



SASKATCHEWAN  
COLLEGE OF PHARMACY  
PROFESSIONALS



# Annual Report 2022



Protecting the public interest by building excellence in professional pharmacy practice through regulation.

## Mission

## Vision

Quality pharmacy care for a healthier Saskatchewan.

## Values

In delivering on its mission, the SCPP values:

**Professionalism** – by maintaining the highest standards of ethical conduct and integrity, and being accountable for our actions and their results;

**Collaboration** – by engaging in a meaningful way to ensure public safety;

**Leadership** – by being proactive, transparent, and innovative;

**A Culture of Excellence** – by being consistent, responsive and demonstrating a commitment to continuous improvement.

## Goals

To have functioning competency assurance and quality improvement programs.

To align pharmacy regulation with modern pharmacy practice.

To empower pharmacy professionals to practice autonomously to deliver safe patient care.

To have enhanced transparency to stakeholders, supported by contemporary governance and management practices.

# Contents

About us	2
President's Report	4
Registrar's Report	6
Introduction	6
Practising Members – Pharmacists as of Dec. 31, 2022	9
Practising Members – Pharmacy Technicians as of Dec. 31, 2022	9
Pharmacies as of Dec. 31, 2022	10
Strategic Plan Update	11
Deputy Registrar's Report	12
By the Numbers	13
Member and Pharmacy Relations	14
Competency Assurance	15
Field Operations	16
Compounding Excellence	19
Policy and Legislation Unit	25
Complaints and Discipline	29
Activities of the Registrar's Office	32
Analysis Between 2021 and 2022	33
Other Activities of the Registrar's Office Included	33
Conclusion	34
Saskatchewan College of Pharmacy Professionals	35
Minutes of the 111th AGM	39
Appendix A	40
Financial Statements	45





## President's Report

**G**reetings to all. As President, it is my pleasure to hold the responsibility of reporting on the activities of Council for the 2022 year.

As Council elected to continue with virtual meetings, agendas remained full and discussion regarding important topics was fulsome. I have been amazed at the work being done to optimize the safety of the public who receive pharmacy services in our province. Furthermore, I am grateful to the many individuals who bring their voices forward to positively influence pharmacy practice, whether this is through involvement with SCPP Committees, Working Groups, or Council, responding to surveys, or by providing input and feedback on important evolving issues.

Through 2022, we saw significant work being done on Goal 1 of SCPP's Strategic Plan – To have functioning competency assurance and quality improvement programs. All pharmacies had a Quality Improvement Review by the end of 2022 and plans for follow-up and frequency of subsequent reviews were formalized.

Additionally, through the engagement of an external consultant, establishment of a Task Force, and the onboarding of a new Competency Assurance Director, significant steps were taken to develop a draft framework for the Competency Assurance Program. Communication was shared with the membership regarding the framework and initial feedback was received. The proposed changes are progressive, ambitious, and strive to offer value to members by providing them with data to enhance their practice. So as to proceed with care, and not to overwhelm busy professionals, further work with regard to the Competency Assurance Program will be ongoing

and will roll out using a balanced, phased-in strategic approach. As a first step in the transition, members are encouraged to submit their documentation of continuing professional development to their member profile for licence registration in 2023. Engagement of members as the College proceeds with this work will be integral in the development of a strong program.

SCPP's second goal in the Strategic Plan is to align pharmacy regulation with modern pharmacy practice. While not formally planned as key indicators, there were a number of environmental conditions, which warranted direct responses by the College in 2022. These included various opportunities for enhancement of the scope of practice of pharmacy professionals to support the needs of individuals in our communities, some of which included the prescribing of Paxlovid to treat COVID-19 and antivirals to treat influenza, prescription extensions to ensure patient access to medication, and the provision of compounded analgesics for children. Work was also done to update and enhance SCPP's policies with respect to utilization of laboratory tests by pharmacy professionals, minor ailments, and travel health.

*“The proposed changes [to the Competency Assurance Program] are progressive, ambitious, and strive to offer value to members by providing them with data to enhance their practice.”*

In the latter half of 2022, in response to challenges with patient's timely access to safe, quality health care, significant work began in close partnership with stakeholders to explore advanced pharmacist prescribing through modernization of Parts I, K, and M of the College's Regulatory Bylaws. This is a significant high-priority undertaking, with due diligence required to establish a framework that will support pharmacy professionals to use their skills, knowledge, and expertise towards participation within the larger health care system, in ways that optimize patient outcomes and maintains their safety. I anticipate this piece to continue to be a focus for Council in the coming year.

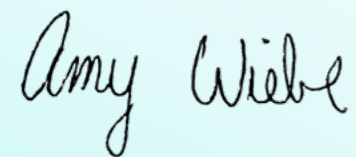
In the past year, the Ministry enacted *The Labour Mobility and Fair Registration Practices Act* (Bill 81), with a goal to attract health care workers to the province. Council recognizes the impact that this legislation has and will have on SCPP's licensure and registration. We acknowledge the need for adjusting our strategic priorities to proactively respond to these legislative changes and impacts. Exploration of modernization of licensure categories began and is underway.

Other major developments, which were approved by Council in efforts to enhance the safety of pharmacy practice in Saskatchewan, included implementation of the NAPRA Model Standards for Pharmacy Compounding, time-delayed safe requirements, and approval of the new Pharmacy Manager Policy and related training. Mandatory training in the areas of Equity, Diversity, and Inclusion was also established, for completion by pharmacy professionals prior to licence renewal in 2023.

With the many moving parts, and many different elements to consider, Council continues to strive to set its strategic direction through best-practice, contemporary governance, and with self-reflection, further work towards its role in making decisions that are in the best interest of the public. I am grateful for SCPP Registrar Jeana Wendel's leadership, and for the dedication of the staff at SCPP.

I also appreciate the work being done by pharmacy professionals every day, to enhance the quality of pharmacy services being delivered in our province. As I reflect on all of these efforts, in the context of what 2022 brought our way, I'd like to close with a quote from the late Queen Elizabeth II, "Whatever life throws at us, our individual responses will be all the stronger for working together and sharing the load."

I wish you all good health, dedication, and contentment as you move ahead through this year and for many years to come!



Amy Wiebe  
President, SCPP Council





# Registrar's Report

## Introduction

**P**resident Wiebe and members of the College: I am pleased to present the annual report for the fiscal year 2022 in my capacity as Registrar-Treasurer. This report describes how the SCPP office works towards achieving the College's vision, mission, strategic goals, and strategic direction as established by Council.

As the Secretariat and Treasurer for SCPP, the office provides administrative support for Council and the Committees.

The office also manages issues, communications, and our statutory obligations which include, but are not limited to, registration, licensing, monitoring and enforcing activities, such as routine and special evaluation of pharmacies, investigating complaints, ensuring career span and entry to practice competencies are met and that the expected standards of the profession are upheld to ensure the public can trust in the profession and have confidence in the care they are receiving in Saskatchewan.

As liaison between the public, Council, committees, members, government, other provincial and national professional regulators, educational institutions, other pharmacy organizations, and many other stakeholders, we remain grateful for the collaboration amongst our colleagues.

## Financial Highlights:

- Overall, our financial position remains healthy. Our assets decreased slightly from 2021 by \$353,293. The majority of this difference can be attributed to an unrealized loss (\$280,339) due to poor market performance throughout 2022. Poor market performance was mitigated in our investments through the purchase of GICs in the latter half of 2022 to obtain some secured interest revenue.
- Current liabilities were slightly higher in 2022 due to the the timing of the GST remittance, accounts payable, and accrued liabilities and fees and licences collected in advance.
- Revenue decreased slightly over 2021 by \$268,544 which is a result of the unrealized loss in investments of \$280,339.
- Expenses increased over 2021 by \$410,283. The increase can be attributed to increases in salary due to onboarding of new staff in 2022 and 2022 presenting a full year of wages for staff that were onboarded throughout 2021. With increased staffing, employee benefits increase proportionally. In addition, legal costs were higher as well as increased travel for pharmacy inspections and management of complaints.

*As liaison between the public, Council, committees, members, government, other provincial and national professional regulators, educational institutions, other pharmacy organizations, and many other stakeholders, we remain grateful for the collaboration amongst our colleagues.*

- Council approved the use of unrestricted reserves in 2022 to support the operations of the College and to ensure proper stewardship of financial resources. The use of the unrestricted reserves still maintains the Council policy of fifty percent administrative expenses in reserve and a \$500,000 catastrophic discipline fund. This is reflected in the loss of \$433,526, meaning reserves were utilized throughout 2022.



- Going forward, the College will hold \$1.5 million in restricted reserves for operational security versus fifty percent of administrative costs, the \$500,000 catastrophic discipline fund will be maintained; however, it will be utilized to support ongoing legal costs. The annual budget will be \$125,000 and after fines and costs have been recovered for the year, anything over budget will be supported through the fund. Once the fund falls below 25 per cent it will be automatically replenished through member funding. The unrestricted reserves have been set at a minimum level of \$400,000, which will be reviewed annually by the Finance Committee. These new policies will help to ensure financial security for the College and also the use of funds to support operations.
- For detailed financial information, please refer to the [audited statements at the end of this report](#).

#### Licensing, Registration and Permit Highlights:

- Membership growth continued over 2021 and there were 424 pharmacies at the end of 2022 which was even with 2021. In 2022 there were an equal number of new stores that opened and closed for a net zero impact on the number of community pharmacies.
- There continues to be significant movement of pharmacy managers; however, this is consistent with 2021 at 123.
- Pharmacy permit amendments continue to increase due to changing hours of community pharmacies. There were 151 amendments in 2022 compared to 99 in 2021. See Appendix A for a detailed breakdown of licensing and registration statistics as well as member and pharmacy data.
- July of 2022 was the official launch of the new pharmacy manager bylaws, education and physical presence requirements which completed a significant portion of the professional autonomy framework component of the strategic plan.
- The complexity of regulation continues to change with increased external expectations which has resulted in more complex licensing and registration questions and the use of legal resources.

### Competency Assurance Program Highlights:

- The College continues to make important gains on our Competency Assurance Program. 2022 saw the onboarding of our new Competency Assurance Director and the creation of a draft framework for the new program.
- Throughout 2023 and beyond, the draft framework will be divided into annual workplans to continue to move this strategic initiative forward.

### Field Operations and COMPASS Highlights:

- In 2022, field officers completed 202 Quality Improvement Reviews (QIRs) which successfully completed the first round of QIRs, meaning that every pharmacy in Saskatchewan since 2020 has received their first baseline review by the College.
- In 2022, a Council-approved risk matrix was established for the next round of QIRs which will see the field officers completing more in-person reviews based on the risk matrix. The second round of QIRs is expected to take approximately two years to review every community pharmacy.
- The COMPASS program continues to be strong in Saskatchewan with all 424 pharmacies meeting the bylaws as of Dec. 31, 2022.
- We continue to see positive results on our MedSCIM data indicating pharmacy professionals continue to establish positive safety cultures in pharmacies, which contributes to error prevention and mitigation strategies.

### CompEX – Compounding Highlights:

- Aug. 31, 2022 was the final implementation date for community pharmacies to meet the National Association of Pharmacy Regulatory Authorities (NAPRA) Compounding Standards.
- B. Sharkey, our Certified Compounding Inspector and Field Officer completed 17 in-person

inspections to assess compliance with non-sterile non-hazardous, non-sterile hazardous and sterile non-hazardous compounding requirements.

- Field Officers continue to assess all pharmacies throughout 2022 for compliance with the NAPRA Compounding Standards.

### Policy and Legislation Unit Highlights:

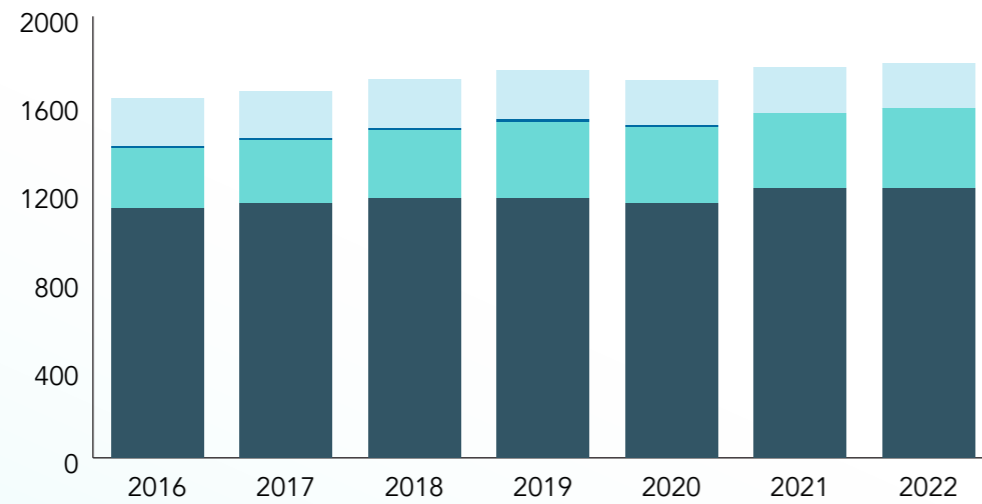
- The Policy and Legislation Unit continues to move through the strategic plan to ensure the College policies and documents have been reviewed and modernized.
- The workload continued to be heavy for the unit throughout 2022 with respect to modernization of Parts K and M of the bylaws to support expanded scope of practice for pharmacists.
- Significant emergency enactments and supporting guidance documents were created to support non-traditional immunizers, COVID-19 testing and distribution of testing kits, enabling up to three-month's supply of medications and enabling the ability for pharmacists to prescribe for Paxlovid.

