prescriber was licensed at the time the prescription was written, it is considered a legally valid prescription. As such, as long as the prescription is not more than a year old, it would still be considered a legal prescription with valid repeats. **The real question in this instance is whether filling or re-filling the prescription is appropriate, which needs to be assessed on case-by-case basis.**

Therefore, Council has approved that pharmacists who receive such requests understand it is their professional

responsibility to evaluate the appropriateness of the prescription and its refills in each individual situation and consider questions related to patient assessment and the patient's best interests. Questions to consider include, but are not limited to:

- How long ago was the prescription written? Was it intended to be a short-term therapy?
- Is the medication for a condition that is considered to be chronic or long term? If so, does the patient have an established stable, compliant history with the medication?
- Is the patient unable to visit a new primary health care provider in a timely manner?
- Is the patient at an increased risk of harm by filling or re-filling the medication? (Or conversely, is the patient at an increased risk of harm if the medication is not provided in accordance with the original prescription?)
- If the prescriber was still practicing, would I have consulted with the prescriber for any reason before filling or refilling the medication?
- Is there another option? Would providing an interim supply or prescription extension, be appropriate, if indicated?

Regardless of the pharmacist's decision, the patient should be advised to find a new or interim prescriber as soon as possible. The pharmacist must make a record of the decision documenting the rationale for the final decision.

The College further understands from CPSS that a physician is expected to arrange for coverage when leaving practice. For the purposes of prescriptive authority for pharmacists, under these circumstances the collaborative practice environment continues, and pharmacists can, for example, prescribe interim supplies.

SCPP's New Visual Identity and Office Move – continued from page 1.

New Website

As part of the logo update, the logo on the SCPP website needed to be updated. Council felt now was an appropriate time to also update the functionality of the website. The update will include better search capabilities, improved organization and readability, and a new, "For the Public" section.

The redesign of the website is well underway.



Section 56 Class Exemption for Practitioners Prescribing Methadone to Inpatients in a Hospital Setting

On March 10, 2017, Health Canada issued a section 56 class exemption for practitioners prescribing methadone to inpatients in a hospital setting. The class exemption allows practitioners to continue a patient's methadone treatment while the patient is hospitalized without obtaining an individual temporary methadone section 56 exemption. This class exemption applies only when all the conditions of the exemption are met.

The College advised of the Section 56 Class Exemption in the March 2017 newsletter and the document [Narcotic and Controlled Drugs – Section 56 Class Exemption for Practitioners Prescribing Methadone in a Hospital Setting and Correspondence](#) was placed on the Reference Manual section of our website. This document has now been revised to include updated information regarding the methadone program.

You can also access the information directly from the Health Canada website [here](#).

As well, updated information regarding the Methadone Program can be found [here](#).

If you have any questions, please feel free to contact the Exemptions Section of OCS at Health Canada at exemption@hc-sc.gc.ca.

Notes From the Field

New Online Professional Practice Review Process

The Saskatchewan College of Pharmacy Professionals (SCPP) is completing the development of an online tool for professional practice reviews (PPRs). Just as the Self-Assessment documentation process is presently on online, the PPR documentation process will now also be online.

In the proposed process, the field officer engages with the pharmacy manager during the review as is the current practice, and the assessment data is entered into the SCPP database. However, instead of the field officer then generating a paper report, an email will be sent to the pharmacy manager with the results of the PPR, including any deficiencies and follow-up issues. After reviewing the report, the manager must log into the pharmacy manager portal and select and submit the PPR Pharmacy Manager Declaration.

The online system is being implemented for two reasons:

1. Continues the College's paperlight strategy.
2. It enables electronic data to more simply be forwarded to ISMP Canada regarding the COMPASS assessment items.

The College expects to be able to go live within the next month. SCPP is very excited about this change and believes the pharmacy managers will see the benefits of less paper and having access to the data online.

2017 Canadian Guideline for Opioids for Chronic Pain

The [2017 Canadian Guideline for Opioid Therapy and Chronic NonCancer Pain](#) has been released.

The following contains excerpts from the background and the recommendations sections of the guideline.

Guideline Background

“The 2017 Canadian Guideline for Opioid Therapy and Chronic Non-Cancer Pain was developed in response to concerns that Canadians are the second highest users per capita of opioids in the world, while the rates of opioid prescribing and opioid-related hospital visits and deaths have been increasing rapidly.

The guideline’s recommendations for clinical practice have been developed by an international team of clinicians, researchers and patients, led by the Michael G. DeGroote National Pain Centre at McMaster University and funded by Health Canada and the Canadian Institutes of Health Research.”

Concern About Use

The College receives phone calls and messages from pharmacists regarding patients when the pharmacists are concerned that the patient may be using their opioid and other pain medication inappropriately and/or not deriving the best benefit from treatment.