### Complaints and Discipline:

- While 2022 saw a small reduction in the number of new complaint files (64 versus 73), the files were more complex and required a significant amount of legal and College resources.
- We also saw a reduction in the total number of allegations over 2021 with 212 versus 232.
- Legal costs continue to increase year over year due to the nature and complexity of complaints.

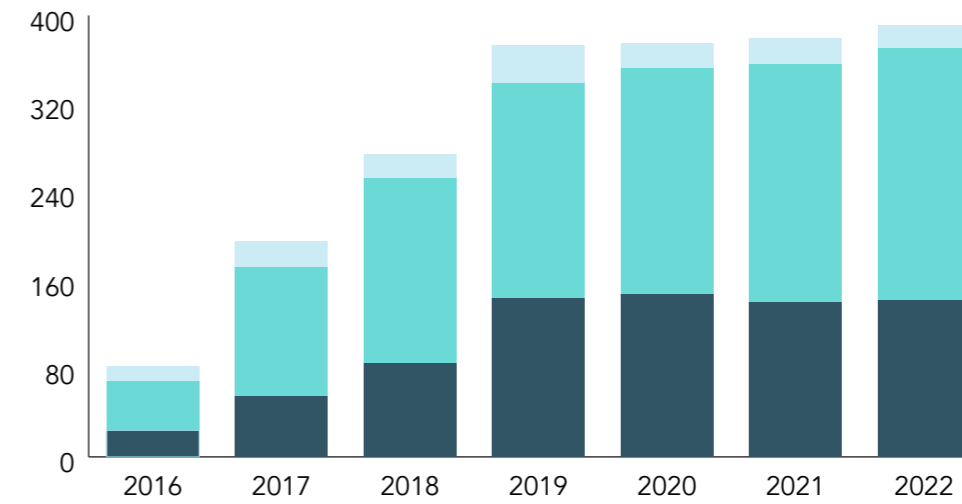


## Practising Members – Pharmacists as of Dec. 31, 2022



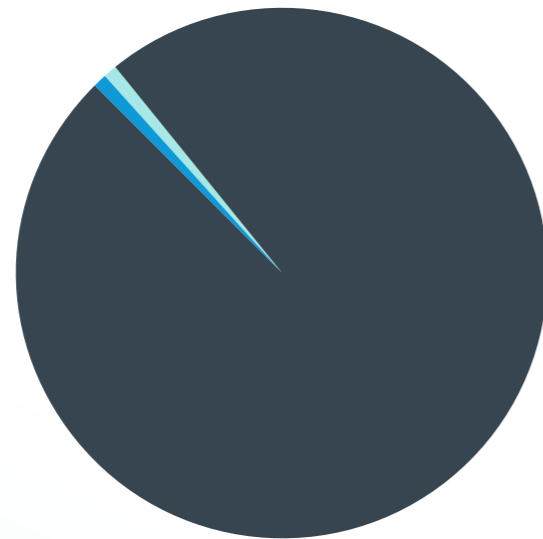
	2016	2017	2018	2019	2020	2021	2022
Other	217	217	218	224	203	210	204
Conditional	10	6	9	12	7	0	0
Hospital	274	286	312	346	344	341	361
Community	1,128	1,154	1,174	1,174	1,151	1,220	1,222
<b>Total</b>	<b>1,629</b>	<b>1,663</b>	<b>1,713</b>	<b>1,756</b>	<b>1,705</b>	<b>1,771</b>	<b>1,787</b>

## Practising Members – Pharmacy Technicians as of Dec. 31, 2022



	2016	2017	2018	2019	2020	2021	2022
Other	13	23	22	35	23	23	21
Hospital	45	117	167	194	205	216	228
Community	24	55	85	144	147	140	142
<b>Total</b>	<b>82</b>	<b>195</b>	<b>274</b>	<b>373</b>	<b>375</b>	<b>379</b>	<b>391</b>

## Pharmacies as of Dec. 31, 2022



	2016	2017	2018	2019	2020	2021	2022
Dispensing Physician	7	6	6	6	5	4	3
Satellite	9	9	8	8	9	7	3
Community	351	366	370	390	400	413	418
<b>Total</b>	<b>367</b>	<b>381</b>	<b>381</b>	<b>404</b>	<b>414</b>	<b>424</b>	<b>424</b>



## Strategic Plan Update

Now in its third year, progress on SCPP's strategic goals continued with the below developments.

- The Field Operations Team saw 100 per cent of pharmacies complete a Quality Improvement Review (QIR) by the end of 2022.
- Developed and implemented a risk-based remediation plan to proactively identify flags, which may lead to poorer QIR results.
- Significant steps taken to develop a draft framework for a competency assurance program.
- Implemented a public and member education campaign to foster a shared understanding of what a culture of safety means in community pharmacies.

**1**  
**To have functioning competency assurance and quality improvement programs.**

**2**  
**To align pharmacy regulation with modern pharmacy practice.**

**3**  
**To empower pharmacy professionals to practice autonomously to deliver safe patient care.**

**4**  
**To have enhanced transparency to stakeholders, supported by contemporary governance and management practices.**

- Implemented mandatory Equity, Diversity, Inclusion, and Cultural Safety training for all Practising and Non-practising members.
- Work started to develop the regulation to increase pharmacists' scope of practice with advanced prescribing.
- Developed a communication template to support consistent and effective communication with respect to changes to regulation.

- Implemented the Pharmacy Manager Policy and mandatory training for existing and new pharmacy managers, part of the first strategy in the Professional Autonomy Framework.
- Tenets of NAPRA's Principles of Professionalism incorporated into SCPP policy documents and strategies.

- The public register of pharmacy professionals and pharmacies was enhanced to include discipline histories relevant to the public.
- Alternative Disputes and Resolutions (ADRs) listings added to the Complaints and Discipline web pages, thus completing making all discipline decisions available for public view.



## Deputy Registrar's Report

- Throughout 2022, continued to oversee the registration and licensing of members, the renewal of pharmacy permits, and granting of new permits.
- Managed appeals for membership by former extended interns and other candidates seeking licensure with SCPP.
- Assisted in the development and distribution of College communications.
- Coordinated the jurisprudence (JP) exam sittings for the University of Saskatchewan (U of S) College of Pharmacy and Nutrition 2022 graduates as one of the final steps towards licensure in Saskatchewan.
- Revised and updated the Appraisal and Assessment Processes and website information for International Pharmacy Graduates, including reviewing and considering the impact of *The Labour Mobility and Fair Registration Practices Act* on current registration practices.
- Served on the Saskatchewan Polytechnic Pharmacy Technician Program Advisory Committee.
- Supported several committees, which report to Council including:
  - ▶ The Registration and Licensing Policies Committee, which reviews matters pertaining to the registration and licensing of pharmacy professionals;
  - ▶ The Fitness to Practise Committee, which receives referrals from the Complaints Committee as per Alternative Dispute Resolution requirements, regarding members who may have impairments that affect their ability to practise safely and competently. This committee did not meet in 2022;
  - ▶ The Competency Assurance Task Force, which continued to develop the new Competency Assurance process as per the Strategic Plan. The Task Force met frequently and presented the program developments to Council throughout 2022; and,
  - ▶ Assisted in transitioning the Professional Practice Committee (PPC), which reviews issues relating to pharmacy practice and standards, to a task force.

## By the Numbers

128

complaints files  
processed



212

public complaints  
processed

433

Continuous Quality  
Improvement (CQI)  
meetings

202

Quality Improvement  
Reviews (QIRs)

5,039

Medication Safety  
Self Assessments

424

pharmacies  
permitted

202

provided Opioid  
Agonist Therapy  
Services

5,176  
incidents

4.2%  
harm incidents

95.8%  
incidents caught  
before causing  
any harm

1,270

pharmacist  
immunizers

317

additional emergency  
immunizers

6

new policy documents

85

updated policy  
documents



## Member and Pharmacy Relations

Membership with SCPP remained consistent in 2022.

**Pharmacists** – University of Saskatchewan (U of S) graduates continued as extended interns for one year or their successful completion of the PEBC Qualifying examinations, whichever occurred first. Amendments to the Regulatory Bylaws allow an extended intern to practise to their full scope under the direct supervision of a licensed pharmacist for 12 months post-graduation. SCPP registered 61 U of S College of Pharmacy and Nutrition Graduates, 28 Canadian Candidates and two internationally trained pharmacists.

**Pharmacy Technicians** – In 2018 the bridging program for pharmacy technicians was completed. All candidates must now complete education programs for pharmacy technicians, which are accredited by the Canadian Council for Accreditation of Pharmacy Programs (CCAPP) and available in Canada. In 2022, SCPP registered 13 graduates of the Saskatchewan Polytechnic program and six additional CCAPP program graduates from other provinces.

A total of 132 jurisprudence examinations were conducted: 29 Canadian Candidates (pharmacists), 65 U of S College of Pharmacy and Nutrition graduates, two international pharmacist graduates, two out-of-province pharmacist interns, four pharmacists for reinstatement, 11 Saskatchewan Polytechnic pharmacy technician graduates and 19 Canadian Candidates (pharmacy technicians) and CCAP accredited pharmacy technician graduates.

Practising and Non-practising candidates requesting licensure with SCPP are required to complete a Criminal Record Check (CRC), specifically an Enhanced Police Information Check (E-PIC) as per SCPP Regulatory Bylaws as of 2021. In 2022, a random audit required 10 per cent of members to complete a new CRC. The random audit will be ongoing each year.

In terms of training, Prescriptive Authority Level I training is a requirement of licensure for practising pharmacists, while Harm Reduction training is mandatory for all practising pharmacists and pharmacy technicians. Pharmacists who practise in a setting which can provide self-care services must complete Minor Ailments training. All U of S graduates complete this training prior to graduation.

A Ministerial Order under the *Public Health Act* (1994) authorized and extended authorizations for COVID-19 and influenza vaccination administration by non-traditional immunizers to March 31, 2023. This allowed SCPP to provide advanced method student and technician authority for pharmacy students and pharmacy technicians to enable them to administer drugs by injection and other routes as this is not enabled within *The Pharmacy and Pharmacy Disciplines Act*. 142 pharmacy students and 85 pharmacy technicians were able to assist in administering COVID-19 and influenza vaccinations.

SCPP provided new pharmacy permits to 11 pharmacies in 2022. A total of 11 pharmacy permits were removed and pharmacies closed or were suspended in 2022. A total of 424 pharmacies were permitted as of December 31, 2022 (including three satellite pharmacies and three dispensing physician pharmacies).

There were 19 pharmacy ownership changes, 12 proprietor name changes, six trade name changes and nine corporate share purchases, along with 123 pharmacy manager changes in 2022.

The College processed 151 lock and leave permit amendments and five new lock and leave permits were also issued in 2022.

SCPP continued to provide information and resources to members and the public on the SCPP website and COVID specific information in the COVID tab. Information is made available that will impact a member's practice through newsletters, such as SCOPe, MicroSCOPe, [directions], and the ISMP SMART newsletter, as well as various member and or pharmacy manager memos. Important practice and regulatory changes are communicated through SCPP newsletters. SCPP has now created a member's section where memos are archived for further reference.

## Competency Assurance

As the regulator for pharmacy professionals in Saskatchewan, SCPP has a legislative responsibility to ensure that pharmacy professionals are competent to provide the public with safe, quality, and ethical care. This aligns with SCPP's mission of protecting the public interest by building excellence in professional pharmacy practice through regulation and the vision of quality pharmacy care for a healthier Saskatchewan.

One of SCPP's goals is to have functioning competency assurance and quality improvement programs. In working to achieve this goal, SCPP engaged the expertise of a consultant, Nancy Winslade, who worked in collaboration with the Deputy Registrar and in consultation with the Competency Assurance Committee and Task Force to develop and obtain Council approval of the Competency Assurance Program (CAP) framework. In addition, in September of 2022, SCPP onboarded the Director of Competency Assurance.

Work continues with a transition from member continuing education units (CEU) to continuing professional development (CPD), with the Patient Reported Experience Measures (PREMs) and Practice Improvement (PI) initiative, and with the peer and non-pharmacy colleagues' feedback for pharmacy professionals.

Future plans include onboarding a Competency and Quality Assurance Facilitator, additional member consultations, member education, and progress within the competency assurance program, including member support for CPD, PREM, and PI pilot programs in community pharmacies, and work toward peer and non-peer colleague feedback and PI programs with practising hospital-based members.

This will allow SCPP to continue to support and equip members with tools and strategies to elevate their practice with public safety at the forefront.



## Field Operations

### Quality Improvement Reviews (QIRs)

With the implementation of the Community Pharmacy Professionals Advancing Safety in Saskatchewan (COMPASS) Continuous Quality Improvement Program in December 2017, a QIR process was developed for practice reviews.

The review process is safety-focused and allows the field officers to coach and assist pharmacy staff in their quality improvement efforts to improve patient safety. The QIR process is intended to help achieve the desired culture of safety within Saskatchewan pharmacies.

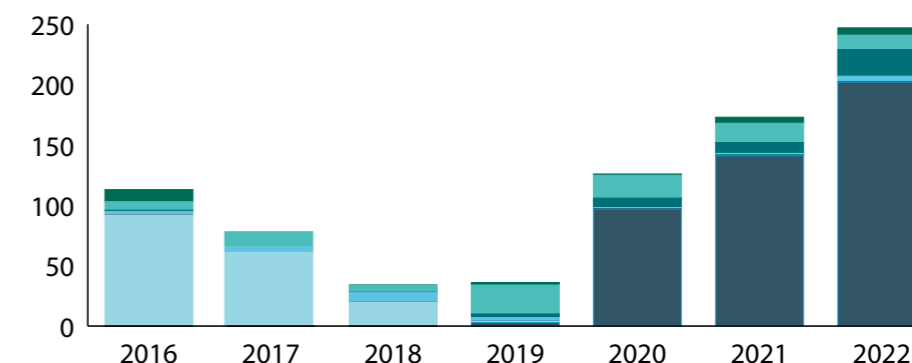
The review centers on safety activities within community pharmacies, including reviewing medication incident reporting for completeness and maturity by utilizing the Medication Safety Cultural Indicator Matrix (MedSCIM), reviewing the Medication Safety Self-Assessment (MSSA), and reviewing the Continuous Quality Improvement (CQI) plan.

Pharmacy practice within the pharmacy is also reviewed during the QIRs, to ensure the pharmacy staff is practising safely and according to federal, provincial, and SCPP requirements.

The goal of the QIRs is to ensure all pharmacy staff are actively looking for ways to decrease incidents and ensure medication safety is continually reviewed and addressed. The QIR process is initiated through the pharmacy manager completing a self-assessment. The QIR is then scheduled and completed, with a report provided at the end summarizing any recommendations and follow-up issues.

### Virtual Pharmacy Visits

Currently, most QIRs are being performed virtually via Microsoft Teams. During the virtual visit, the field officer connects to the community pharmacy's computer to review safety-related tools. The field officer requests that the pharmacy manager or Quality Improvement (QI) Coordinator go to the Community Pharmacy Incident Reporting (CPhIR) website to assess the safety work



Category	2016	2017	2018	2019	2020	2021	2022
Quality Improvement Reviews (QIR)	0	0	0	3	97	141	202
Professional Practice Review (PPR)	92	61	20	1	0	0	0
Lock and Leave Inspection (L&L)	0	0	0	0	0	1	0
Relocation Inspection (RLI)	3	4	8	3	1	1	5
Renovation Inspection (RNI)	1	0	0	3	8	9	22
Pre-Opening Inspection (POI)	7	12	6	24	19	16	12
Complaints Follow-Up Inspection (INV)	10	0	0	2	1	5	6

completed. The objective is to review the narrative of incidents to assist pharmacy staff in improving the completeness and maturity of their reporting and in doing so helping them better identify the root cause of the incidents. The MSSA graphics and CQI plan are also reviewed.

In addition to reviewing the safety-related tools, pharmacy practice issues such as prescribing, advanced method (administration of drugs by injection and other routes), compounding standards compliance, narcotic and controlled drug procedures, PIP privacy and accuracy, as well as specialty services procedures are all reviewed.



Once the review is complete, the pharmacy manager is provided with a PDF report of the review that includes recommendations for improvement and potential resources that can help the pharmacy staff with quality improvement efforts and ensure they are following all federal, provincial and SCPP legislative requirements.

### On-Site Pharmacy Visits

There have been situations this year in which an on-site visit is completed. Specifically, if another inspection is planned to occur at the same time as the QIR (e.g., compounding inspection, renovation inspection, etc.), there are specific areas that the field officer wants to review that can only be seen in person, or if the pharmacy is unable to connect using the virtual application.

During the on-site visits, a very similar procedure is followed as with the virtual visits. The focus of the in-person QIRs still centers on safety activities and how the field officer can assist the pharmacy team in ensuring the safest practice is occurring within the pharmacy.

As with virtual visits, once the QIR is complete, the pharmacy manager is provided with a report with recommendations for improvement and potential resources that can assist the pharmacy staff with quality improvement efforts.

### Field Operations Summary

QIRs officially commenced in January 2020. From then until the end of 2022, there have been 442 QIRs completed, 202 of the QIRs were completed in 2022. Included in the numbers are seven second round QIRs (virtual) and four second round QIRs (on-site). During the second round of QIRs, whether a pharmacy receives a virtual visit, or an on-site visit is determined using a risk-based approach. A rubric was developed to assist Field Operations to identify these risk-based situations. Regular activities are summarized in the accompanying table.

In-Person	Virtual
6 pre-opening inspections	6 pre-opening inspections
13 renovation inspections	9 renovation inspections
2 relocation inspection	3 relocation inspections

### Summary

Pre-opening, renovation, and relocation inspections are either completed in-person or virtually. When the inspection is completed virtually it is via Microsoft Teams. 2022 inspections were completed almost evenly between virtual and in-person.

Completing inspections virtually is preferred, as there are reduced costs for travel and expenses, while still allowing the field officer to effectively inspect the pharmacy. However, there are situations that require the inspections to be completed on-site, which occurred more this year. When possible, a virtual inspection will be the primary method for completing inspections going forward.

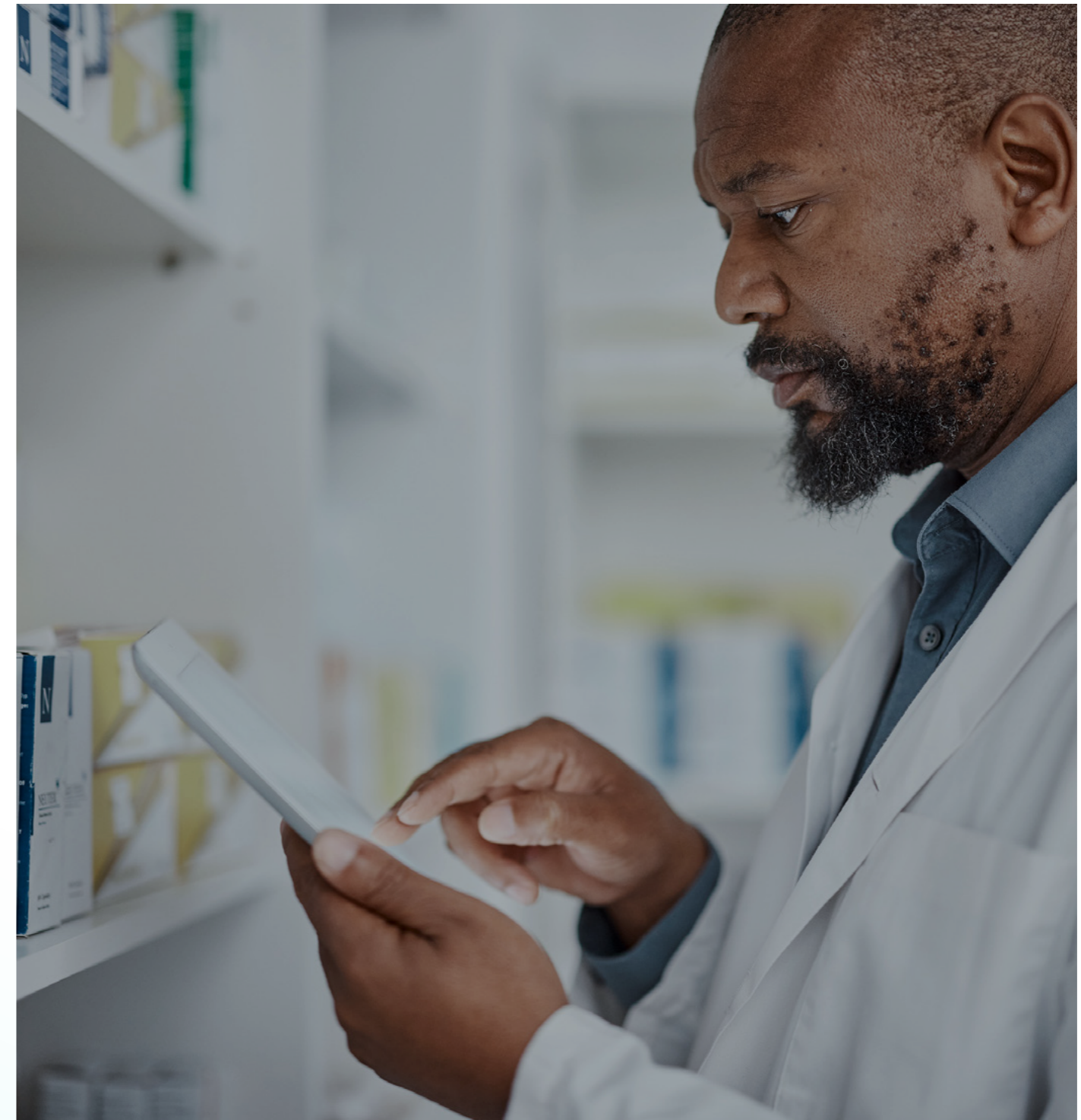
### Other Field Operation Activities

- Jeannette Sandiford, Assistant Registrar – Field Operations and Quality Assurance, sits on the Competency Assurance Program Task Force, provides leadership and support to the COMPASS Committee, supports Quality Assurance education in pharmacies by preparing the quality assurance newsletter, [directions], quarterly. She also collaborates with counterparts in other provinces when appropriate, including the quarterly CQI/Medication Incident Reporting (MIR) Sharing Group meetings. Jeannette liaises with the Institute for Safe Medication Practices (ISMP) Canada on any issues or updates with the Community Pharmacy Incident Reporting (CPhIR) program or Medication Safety Self-Assessment (MSSA) as well as other issues.

- Brittany Sharkey, Certified Compounding Inspector – Field Officer, participates in two NAPRA Working Groups – Sterile Compounding and Non-Sterile Compounding. She also was involved with the NAPRA Review Committee for the development of Compounding Competencies that were published in July. She updated her Certification in Sterile Compounding for Inspectors (CISCI) with CriticalPoint to maintain certification as a sterile compounding inspector. She is involved in leading the work for the Compounding Excellence (CompEX) implementation of the NAPRA Compounding Standards.

This work involved the publication of two CompEX editions of MicroSCOPE, two educational webinars on the interpretation of the compounding standards, an updated environmental scan survey at the beginning of the year, and many consultations and inspections with pharmacy managers to assist with and assess compliance with the NAPRA compounding standards in pharmacies.

- Jennifer Koskie, Field Officer, participated in development and lecturing for the Phar 112: Pharmacy Law course to first year students at the University of Saskatchewan. Jennifer is also the SCPP representative for the NAPRA Entry to Practice Competencies working group. Jennifer has also participated in preparing articles for SCPP's newsletters.
- Steve Yakiwchuk, Field Officer, participated in development of the Phar 112: Pharmacy Law course and presented sections of the course to pharmacy students at the University of Saskatchewan in the second term of the 2021/22 school year. Steven completed the Council on Licensure, Enforcement and Regulation (CLEAR) National Certified Investigator and Inspector Training (NCIT). Steven also participated in preparing articles for SCPP's newsletters.



## Compounding Excellence

In February, S CPP sent out a survey to all pharmacy managers to obtain an environmental scan of the implementation progress of the NAPRA Model Standards for Pharmacy Compounding in Saskatchewan pharmacies. There were 184 respondents to the survey. 52 per cent said that they were on track to meet the extended deadline of Aug. 31, 2022, for compliance with the NAPRA Model Standards for Pharmacy Compounding.

In March, Council approved the Field Operations compliance assessment plan that required all pharmacies to complete a declaration of compliance on their 2022 pharmacy permit renewal application. Level A pharmacies would then have compliance assessed through QIRs over 12 – 18 months following the Aug. 31, 2022, deadline. All Level B, C and sterile compounding pharmacies were to have on-site inspections to assess compliance prior to Dec. 31, 2022. 94 per cent of these inspections were completed (54 out of 57).

In December, the compounding inspector provided a report to Council on the status of inspections and compliance of Level B, C, and sterile compounding pharmacies.

Based on the report, Council determined that two sterile compounding pharmacies would be required to cease sterile compounding operations until compliance with the NAPRA Model Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations had been met and confirmed by the compounding inspector.

One-on-one consultations continued with pharmacy managers and compounding supervisors who reached out for additional guidance on meeting facility compliance within their pharmacy. The compounding inspector conducted 14 consultations to assist members in identifying what needed to be done within their pharmacy to meet facility compliance, and 17 compliance inspections were conducted.

In addition to scheduling one-on-one consultations to provide widespread assistance to members, two CompEX editions of MicroSCOPE were published, and the compounding inspector facilitated two informational recorded webinars.



- Level A Non-Sterile (363)
- Exemption (6)
- Sterile Non-Hazardous (5)
- Level C Non-Sterile (7)
- Level B Non-Sterile (50)
- Sterile Hazardous (0)





Community Pharmacy Professionals  
Advancing **Safety** in Saskatchewan

The Community Pharmacy Professionals Advancing Safety in Saskatchewan (COMPASS) Continuous Quality Improvement (CQI) program became mandatory in Saskatchewan community pharmacies on Dec. 1, 2017. Prior to this implementation date, a select number of Saskatchewan pharmacies were able to report medication incidents into the CPhIR system. Since June 2013, there have been about 41,148 medication incidents reported into the CPhIR system.