The guideline is an excellent tool to open discussions with either or both the patient and practitioner about best practices in the treatment of chronic pain with opioids.

Documentation

The College recommends that, along with the tools and resources found in the guideline, the pharmacist has good documentation of the pharmacist’s concerns before

beginning any discussions. Such concerns may include a patient’s requests for early refills perhaps due to the patient’s increased usage with increased pain; adverse events or effects of the medication therapy; lost or stolen medications or other issues of concern such as patients altering the dosage form by crushing an extended release formulation. Having a good patient history is essential when opening up a dialogue with the patient and/or practitioner.

Guideline Recommendations

Two significant changes to the guideline are Recommendations #6 and #7. Recommendation #6 recommends a dose of 90mg of morphine or its equivalent, down from the 200mg “watchful dose” of the previous guideline, while Recommendation #7 recommends an initiation dose of 50mg of morphine or its equivalent for treatment.

A key highlight is Recommendation #10. “For patients with chronic noncancer pain who are using opioids and experiencing serious challenges in tapering.

“Strong Recommendation: We recommend a formal multidisciplinary program. Recognizing the cost of formal multidisciplinary opioid reduction programs and their current limited availability/capacity, an alternative is a coordinated multidisciplinary collaboration that includes several health professionals whom physicians can access according to their availability (possibilities include, but are not limited to, a primary care physician, a nurse, a pharmacist, a physical therapist, a chiropractor, a kinesiologist, an occupational therapist, an addiction specialist, a psychiatrist, and a psychologist).”

SCPP encourages members to read the guideline for more information.

SCPP Members Facebook Group – Join Us!



Available only to SCPP members who request access, the “secret” SCPP Members Facebook group is a secure way to convey information and ask questions. Due to anti-spam legislation, events with an associated cost not directly associated with

membership are not able to be posted in our newsletter, but are posted exclusively on the SCPP Members Facebook Group site and on our website.

Membership Benefits

SCPP members who are part of the group can enjoy breaking news stories, important drug schedule changes, upcoming events, notice of continuing education

opportunities and answers to frequently asked questions, among other topics. Members are encouraged to take an active role in the group and are able to post items they think will benefit the community and to comment on posts.

Join the Group

Any SCPP member who is a Facebook user is encouraged to join the group. To join, email info@saskpharm.ca with “Join SCPP Members Group” in the subject line. Please include a first and last name, licence number and a personal email address in the body of the email. An invitation to join the group will be sent via Facebook. Participants can leave the group at any time.



From the Desk of the Dean

Dr. Kishor Wasan

College of Pharmacy and Nutrition: Proud of Our Tradition and Home of Research and Practice Innovation

For the latest news from the College, visit our website: <http://pharmacy-nutrition.usask.ca>

It was a spectacular academic year at the College of Pharmacy and Nutrition, and I couldn't be more proud of our people. Our faculty have been earning prestigious awards and appointments, while our students have demonstrated their professionalism and motivation. Here are some of the highlights since my last report:

Apotex Donation

Thank you to Apotex Inc. for their \$1.6M gift to the college. The gift, which is the largest donation in the college's history, will be received over eight years and support college initiatives and activities. [Read more.](#)



In Memoriam: Dr. Adil J. Nazarali

The college recently honoured the memory of Dr. Adil J. Nazarali who passed away on April 27, 2017. A tribute to Dr. Nazarali has been posted to the college website. [Read more.](#)

Nutrition Food Lab Grand Opening

On Friday, March 3, the college held a grand opening ceremony for the new Nutrition Research and Food Labs. The \$7 million, state-of-the-art labs are part of extensive renovations to the Health Sciences Building. Thank you to **President Peter Stoicheff, the Honourable Bronwyn Eyre**, Minister of Advanced Education, and other members of the provincial government for attending. [Read more.](#)



Celebration of Teaching

Congratulations to the following faculty members who were recognized at the 2017 Celebration of Teaching on Friday, April 28:

- **Dr. Phyllis Paterson** – Provost's College Award for Outstanding Teaching
- **Dr. Jason Perepelkin** – Provost's Award for Outstanding Innovation in Learning
- **Dr. Yvonne Shevchuk** and her colleagues – Provost's Prize in Collaborative Teaching and Learning

Promotions and Renewals

Congratulations to the following faculty members on their upcoming promotions and renewals, which are effective July 1, 2017:

- **Dr. Roy Dobson** promoted to full professor
- **Dr. Derek Jorgenson** promoted to full professor
- **Dr. Charity Evans** promoted with tenure to associate professor
- **Dr. Thomas Rotter** promoted to associate professor
- **Dr. Ellen Wasan** renewed as an assistant professor



Report on 2016

The College is proud to present its Report on 2016. It was an impressive year for our faculty, students, and alumni, and the report highlights some of those accomplishments. The report is now available online. Printed copies will be available at all upcoming alumni events, and by request. [Read the report \[PDF\].](#)

I encourage everyone to take a break this summer and enjoy the beautiful weather. It's time to rest and rejuvenate, and reconnect with family and friends. The College of Pharmacy and Nutrition will be a busy place this fall, and I'm excited for things to come.