On average, 150 pharmacies are reporting each month.

### Standardized Continuous Quality Improvement Tools for COMPASS

The standardized Continuous Quality Improvement tools used for COMPASS were developed by the Institute for Safe Medication Practices (ISMP) Canada. They include:

- CPhIR system ([www.cphir.ca](http://www.cphir.ca)) for reporting medication errors and near misses (medication incidents).
- MSSA (Medication Safety Self-Assessment) tool ([mssa@ismp-canada.org](mailto:mssa@ismp-canada.org)) for proactively identifying any potential safety issues.
- CQI tool for both developing the agenda for CQI meetings and developing and monitoring the pharmacy improvement plan.

Each pharmacy was surcharged for the cost of subscribing to the ISMP resources to meet the CQI Regulatory Bylaw requirements. The surcharge also includes an administrative fee for the program.

Month	Incidents Reported	Users	MSSAs (started or completed since inception)	CQI Meetings
January	488	149	416	41
February	356	138	418	30
March	586	170	420	47
April	359	153	420	24
May	507	170	420	43
June	438	162	418	47
July	443	151	418	27
August	455	151	418	40
September	449	146	422	35
October	392	154	423	35
November	340	140	423	30
December	363	110	423	34
Total	5,176	1,794	5,039	433

## Number of Participating Pharmacies

As of Dec. 31, 2022, all 424 community pharmacies have met the bylaw requirements for participation in COMPASS.

## Training

Online training for the COMPASS program is currently available through the Continuing Professional Development for Pharmacy Professionals (CPDPP). The training goal is to provide information on medication safety, as well as training on the online COMPASS tools, for the QI Coordinators to meet their regulatory obligations. There were 162 individuals that took the online training in 2022. This included 68 pharmacists, two pharmacy technicians and one student. It is mandatory for the second-year PharmD students to take the COMPASS training, of which there were 91 students this year.

## Communication

To ensure pharmacy staff members were well-informed about emerging trends, standards of practice and requirements of the COMPASS program, communications were provided throughout 2022, by email and via newsletter articles in SCOPe, SMART Medication Safety Agendas and the [directions] newsletters.

To facilitate communication between SCPP and the COMPASS pharmacies, the [directions] newsletter was developed in 2015. The newsletter is intended to provide pharmacies with information about using the COMPASS tools, relevant safety information, education opportunities around safety, other initiatives (e.g., Pharmaceutical Information Program's Quality Improvement Program (PIP QIP), and any "good catches.")

Four editions of the [directions] newsletter were published and distributed in 2022.

## Pharmacy Safety Resources

To assist pharmacy staff with education for the COMPASS program, several online resources are available on the College website.

- Resources added to the COMPASS tab on the website include:
  - ▶ Under Newsletters;
  - ▶ National Incident Data Repository Safety Brief; and
  - ▶ National Incident Data Repository for Community Pharmacies National Snapshot.
- Resources revised on the COMPASS tab on the website include:
  - ▶ ISMP Canada – MSSA for Community Pharmacy – User Guide.

## Statistics

Statistics for incident reporting in the CPhIR system from September 2013 (Phase I) until the end of December 2022:

Total number of incidents reported: 41,148.

Total number of pharmacies that have entered at least one incident: 447

The top five types of incidents:

- Incorrect dose/frequency: 9,510
- Incorrect drug: 7,062
- Incorrect quantity: 6,694
- Incorrect strength/concentration: 4,445

- Incorrect patient: 4,011

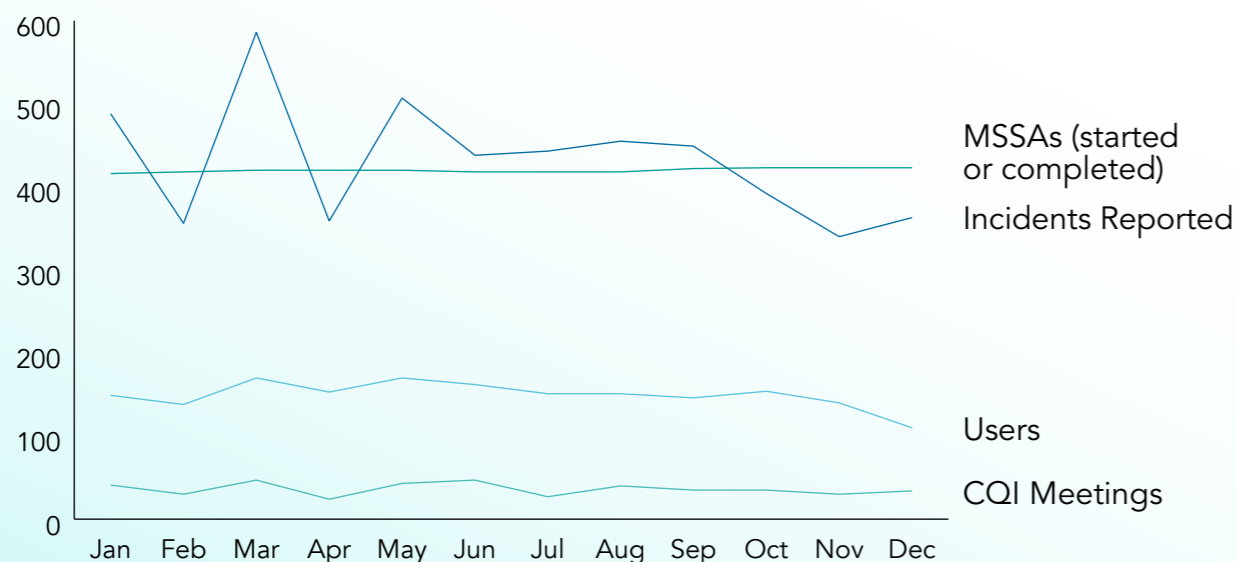
Outcomes of reported incidents:

- No error: 22,870
- No harm: 16,962
- Harm: 1,293

As of the end of 2022, the total number of pharmacies since Phase 1 that have started or completed their MSSA was 423. Also, the total number of CQI meetings held during that time was 1,534.

### COMPASS Statistics

Number of incidents, users, and COMPASS activities for 2022.



### COMPASS Activities – 2022

The above chart shows that the number of pharmacies (users) submitting incidents has remained relatively steady over the year. On average there were 150 pharmacies reporting each month to the CPhIR program. The highest number of users were seen in March and May with 170 in each of those months. The highest number of incidents reported was in March with 586. The second highest number of incidents reported was in May with 507. The lowest number of incidents reported was in November with 340. The lowest number of users was seen in December with 110.

The number of MSSAs completed or started has remained relatively steady over 2022. Increases or decreases in the number are likely due to either a pharmacy closure (decrease) or a pharmacy opening (increase).

The majority of pharmacies would have completed any outstanding MSSAs in 2021 due to the new permit requirement that every pharmacy needed to have completed an MSSA within the last two years, which was implemented for the 2021-22 permit year. Many pharmacies have either completed a second MSSA or are in the process of completing their second MSSA. Going forward, pharmacies will be monitored through QIRs and the permit renewal process to ensure they complete an MSSA every two years.

CQI meetings held each month remained relatively steady. The highest number of CQI meetings were held in March and June with 47 meetings in both of those months, and the lowest number of meetings were held in April with 24.

### Monitoring Effectiveness of COMPASS

#### COMPASS Committee

To monitor the effectiveness of the COMPASS program and identify areas for improvement, the COMPASS Committee was created in 2018. The Committee had two meetings in 2022, in June and November.

The committee is comprised primarily of QI Coordinators, but also includes hospital representation and academia.

This year the committee dealt with issues related to the COMPASS Program, including recommending a revision of the COMPASS training and providing recommendations for, and approving, the revised QIR process.

### MedSCIM Assessment – Harm Incidents

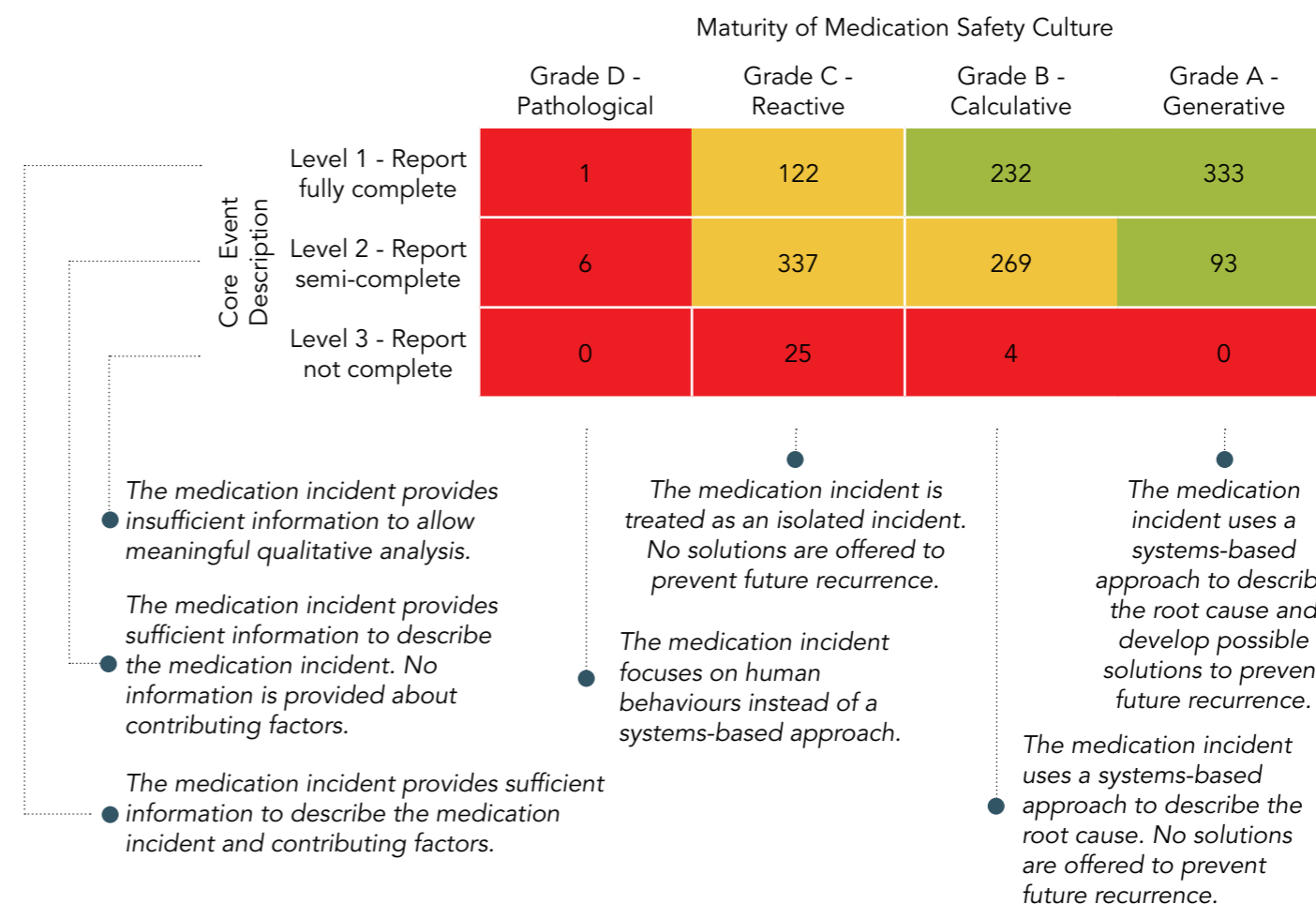
In addition to utilizing the MedSCIM tool during the QIRs, SPP again engaged ISMP Canada to perform a MedSCIM assessment on medication incidents that have caused patient harm. This is the third such review and was completed on harm incidents from Sep. 1, 2020, to March 31, 2022. The previous reviews were completed on medication incidents from Dec. 1, 2017, to Jan. 31, 2019, and Feb. 1, 2019, to Aug. 30, 2020. The results of this assessment were presented to Council in March 2023.

The overall conclusion from the third review of medication incidents causing patient harm was that COMPASS pharmacies continue to demonstrate many areas of strength with respect to their patient safety culture. Most incidents from the 2022 assessment were classified under a positive safety culture, suggesting that pharmacies are submitting detailed reports that use a system-based approach to address possible causes of incidents. The majority of patient harm incidents were reported with a sufficient level of detail to describe what medication incident occurred and also specified potential contributing factors to the incidents.

It should be noted that reports assessed in the pathological domain are in the minority, indicating that pharmacies have moved away from a shame and blame culture.

However, when compared to the 2020 assessment, the 2022 results show that COMPASS pharmacies submitted significantly fewer reports that consider system-based solutions to the identified problems. Therefore, the number of reports that indicate a “generative” approach has decreased significantly.

### MedSCIM Results (Jan. 1 – Dec. 31, 2022)



### Compare (Jan. 1 – Dec. 31, 2021)

Core Event Description	Level 1 - Report fully complete	2	77	207	189
	Level 2 - Report semi-complete	4	275	291	106
	Level 3 - Report not complete	9	35	22	4

An explanation for this is likely due to the reporting period occurring during the peak of the COVID-19 pandemic, when pharmacies were under significant stress.

The full report can be found at [COMPASS Harm Incidents MedSCIM Assessment 2022](#).

### Quality Improvement Reviews (QIRs)

Monitoring quality improvement activities in pharmacies during the QIRs commenced in January 2020. There were 202 QIRs completed in 2022, to bring the total of QIRs completed since January 2020 to 442. Included in this number are 11 second round QIRs. QIRs were initially completed virtually by the field officers using the ConnectWise™ program; however, due to technical issues Microsoft Teams has been utilized for more recent virtual QIRs. Some QIRs were completed in-person in 2022, due to either the pharmacy not being able to connect using ConnectWise™ or another inspection being completed in conjunction with the QIR. The majority of community pharmacies had a QIR by the end of 2022.

### MedSCIM

The MedSCIM tool is one of the assessment tools that is used during the QIR process.

The MedSCIM tool measures the completeness of the medication incident reporting and the maturity of the safety culture within a pharmacy. A comparison of the MedSCIM results for 2021 and 2022 shows an improvement in both completeness of the report and the maturity of the safety culture within community pharmacies. This is evidenced by a decrease in the percentage of incidents assessed in the red and yellow zones and an increase in the percentage of incidents assessed in the green zone.





## Policy and Legislation Unit

The Policy and Legislation Unit provides bylaw and policy support to the College's vision, mission, mandate and goals. It takes a risk management approach to advancing the College's strategic and operational priorities.

As such, the Unit's deliverables in 2022 advanced strategic priorities to strengthen support for pharmacy managers and modernize pharmacy practices for prescribing and laboratory testing, while also supporting federal and provincial responses to the COVID-19 pandemic. In addition, the College continues to address the [2019 Provincial Auditor Report](#) recommendations throughout the following activities.

### Regulatory Bylaws

As part of a multi-year project, Part K of the Regulatory Bylaws (Prescribing of Drugs) was overhauled to fully leverage the skills sets of pharmacists, within specified training, competency, and practice requirements that ensure public safety.

The revisions also allow for greater monitoring of prescribing and dispensing practices to reduce opioid misuse as called for in the [2019 Provincial Auditor Report](#).

The work on pharmacist prescribing will continue into 2023 as part of provincial health human resource efforts.

One amendment to the SCPP's Regulatory Bylaws was completed:

- **Code of Ethics with gender neutral language (Part H):** Outdated gender-specific references in the Code of Ethics were replaced with gender-neutral language. This amendment is in keeping with modern legislative drafting practices and reassures the public that the standards of pharmacy practice in Saskatchewan reflect the values of equality recognized in the *Canadian Charter of Rights and Freedoms*.

### Administrative Bylaws

Two amendments to SCPP's Administrative Bylaws include:

**Allowances and Fees (Part F):** Updating the fee schedule (March) and introducing new fees to create a full member- and **proprietor-funded Alternative Dispute Resolution Process**. This fulfills one of the eight strategies in the Professional Autonomy Framework (March).

### Reference Manual Documents

The College remains committed to transparent, accurate and clear communication with pharmacy professionals, pharmacy managers, proprietors, and the public. Following Harry Cayton's 2018 recommendations in [An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act](#), the reference manual is intended to gather professional standards and guidelines in one place.

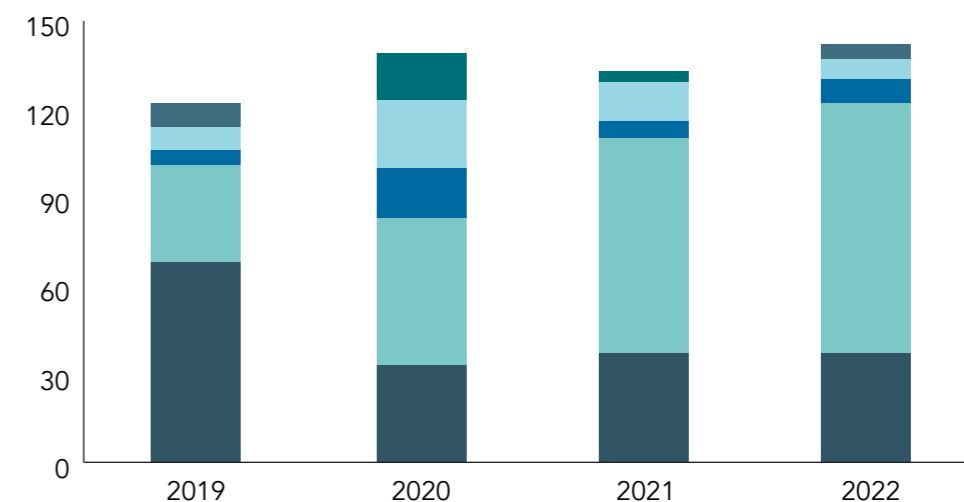
In 2022, the focus of the Reference Manual Documents updates included the following:

- A new Pharmacy Manager Policy developed and implemented, including the launch of the pharmacy manager training program offered through Continuing Professional Development for Pharmacy Professionals (CPDPP). This strengthens support for pharmacy managers and fulfills one of the eight strategies under the Professional Autonomy Framework;
- All three reference documents for the "laboratory testing" scope of practice have been updated with substantial revisions. They supported several federal and provincial COVID-19 initiatives, including occupational health and safety testing and an emergency enactment permitting "proof of negative testing" in the pharmacies. They also formed the basis of two new training courses developed in collaboration with CPDPP;
- All six reference documents for the "Administration by Injection" scope of practice continue to be revised to meet ongoing provincial needs identified for the COVID-19 Immunization Delivery Plan and the Seasonal Influenza Immunization Program;

- The reference document for Medical Assistance in Dying (Practitioner Administered) was updated to ensure that pharmacists and pharmacy technicians understood their legal obligations and practice standards in light of amendments to [federal legislation \(Bill C-7\)](#);
- The Central Fill Policy Statement was updated in response to operational pressures where clarification was required on informed consent as well as the policy’s application to compounding and controlled substances; and
- A comprehensive update to the Distribution by Prescription document, which summarizes the requirements for distribution of all controlled substances and prescriptions drugs. Information has been compiled from the federal and provincial regulatory requirements, including *Controlled Drugs and Substances Act*, the *Food and Drugs Act*, the Narcotic Control Regulations, the Benzodiazepines and Other Targeted Substances Regulations, and the Food and Drug Regulations. Provincial requirements from the SCPP’s Regulatory Bylaws and the Prescription Review Program are also included. This information has been circulated to both post-secondary institutions and used to train future pharmacy professionals.

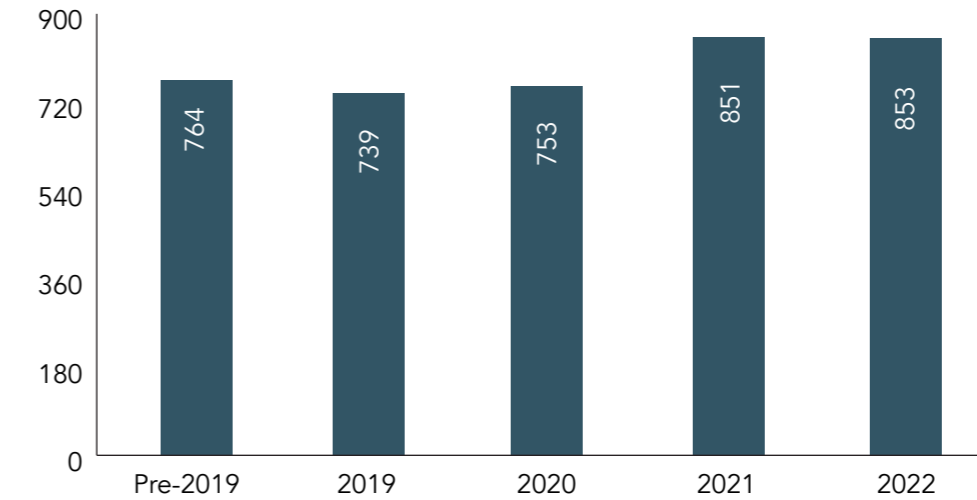
Additional guidance documents were developed, implemented and maintained to enact COVID-19 emergency measures in response to drug and health human resource shortages:

- Continued support of non-traditional immunizers who assisted with the provincial COVID-19 Immunization Delivery Plan and Seasonal Influenza Immunization Program;
- Continued support of pharmacists performing COVID-19 rapid antigen tests as part of the federal workplace screening program for occupational health and safety;
- Comprehensive guidance to pharmacy professionals, pharmacy managers and proprietors on selling, distributing and performing COVID-19 rapid antigen tests within or through the pharmacy;
- Emergency enactment of pharmacists performing COVID-19 rapid tests for provincial “proof of negative” testing;



Document Status	2019	2020	2021	2022
Removed	8	16	4	5
In Progress	8	23	13	7
New	5	17	6	8
Updated	33	50	73	85
Overdue	68	33	37	37

- Emergency enactment and guidance for pharmacists to prescribe up to 3 months’ supply of medications for chronic conditions when access to family physicians is a concern;
- Emergency enactment and guidance for pharmacists to prescribe Paxlovid as part of the provincial Paxlovid Distribution, Prescribing and Assessment program; and
- Guidance to pharmacists on managing drug shortages within existing scope of practice, including dispensing, recommending, and prescribing insulin as well as compounding pain relievers for the pediatric population.



## Number and Status of Reference Manual Documents

### Progress for 2022:

- Five documents were removed in 2022, in addition to 28 removed in 2019, 2020 and 2021 combined. Most concerned emergency exemptions and special communications for COVID-19 response and were no longer needed.
- 137 Reference Manual documents remain (compared with 114 in 2019, 123 in 2020 and 129 in 2021), of which:
  - ▶ 93 (or 68 per cent) of the reference documents are up-to-date based on a four-year refresh cycle (compared with 38/114 or 31 per cent in 2019, 67/123 or 54 per cent in 2020, 79/129 or 61 per cent in 2021). This was achieved through:
    - eight new documents created (in addition to 28 created in 2019, 2020, and 2021 combined), and
    - five of these documents were updated an additional eight times throughout 2022;
  - ▶ 44 (or 32 per cent) of the reference documents are outdated, including seven that are under review (compared with 76/114 or 67 per cent in 2019, 56/123 or 46 per cent in 2020, and 50/129 or 39 per cent in 2021).

### Key Areas of Pharmacy Practice Impacted:

**Emergency Measures and Exemptions:** COVID-19 – 82 per cent (14/17) of the reference documents supporting emergency measures are up to date. Five of these documents were new and supported the provincial response to the COVID-19 pandemic. This included rapid antigen testing, Paxlovid and other emergency prescribing to address shortages of health professionals and drugs due to COVID-19. These documents were reviewed continually throughout 2022 to ensure that members had current information on SCPP emergency enactments along with federal and provincial COVID-19 initiatives.

**Administration by Injection:** 100 per cent or all six documents are up-to-date and revised several times in 2022 in response to provincial needs identified for the COVID-19 Immunization Delivery Plan and the Seasonal Influenza Immunization Program.

**Prescriptive Authority:** 86 per cent (12/14) of reference documents are up to date.

**Laboratory Tests and Medical Devices:** 100 per cent or all three documents for this scope of practice have been substantially updated and used to support the several provincial initiatives responding to the COVID-19 pandemic, including occupational health and safety testing and an emergency enactment permitting “proof of negative testing” in the pharmacies.

**Dispensing:** 40 per cent (6/15) of reference documents are up to date.

**Compounding:** 100 per cent or all five NAPRA pharmacy compounding standards remain up to date.

**Controlled Substances and Prescription Review Program (PRP):** 44 per cent (8/18) of the reference documents are up to date.

**Scope and Standards of Practice/Code of Ethics:** 67 per cent (10/15) of the reference documents are up to date. In 2022 revisions were made to the NAPRA Model Standards of Practice for Pharmacists and Pharmacy Technicians with annotations to reflect provincial scope of practice.

**Pharmacy Operations:** 42 per cent (8/19) of reference documents are up to date. In 2022, the new

Pharmacy Manager Policy was completed and implemented, along with the mandatory training. The Central Fill Policy Statement was also updated to address informed consent, application to controlled substances and compounding.

**Registration and Licensing:** 100 per cent or all six reference documents are up to date.

**Documentation, Record Retention and Communication:** 17 per cent (1/6) of reference documents are up to date.

**Privacy and Consent:** 100 per cent (13/13) of reference documents are up to date, to ensure that pharmacy professionals have current information on the impact of privacy legislation on pharmacy practice.

## Complaints and Discipline

The Complaints Committee operates as a Committee of the College pursuant to *The Pharmacy and Pharmacy Disciplines Act* ("the Act") and derives its authority through legislation, including section 28 of the Act:

### Investigation

28. (1) Where the complaints committee is requested by the council to consider a complaint or is in receipt of a written complaint alleging that a member is guilty of professional misconduct or professional incompetence, or that a proprietor is guilty of proprietary misconduct, the committee shall:

(a) review the complaint; and  
(b) investigate the complaint by taking any steps it considers necessary, including summoning before it the member or proprietor whose conduct is the subject of the complaint.

(2) On completion of its investigation, the complaints committee shall make a written report to the discipline committee recommending:

(a) that the discipline committee hear and determine the formal complaint set out in the written report; or  
(b) that no further action be taken with respect to the matter under investigation.