Kish Wasan, R.Ph, Ph.D, FAAPS, FCSPS, FCAHS
Professor and Dean



Committed to Safe Online Pharmacy Around the World

What Does .Pharmacy Mean to Canadian Pharmacies?

- **.Pharmacy = Exclusivity and Safety** – Not just anyone can obtain a .pharmacy domain. All websites must be vetted and undergo a review and approval process to qualify for the .pharmacy domain.
- **Improved Patient Safety** – As Canada moves to a practice model of interprovincial prescription filling and patient care, .pharmacy helps provide assurances that online pharmacies are safe and properly licensed.
- **Global Relationships** – Legitimate Canadian pharmacy websites can become part of the global partnership that focuses on safe medication practices.
- **Expose Rogue Websites** – Many rogue websites pretend to be Canadian sites to lure Americans with false promises of patient safety, safe medication practices, and low prices. Obtaining a .pharmacy domain can help set your legitimate website apart, keeping patients in Canada and the United States safe from potentially dangerous counterfeit medication.
- **Gain Extra Exposure** – Participating .pharmacy websites will be listed on *www.safe.pharmacy* and *www.napra.ca* (National Association of Pharmacy Regulatory Authorities)(NAPRA) for the review of consumers.
- **Advertise on Yahoo! and Bing** – Having a .pharmacy domain means being approved to advertise on the Microsoft Bing and Yahoo! search engines.

What Does .Pharmacy Mean to Canadian Consumers?

- **Easy Identification** – Simply seeing .pharmacy in a website’s address allows consumers to know that the online pharmacy is licensed and not a rogue Internet drug outlet.
- **Approved Medications Only** – Consumers can be assured that the medication they receive is approved by Health Canada.

Experience Where It Counts

- **Evaluating Websites Since 1999** – The National Association of Boards of Pharmacy® (NABP®), the official registry of the .pharmacy domain, knows how to evaluate websites for patient safety standards and create visual cues that alert consumers to marks of safety. Nearly 20 years ago, NABP started the Verified Internet Pharmacy Practice Sites® (VIPPS®) accreditation program. VIPPS Seals provide consumers with a way to find safe pharmacy websites in the US. Now the .pharmacy domain is available to help consumers around the world, and NABP will work with NAPRA to approve Canadian .pharmacy domains!
- **Global Influence** – NABP’s international .pharmacy team addresses the latest global Internet safety issues by presenting information, speaking on panels, and meeting with officials around the world. Some recent activity includes:

Panel Speaker/Presentation	Meeting
International Pharmaceutical Federation (IFP) World Congress of Pharmacy and Pharmaceutical Sciences -- <i>Dusseldorf, Germany</i>	ICANN 53 International Public Meeting -- <i>Buenos Aires, Argentina</i>
Rx-360 Fighting Fakes Conference -- <i>Washington, DC</i>	International Institute of Research Against Counterfeit Medicines (IRACM) -- <i>Paris, France</i>

Become part of an exclusive group that strives to show their customers that their safety is important!

More information about the .Pharmacy TLD Program is available at www.safe.pharmacy.



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Pharmacy Examining Board of Canada (PEBC) Examination Dates

Pharmacist Schedule of Exams

Examination Name	Examination Date	Application Deadline Date*
Summer Pharmacist Evaluating Examination	July 5 & 6, 2017	Registration Closed
Fall Pharmacist Qualifying Examination	MCO: Nov. 10 to 15, 2017	Aug. 11, 2017
	OSCE: Nov. 12, 2017	
Winter Pharmacist Evaluating Examination	Jan. 3 & 4, 2018	Sept. 29, 2017

Pharmacy Technician Schedule of Exams

Examination Name	Examination Date	Application Deadline Date*
Summer Pharmacy Technician Qualifying Examination	MCO: September 9, 2017	Registration Closed
	OSPE: September 10, 2017	
Fall Pharmacy Technician Evaluating Examination	October 14, 2017	June 23, 2017

*Applications must be RECEIVED by the PEBC office no later than the application deadline date

Medications Can Look Like Candy

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Have you ever noticed that some medications look like candy? Some medications are even made into gummies and lollipops, which can be very appealing to children. It is important for children to know the difference between the two—and to treat them differently. Parents can support this difference by not using the word “candy” when talking about medications—even when trying to convince a child to take a medication. Using the word “candy” in this way can be a dangerous practice.