(3) The formal complaint set out in a written report made pursuant to clause (2)(a) may relate to any matter disclosed in the complaint received pursuant to subsection (1) or the investigation conducted pursuant to subsection (1).

(4) The complaints committee shall provide, or cause the registrar to provide, a copy of a written report made pursuant to clause (2)(b) to:

(a) the council;  
(b) the person, if any, who made the complaint; and  
(c) the member or proprietor whose conduct is the subject of the complaint.

Complaints Summary	2016	2017	2018	2019	2020	2021	2022
New files	38	33	51	40	51	73	64
Closed files	32	33	26	21	33	57	48
Files referred to Discipline Committee	5	7	7	6	5	4	0
Files referred to Alternative Dispute Resolution Process (ADR)	3	6	4	4	10	5	2
Files open for investigation	12	14	14	9	3	7	14

### Complaints Committee Activities

In 2022, the Complaints Committee met virtually on eight occasions to review files.

The Committee, upon review of the file, will motion one of the following:

- close the file with no further action;
- close the file and request that the member send a letter of apology to the complainant(s);
- close the file with a letter of caution to the member, which is retained in the member's file;
- refer the file to an Alternative Dispute Resolution (ADR) Process;
- refer the file to the Fitness to Practise Committee; or
- refer the file to a Discipline Hearing.



### Disposition of files during the year was as follows:

Reviewed one file, which remained open from 2017, closing zero files:

- One file was referred to be heard by the Discipline Committee

Reviewed seven files from 2021, closing five files:

- One file was closed with no further action.
- Four files were closed with a cautionary letter.
- Two files were referred to ADR.

Reviewed 64 files from 2022, closing 48 files:

- 23 files closed with no further action.
- 15 files closed with an apology.
- 10 files closed with cautionary letters to the member(s).
- 14 files remain open for investigation.
- Two files were referred to ADR.

Of the 64 files received in 2022, eight files were initiated by SCPP while 56 files were submitted by members of the public.

Type of Complaint by Allegation	2016	2017	2018	2019	2020	2021	2022
Advertising	0	2	1	1	0	0	5
Alcohol/Drug Abuse	1	2	1	1	1	1	4
Communication/Unprofessional Behavior	26	30	23	25	17	54	51
Medication Errors	12	17	14	22	10	15	19
Record Keeping	4	1	5	1	1	6	12
Bylaws/Standards/Guideline/Ethical Infractions	11	9	16	6	16	40	35
Prescription Transfers	0	0	0	2	2	12	3
Billing Irregularities/Overcharging	2	1	11	9	1	8	5
Inappropriate Product Selection	0	0	1	0	0	0	0
Unsupervised Assistant	2	0	1	0	0	2	2
Prescription Short Fills	0	2	1	1	1	3	2
Pharmacist Not on Duty	0	0	3	0	3	2	1
Dispensing Without Authority	2	2	3	1	4	7	4
Breach of Confidentiality/Privacy	7	7	3	6	5	11	6
Adverse Drug Reaction (otc)	2	0	3	0	2	3	3
Refusal to Fill	3	3	3	1	2	11	7
Patient's Right to Choose Pharmacy	2	0	1	2	1	8	3
Privacy/Pharmacy Assistant	8	0	0	1	1	1	1
Miscellaneous/Other	16	29	5	24	22	27	35
Proprietary			8	0	5	10	7
Injection			5	1	3	11	7
TOTAL	98	105	108	104	97	232	212

Note: One complaint may have more than one type of allegation.

## Discipline Hearings

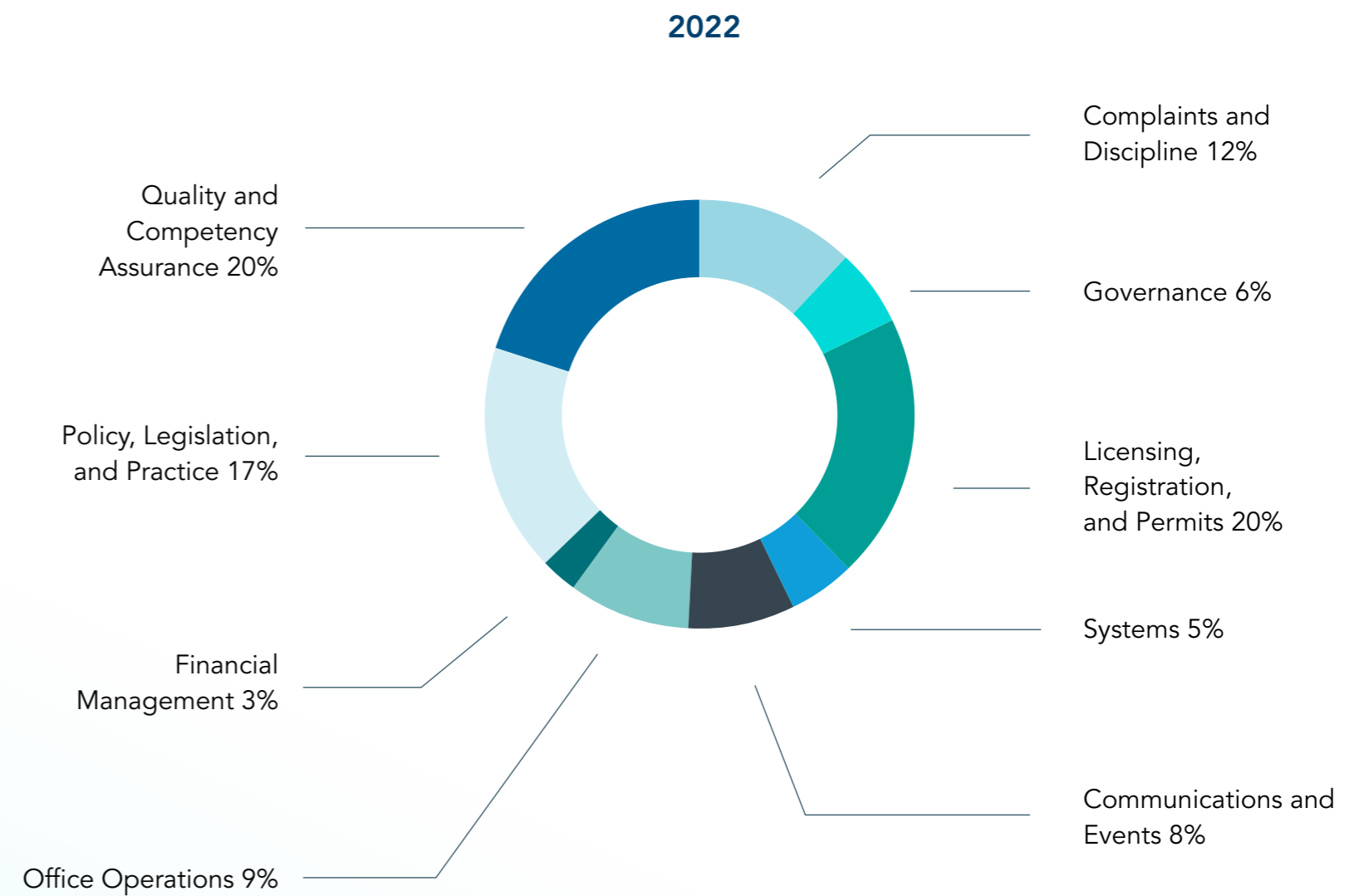
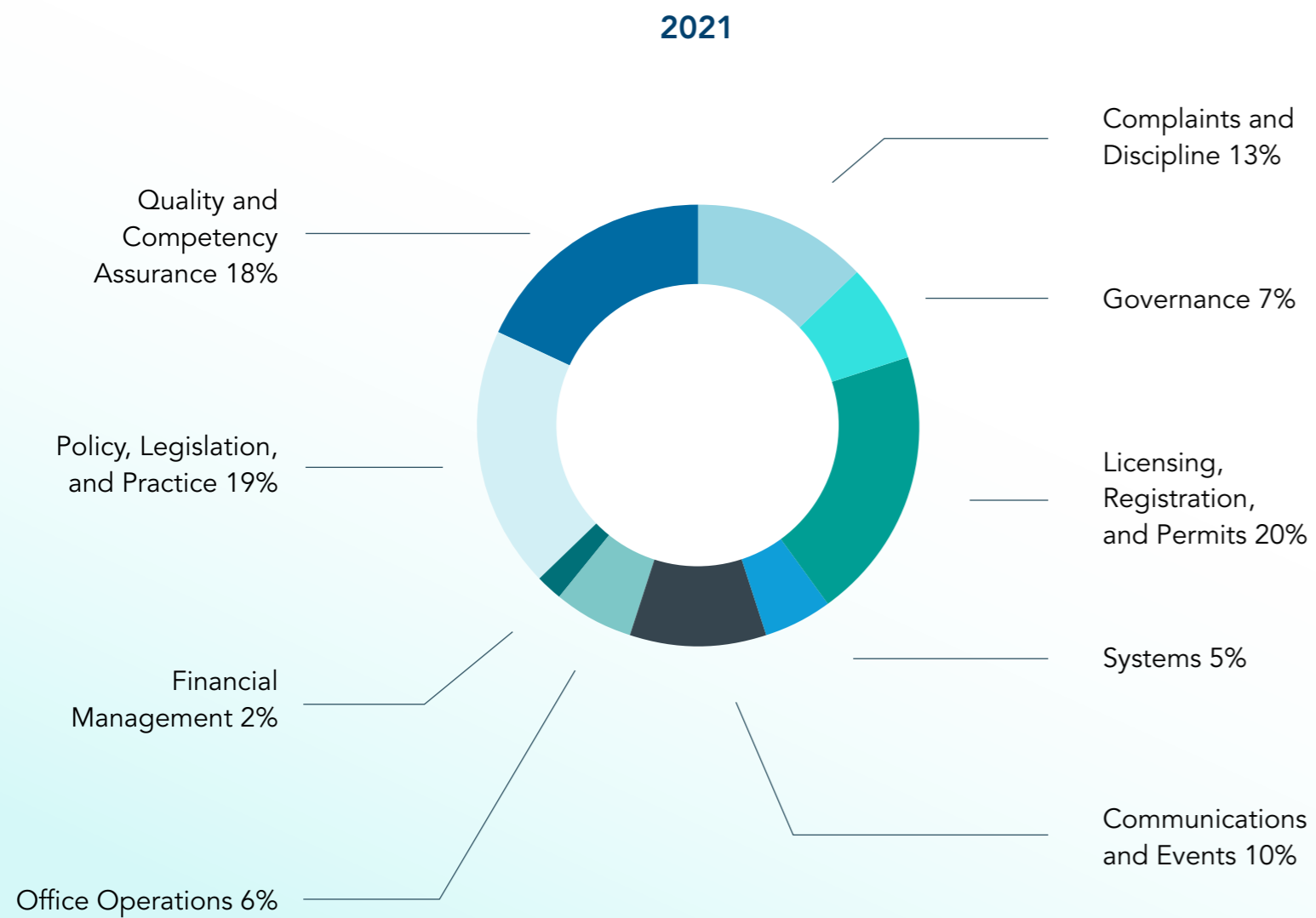
- One file referred to a Discipline Hearing in 2020 was heard in 2022.
- One file referred to a Discipline Hearing in 2021 was heard in 2022.
- One file referred to a Discipline Hearing in 2022 was heard in 2022.
- There are two files remaining to have a Discipline Hearing in 2023.

More information regarding discipline decisions and orders can be found on the SCPP website under Complaints and Discipline, the CanLII website, and summaries published in the SCOPE newsletter.

The Committee wishes to thank all members who received correspondence throughout 2022 for your cooperation in responding to the Committee.

## Activities of the Registrar's Office

As part of the 2020-2024 strategic plan, staff responsibilities were defined within functional units to measure and ensure resources were being aligned to priorities. The results below reflect 2021 and 2022, respectively.





## Analysis Between 2021 and 2022

- Quality and Competency Assurance increased from 18 per cent to 20 per cent in 2022. This aligns with the work on the new Competency Assurance strategic goal and the onboarding of the new Competency Assurance Director.
- Policy, Legislation and Practice decreased slightly over 2021 by two per cent which can be attributed to a slight reduction in COVID-19 pandemic pressures.
- Financial Management remained relatively consistent over 2021.
- Office Operations increased from six per cent to nine per cent in 2022 with the onboarding of a new Administration Office Operations Coordinator in August of 2022.
- Complaints and Discipline decreased slightly over 2021.
- Governance remained relatively consistent over 2021.
- Licensing, Registrations and Permits remained consistent over 2021 as well as Systems.
- Communications and Events were reduced slightly by two per cent over 2021 with a slight ease in pandemic communication pressures.
- Planned and successfully completed our 111th Annual General Meeting using a virtual platform.
- Continued collaboration with the College of Pharmacy and Nutrition to partner in professional development activities for members; in particular, the creation and delivery of Cultural Safety in Practice and Indigenous Trauma and Equity Informed Practice Webinars on Sept. 30, the creation and delivery of Paxlovid prescribing standards, guidelines and education, the launch of the pharmacy manager education course, and the launch of the mandatory education on Equity, Diversity and Inclusion for all members.
- Continued electronic data collection and submission to the Canadian Institute for Health Information (CIHI).
- Continued to electronically submit member and pharmacy data to the Provider Registry System (PRS) of the Saskatchewan Ministry of Health.
- Remained actively involved in the Pharmaceutical Information Program (PIP) Quality Improvement Project and continued quarterly meetings with eHealth and the Ministry of Health.
- Continued to participate in collaborative initiatives with the Network of Interprofessional Regulatory Organizations (NIRO) and the Prescription Review Program (PRP). NIRO consists of representatives from the governing bodies for all health professionals in Saskatchewan and meets twice per year to share information and discuss issues of mutual interest.
- Staff continued our strong relationship and liaison with the College of Pharmacy and Nutrition and Saskatchewan Polytechnic.
- We continue to deliver the law class to pharmacy students and provide guest lectures on several professional topics. We also sit on the Advisory Board of medSask and the Continuing Professional Development for Pharmacy Professionals (CPDPP) Unit.
- The College successfully migrated to the cloud in 2022 and completed our systems security updates.

## Other Activities of the Registrar's Office Included

- Published four regular editions of SCOPE in addition to one special edition with a focus on the new pharmacy manager bylaws, education, and policy requirements. There were two editions of microSCOPE and two editions of CompEX microSCOPE published throughout 2022 with special focus on our Competency Assurance work and the NAPRA Compounding Standards.

- Continued to work with the funding partners of the Prescription Review Program (PRP) to discuss mutual issues and areas of concern.
- Provided administrative support to Council, the Human Resources and Governance, Audit and Finance Committees.
- Maintained membership on the provincial working group for Medical Assistance in Dying in Saskatchewan which actively reviewed and worked through potential legislative changes throughout 2022.
- Continued to sit on the Provider Advisory Committee for MySaskHealthRecord for Saskatchewan.
- Continued to work with Health Canada on initiatives such as Commercial Compounding and modernization of federal regulations.
- Continued to meet monthly with the College of Physicians and Surgeons of Saskatchewan (CPSS) to discuss and collaborate on initiatives and areas of mutual interest.
- Attended bi-weekly meetings with the Ministry of Health and the Pharmacy Association of Saskatchewan to discuss COVID and influenza management.
- Chaired NAPRA until May of 2022 and chaired NAPRA's Governance and Nominating Committee.

## Conclusion

On behalf of all staff, I extend our sincere appreciation to President Amy Wiebe and members of Council and all committees and appointees for your vision, leadership, loyalty, and dedication to the public and the profession of pharmacy.

We sincerely appreciate the sacrifices you have made to serve the College in a very challenging year. Your contributions have been substantial, and we are honoured to work with such dedicated volunteers.

Sincere thanks to our many stakeholders for their cooperation, time and involvement on issues of mutual interest, and to the SCPP staff who worked so hard for us during the year – Simeon Areoye, Roberta Becker, David Chou, Joanne Deibert, Peleshia Dubidad, Shauna Gerwing, Kathleen Handford, Marlon Hector, Darlene King, Jennifer Koskie, Chantal Lambert, Christina McPherson, Shayna Murray, Lori Postnikoff, Natalie Rediger, Jeannette Sandiford, Kim Samoila, Tami Schwebius, Brittany Sharkey, Emily Thompson-Golding, Meaghan Underwood, Ingrid Wakefield, Melissa Weger, Steven Yakiwchuk, Caroline Zareba – for your commitment, innovation, professionalism, resiliency, and dedication.

The College is fortunate to have such a highly functioning team of brilliant and talented staff.

Respectfully submitted,



Jeana Wendel, BSc., BSc. Pharm., MHA., CHE.  
Registrar – Treasurer 2022



# Saskatchewan College of Pharmacy Professionals

## SCPP Council 2022-2023

*7(1) The council shall manage, govern,  
and regulate the affairs and business of  
the college.*

*from The Pharmacy and  
Pharmacy Disciplines Act*



**Amy Wiebe**  
President



**Tania Schroeder**  
President Elect and Rural/  
Remote Pharmacist



**Rod Amaya**  
Past President



**Scott Livingstone**  
Honorary Treasurer and  
Urban Pharmacist



**Roxanne Bagnall**  
Rural/Remote Pharmacist



**Kelsey Dumont**  
Hospital Pharmacist



**Sarah Kozusko**  
Urban Pharmacist



**Tracy Martens**  
Hospital Pharmacy Technician



**Shauna Nowakowski**  
Community Pharmacy  
Technician



**Dr. Jane Alcorn**  
Ex-Officio



**Charity Evans**  
Designate Ex-Officio



**Bonnie Caven**  
Public Member



**Karen Efthimou**  
Public Member



**Michael Lummerding**  
Public Member



**Meagan Kielo**  
Observer – U of S Senior Stick

## Committees

### Audit

Amy Wiebe, President  
 Rod Amaya, Past President  
 Tania Schroeder, President-Elect  
 Scott Livingstone, Honorary Treasurer  
 Bonnie Caven, Public Representative  
 Jeana Wendel (SCPP), Registrar-Treasurer  
 Ingrid Wakefield (SCPP), Admin. Support

### COMPASS

Bevin Akister, Voting Member  
 Darsh Brahmhatt, Voting Member  
 Ian Fleck, Voting Member  
 Lori Friesen, Voting Member  
 Matt Lyons, Voting Member  
 Sue Mack-Klinger, Voting Member  
 Shauna Nowakowski, Voting Member  
 Stephanie Scott, Voting Member  
 Jeannette Sandiford (SCPP), Advisory Member  
 Emily Thompson-Golding (SCPP), Admin. Support

### Competency Assurance Program

Nancy Winslade, Chair  
 Mina Gobran, Voting Member  
 Robyn Green, Voting Member  
 Dawn Rietdijk, Voting Member  
 Blair Seifert, Voting Member  
 Maria Sherring, Voting Member  
 Erin Yakiwchuk, Voting Member  
 Marilyn Phillips, Voting Member (retired November 2022)  
 Danielle Larocque, Advisory Member  
 Yvonne Shevchuk, Advisory Member  
 Shauna Gerwing (SCPP), Advisory Member  
 Lori Postnikoff (SCPP), Advisory Member  
 Jeannette Sandiford (SCPP), Advisory Member  
 Christina McPherson (SCPP), Admin. Support

### Complaints

Michael Hewitt, Chair  
 Erin Cardwell, Voting Member  
 Lori Friesen, Voting Member  
 Bill Gerla, Voting Member  
 Leah Perrault, Voting Member  
 Ian Rea (Public Representative), Voting Member  
 Michaela Selinger, Voting Member  
 April Wesling, Voting Member  
 Marilyn Youngmans, Voting Member  
 Chantal Lambert (SCPP), Advisory Member  
 Joanne Deibert (SCPP), Advisory Member  
 Tami Schwebius (SCPP), Admin. Support

### Discipline

Mike Davis, Chair  
 Cailee Bell, Voting Member  
 Cameron Bird, Voting Member  
 Lyndsay Brakstad, Voting Member  
 Bonnie Caven, (Public Representative), Voting Member  
 Danielle Guy, Voting Member  
 Justin Kosar, Voting Member  
 Cheryl Lalonde, Voting Member  
 Michael Lummerding (Public Representative), Voting Member  
 Eric Pederson, Voting Member  
 Tracy Price, Voting Member  
 Leanne Wong, Voting Member  
 Marshall Salloum, Voting Member (retired November 2022)  
 Jeana Wendel (SCPP), Advisory Member  
 Tami Schwebius (SCPP), Admin. Support  
 Ingrid Wakefield (SCPP), Admin. Support

## Finance

Amy Wiebe, President  
Tania Schroeder, President-Elect  
Scott Livingstone, Honorary Treasurer  
Jeana Wendel (SCPP), Registrar-Treasurer  
Ingrid Wakefield (SCPP), Admin. Support

## Fitness to Practise

Melanie McLeod, Chair  
Shannan Neubauer, Voting Member  
Caitlin Peterman, Voting Member  
Robin Sander, Voting Member  
Cara Sogz, Voting Member  
Kelly Vinge, Voting Member  
Lori Postnikoff (SCPP), Advisory Member  
Christina McPherson (SCPP), Admin. Support

## Human Resources and Governance

Rod Amaya, Chair, Past President  
Amy Wiebe, President  
Tania Schroeder, President-Elect  
Lyndsay Brakstad, Past Practising Member  
Stephanie Scott, Former President  
Bonnie Caven, Public Representative  
Jeana Wendel (SCPP), Registrar  
Ingrid Wakefield (SCPP), Admin. Support

## Professional Practice

Sarah Kozusko (SCPP Council Appointee), Chair  
Nicole Bootsman, Voting Member  
Kelly Kizlyk (medSask Representative), Voting Member  
Tamara Lange, Voting Member  
Sue Mack-Klinger (Sask. Polytech Representative), Voting Member  
Lindsey McComas, Voting Member  
Colleen Thurber, Voting Member  
Kathleen Handford (SCPP), Advisory Member  
Lori Postnikoff (SCPP), Advisory Member  
Brittany Sharkey (SCPP), Advisory Member  
Christina McPherson (SCPP), Admin. Support

## Registration and Licensing Policies

Maitrik Patel, Chair  
Ginger Beal, Voting Member  
Amanda Deis, Voting Member  
Danielle Larocque, Voting Member  
Andrea Lockwood, Voting Member  
Dhvani Thakkar, Voting Member  
Lori Postnikoff (SCPP), Advisory Member  
Christina McPherson (SCPP), Admin. Support

## Appointees

Rod Amaya, University of Saskatchewan Senate  
Zack Dumont, University of Regina Senate  
Danielle Larocque, Canadian Council on Continuing Education in Pharmacy (CCCEP)  
Suzanne Len, Pharmacy Examining Board of Canada (PEBC)  
Jeana Wendel, Director, National Association of Pharmacy Regulatory Authorities (NAPRA)

## Staff

### Executive

Jeana Wendel, Registrar  
Lori Postnikoff, Deputy Registrar

### Executive Assistance

Ingrid Wakefield, Executive Assistant to the Registrar  
Christina McPherson, Administrative Assistant to the Deputy Registrar

### Administrative Support

Simeon Areoye, Administration and Office Operations Coordinator  
Darlene King, Reception and Office Operations Coordinator (retired September 2022)

### Communications

Marlon Hector, Communications Officer

### Competency Assurance

Shauna Gerwing, Director of Competency Assurance

### Complaints and Discipline

Chantal Lambert, Assistant Registrar – Complaints Director  
Joanne Deibert, Complaints Investigator  
Tami Schwebius, Complaints Manager

### Database and Systems

Meaghan Underwood, Manager, Database and Systems – Member Relations Administrator (until December 2022)

### Field Operations, Professional Practice, Quality Assurance, COMPASS

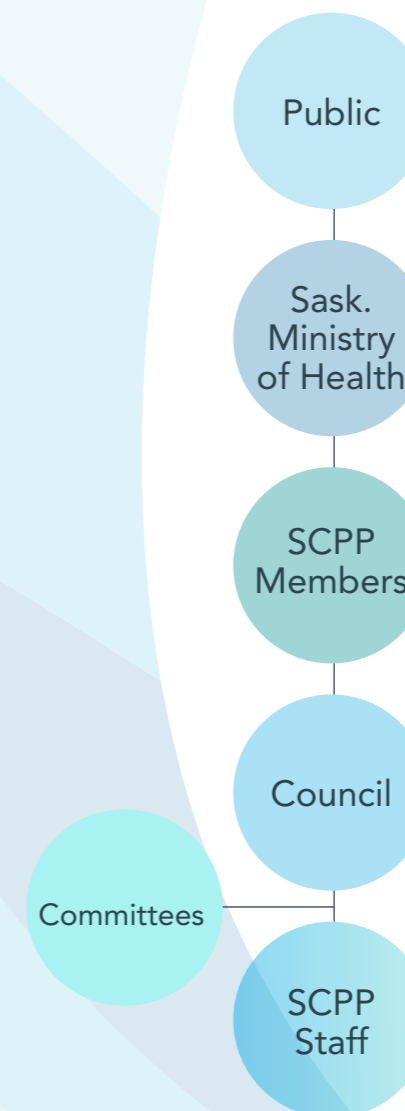
Jeannette Sandiford, Assistant Registrar – Field Operations and Quality Assurance  
Jennifer Koskie, Field Officer  
Brittany Sharkey, Certified Compounding Inspector – Field Officer  
Emily Thompson-Golding, Administrative Coordinator for Field Operations and Quality Assurance  
Steven Yakiwchuk, Field Officer

### Policy and Legislation

Kathleen Handford, Director of Policy and Legislation  
David Chou, Pharmacy Policy and Practice Consultant  
Natalie Rediger, Pharmacy Policy and Practice Consultant  
Kim Samoila, Policy Analyst

### Registration, Licensing, Permits

Roberta Becker, Registration Administrator – Pharmacy and Member Relations  
Peleshia Dubidad, Administrator – Member Relations, Systems and Communication Support (until April 2022)  
Shayna Murray, Registration Administrator – Member Relations  
Melissa Weger, Registration Administrator – Member Relations  
Caroline Zareba, Manager, Pharmacy Permits and Pharmacy Relations



Friday, June 17, 2022 – 11:00 am - Noon

Venue: Virtual

President: Rod Amaya

Registrar: Jeana Wendel

## 1. President's Welcome – Rod Amaya at 11:00 am

Chairman Amaya called the meeting to order and welcomed those members present to the 111th Annual General Meeting of the Saskatchewan College of Pharmacy Professionals (SCPP).