SafeMedicationUse.ca received a report about a child who took a parent’s Imodium (loperamide) because to the child, it looked and tasted like candy. Imodium is used to treat diarrhea. It comes in capsules, liquid, and fast-dissolving tablets. In this case, a package of mint-flavoured, fast-dissolving Imodium was left on a desk at home. The child peeled the wrapper off and ate 4 tablets. When the parents realized what had happened, they took the child to the emergency department. Charcoal was given to the child at the hospital. Fortunately, the child did not suffer any serious harm.

SafeMedicationUse.ca has the following advice for parents and caregivers to help prevent children

from thinking of medications as candy and to avoid accidental poisoning:

- Never call medication “candy”. If children believe that a medication is a type of candy, they may take it on their own. Teach children to always ask an adult before eating or drinking anything.
- Keep **all** medications and natural health products, including vitamins and mineral supplements (e.g., iron, calcium, magnesium), out of the reach of children. Do not rely on “child-resistant” caps to keep children safe from medications. Children can sometimes open prescription bottles with this type of cap. Consider using cabinets with safety locks, or even a locked box, to store your medications.
- If you think your child has accidentally taken medication, contact your doctor or your local poison control centre for advice. Keep the phone number of your local [poison control centre](#) in a visible area of the house. A good place is in the kitchen, for example, on the refrigerator.

Read our safety tips on [Preventing Errors with Children’s Medicines](#) for more information.

Read our safety tips on safe storage of medications under [Misconception One: It doesn’t matter where I keep my medicine.](#)



SASKATCHEWAN
COLLEGE OF PHARMACY
PROFESSIONALS

Pharmacy Executive Opportunity!

Registrar

A unique opportunity to have direct impact on the promotion and support of pharmacy excellence in Saskatchewan through the leadership of a highly professional team and progressive regulatory body.

The Saskatchewan College of Pharmacy Professionals (the College) is the self-governing body for the profession of pharmacy in the province and regulates pharmacists, pharmacy technicians, pharmacies and conditions of sale for drugs. The College's mission is to serve the public interest by regulating the profession of pharmacy to provide safe, competent pharmacy care in Saskatchewan and does so by ensuring compliance with requirements, legislation, and standards of pharmacy practice.

The Opportunity:

Due to retirement, the College is seeking a new Registrar to represent and lead the day-to-day affairs of the College in collaboration with, and within the policies established by Council and to act as the College's key representative in dealing with the membership, public, government, consumer groups and media. Reporting to, and working as a partner with Council, the Registrar will plan, support and implement the high-level decisions and actions necessary to ensure the appropriate functioning of the College. Additionally, the Registrar will foster a collaborative, communicative and productive environment and lead staff in the implementation of the College's strategic plan, policies and objectives in line with its mission, vision and values and:

Key Responsibilities Include:

- Maintain a primary focus on the safe and competent service to the public and ensure compliance with all government legislation and regulatory responsibilities;
- Responsible for, including by delegation where appropriate, all aspects of office staffing and volunteer utilization, including identifying staffing and volunteer needs and being accountable to Council for meeting the human resources needs and relevant policies including appropriate recruitment, selection, training, development, compensation and benefits and performance appraisals of staff and volunteers;
- Maintain effective communication and positive relationships with staff, members, advocacy organizations, educators, government, other health professions, and stakeholders;
- Provide strategic leadership, policy governance, and oversight of the administrative/operational policies of the College including organizing and attending Council and committee meetings and provide relevant advice on environmental factors affecting opportunities and challenges; and
- Administer the College's fiscal affairs in collaboration with the Finance Committee, Audit Committee, and Council to maintain adequate financial records and ensure the preparation of budgets, financial statements, reports to Council and preparedness for audits.

Selection Criteria include:

- Being a Pharmacist eligible for registration with the Saskatchewan College of Pharmacy Professionals as a practicing or non-practicing member would be an asset;
- 5+ years of progressively significant senior leadership experience and will ideally have additional leadership/executive development;
- Comprehension of the regulatory process and administrative law principles (experience within a regulatory environment is an asset);
- Post-graduate studies are an asset
- Exceptional communication, interpersonal, leadership, facilitation, administration, negotiation and consultation skills; and
- Strong relationship building skills and the ability to effectively represent the College on provincial, regional and national initiatives.

For more information about this exciting opportunity, contact Robyn Hartley at 204-926-3005 or robyn@harrisleadership.com. To apply in confidence, send a resume and cover letter referencing "Registrar - 17125," in the subject line.