## 2. SCPP Council Introduction – Rod Amaya

Chairman Amaya of Saskatoon introduced the Council members:

**Officers:** President, Rod Amaya, Saskatoon; President Elect/Division 8, Amy Wiebe, Saskatoon; Stephanie Scott, Past-President (regrets), Weyburn; Honorary Treasurer/Rural Remote Pharmacist, Tania Horkoff, Warman

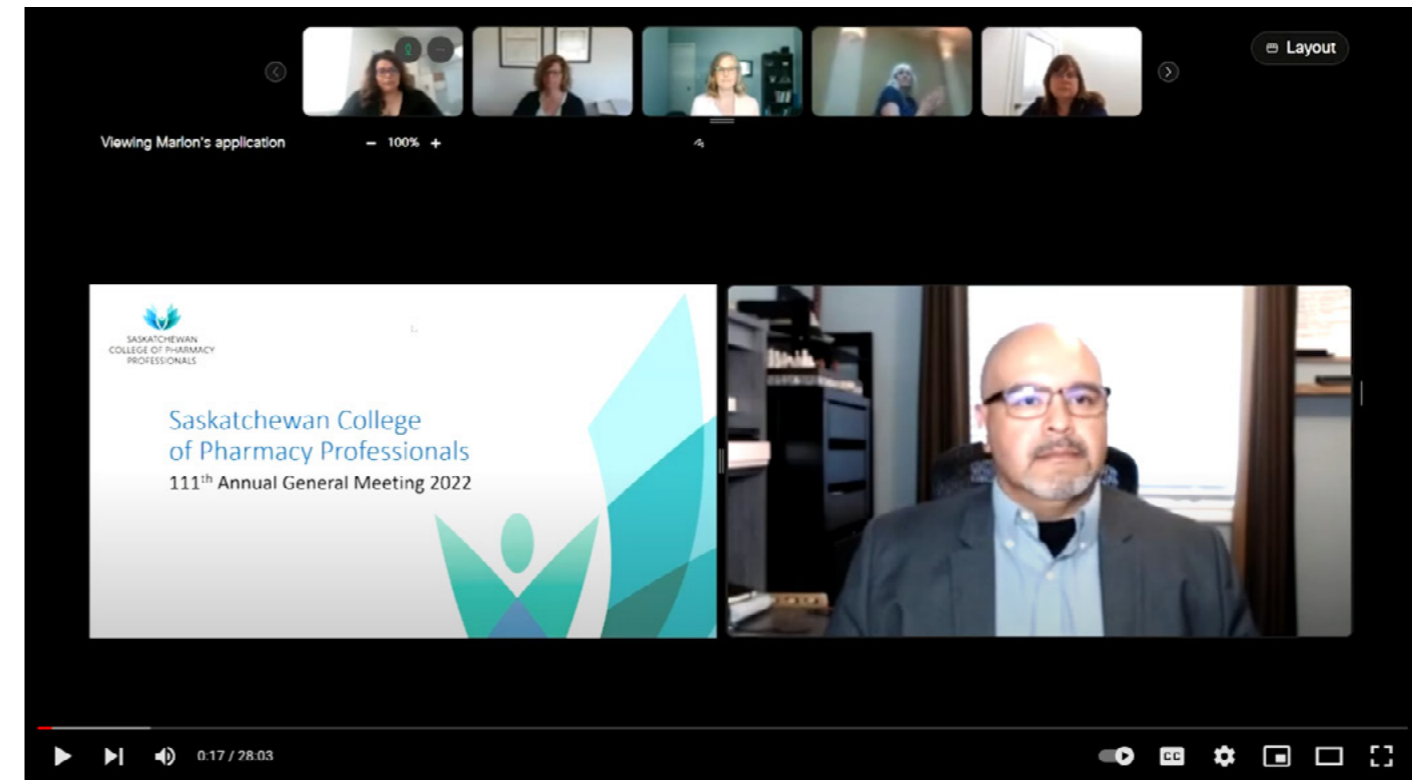
**Councillors:** Rural Remote Pharmacist, Roxanne Bagnall, Watson; Urban Pharmacist, Sarah Kozusko, Regina; Hospital Pharmacy Technician, Tracy Martens, Weyburn; Division 2, Kyla Jackson, Hudson Bay; Division 4, Shauna Nowakowski, Saskatoon (regrets); Division 6, Brandon Krahn, Swift Current (regrets)

**Ex-Officio:** Dean Dr. Jane Alcorn (regrets)

**Designate Ex-Officio:** Dr. Yvonne Shevchuk, Saskatoon

**Public Reps:** Mark Hawkins, Regina (regrets); Michael Lummerding, St. Brieux (regrets); Bonnie Caven, Regina; Karen Efthimiou, Regina

**Senior Sticks:** Maya Rattavong, Saskatoon; Celynn Elder, Saskatoon (regrets)



## 3. Adoption of the 110th Annual General Meeting Minutes – Rod Amaya

MOTION: S. Kozusko/T. Horkoff CARRIED

THAT the Minutes of the 110th Annual General Meeting of Saskatchewan College of Pharmacy Professionals, held on Wednesday, June 9, 2021, via Webex, be adopted as printed in the 2021 Annual Report.

## 4. SCPP Council Elections – Rod Amaya

Chairman Amaya explained that as of July 1, 2022, the transition to the new Governance model for Council will be complete. The newly elected members are:

### 4.1 Scott Livingstone – Urban Pharmacist (three-year term)

**4.2** Kelsey Dumont – Hospital Pharmacist (by acclamation – three-year term)

**4.3** Shauna Nowakowski – Community Pharmacy Technician (by acclamation – three-year term)

**5. Other Officials – Rod Amaya**

Appointee to:

**5.1** Canadian Council on Continuing Education in Pharmacy: Danielle Larocque

**5.2** National Association of Pharmacy Regulatory Authorities: Jeana Wendel

**5.3** Pharmacy Examining Board of Canada: Suzanne Len

**5.4** University of Saskatchewan Senate: Rod Amaya

**5.5** University of Regina Senate: Linda Sulz (March 31, 2022) and Zack Dumont (April 1, 2022)

**6. Memorial to Deceased Members – Rod Amaya**

Chairman Amaya requested 30 seconds of silent tribute for the members lost.

**7. Reports**

**7.1 President's Annual Report – Rod Amaya**

Chairman Amaya referred members to President 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 strategic goals.

Chairman Amaya invited questions from the floor arising from the President's report.

There were no questions.

**7.2 Registrar's Report and Auditor's Report/Reports of the Finance and Audit Committees – Jeana Wendel**

Chairman Amaya invited the Registrar, Jeana Wendel, to present her report.

Ms. Wendel referred to her Registrar's report beginning on page six of the Annual Report, which includes statistical information and projections.

Ms. Wendel referred to the report of the Finance and Audit Committee beginning on page 41 of the Annual Report.

Ms. Wendel invited questions from the floor arising from her published report and the financial report.

There were no questions.

**7.3 Consideration of Annual Report as Emailed to Members – Rod Amaya**

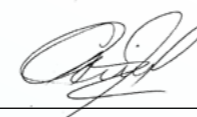
There were no questions.

**8. New Business – Rod Amaya**

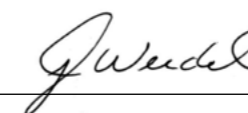
There were no questions.

**9. Adjournment – Rod Amaya**

Chairman Amaya declared the meeting adjourned at 11:18am.



Rod Amaya  
President



Jeana Wendel  
Registrar



## Detailed Member and Pharmacy Statistics

### International Pharmacy Graduates (IPGs):

- Approved for appraisal training: 9
- Engaged in appraisal training: 6

### Completed Appraisal Program:

- IPGs: 2
- Reinstatement of former members: 1

### Completed Assessment Program:

- IPGs: 2
- Reinstatement of former members: 2

### Pre-registration:

- Total applications received: 69
- Canadian candidates pharmacists: 37
- IPGs pharmacist: 13
- Out-of-province pharmacist intern: 1

- Canadian candidates pharmacy technicians: 10
- Out-of-province pharmacy technician interns: 8

### Pharmacists:

- Total registration: 91
- University of Saskatchewan (U of S) graduates: 61
- Candidates from other jurisdictions: 30
- Candidates from other Canadian provinces: 28
  - ▶ IPGs: 2
  - ▶ Reinstatements: 8
- Total Terminations: 114
  - ▶ By non-payment of dues: 39
  - ▶ By request: 75
- Converted to retired membership: 10

As of Dec. 31, 2022	2016	2017	2018	2019	2020	2021	2022
<b>PHARMACIST</b>							
Practising							
Community	1128	1154	1174	1174	1151	1220	1222
Hospital	274	286	312	346	344	341	361
Other	217	217	218	224	203	210	204
Conditional*	10	6	9	12	7	0	0
<b>Total Practising</b>	<b>1629</b>	<b>1663</b>	<b>1713</b>	<b>1756</b>	<b>1705</b>	<b>1771</b>	<b>1,787</b>
Non-Practising	46	51	51	53	54	41	31
Retired	102	106	108	95	97	94	84
Associate	44	41	37	30	27	27	26
Suspended			1	2	3	1	1
<b>PHARMACY TECHNICIAN</b>							
Practising							
Community	24	55	85	144	147	140	142
Hospital	45	117	167	194	205	216	228
Other	13	23	22	35	23	23	21
<b>Total Practising</b>	<b>82</b>	<b>195</b>	<b>274</b>	<b>373</b>	<b>375</b>	<b>379</b>	<b>391</b>
Non-Practising	0	2	1	5	7	2	2
Retired	0	0	0	0	0	0	0
Associate	0	0	0	0	0	0	0
<b>TOTAL MEMBERS</b>	<b>1903</b>	<b>2058</b>	<b>2185</b>	<b>2314</b>	<b>2268</b>	<b>2315</b>	<b>2322</b>

\* The Conditional membership category ended in 2020.



### Pharmacy Technicians:

- Total registration: 28
- Saskatchewan Polytechnic graduates: 14
- Candidates from other jurisdictions: 14
- Reinstatements: 2
- Total terminations: 20
  - ▶ By non-payment of dues: 7
  - ▶ By request: 13

### Jurisprudence Examinations:

- Total examinations administered: 132
- Jurisprudence examinations administered for pharmacists: 102
- Jurisprudence examinations administered for pharmacy technicians: 30
- This includes:
  - ▶ Canadian candidates: 29
  - ▶ IPGs: 2

### Interns:

- Pharmacist interns registered: 87
  - ▶ From U of S: 85
  - ▶ From out of province: 2
- Pharmacy technician interns registered: 42
  - ▶ From Saskatchewan Polytechnic: 35
  - ▶ From out of province: 7\*

\* Out-of-province interns registered includes interns who completed their education in another province but completed the Structured Practical Training and Assessment (SPTA) in Saskatchewan.

### Criminal Record Checks:

- Submitted a Criminal Record Check (CRC): 351
  - ▶ Pharmacists: 277
  - ▶ Pharmacy Technicians: 67
  - ▶ Locum tenens: 1
  - ▶ Out-of-province interns: 2
  - ▶ Candidates in progress: 4
  - ▶ Audited: 215
    - Pharmacists: 177
    - Pharmacy technicians: 38

**Training:**

- Prescriptive Authority Level I Basics: 133
  - ▶ Members: 34
  - ▶ Students/Interns/Candidates not yet registered: 99
- Prescribing for Minor Ailments and Self-Care: Basics: 127
  - ▶ Members: 30
  - ▶ Students/Interns/Candidates not yet registered: 97
- Advanced Method Certification (AMC):
  - ▶ Practising: 1270
  - ▶ Retired: 2
  - ▶ Pharmacists who took AMC training (in whole or part) in 2022: 21
  - ▶ Pharmacist Students with Advanced Method Student Certification (AMSC): 142
  - ▶ Pharmacist Students who took AMSC training in 2022: 54
  - ▶ Technicians with Advanced Method Technician Certification (AMTC): 85
  - ▶ Technicians who took AMTC training in 2022: 13

- Members who completed Harm Reduction training:
  - ▶ Members: 95
  - ▶ Students/Interns: 85
- Members completed the Exempted Codeine Products training:
  - ▶ Members: 20
  - ▶ Students/Interns: 81
- Members who completed the Equity, Diversity, Inclusion, and Cultural Safety Module in 2022: 27
- Members who completed the Community Pharmacy Manager Course: 66

As of Dec. 31, 2022	2016	2017	2018	2019	2020	2021	2022
<b>PHARMACIES</b>							
Total Community Pharmacies	351	365	370	390	400	413	418
Dispensing Physicians	7	6	6	6	5	4	3
Total Satellite Pharmacies	9	10	8	8	9	7	3
<b>TOTAL PHARMACIES</b>	<b>367</b>	<b>381</b>	<b>384</b>	<b>404</b>	<b>414</b>	<b>424</b>	424
Community Chain	223	240	248	254	256	258	252
Community Independent	128	125	122	136	144	155	166
Pharmacy Openings	9	16	12	22	16	16	11
Pharmacy Closings	3	2	8	3	5	6	11
Net New Pharmacies	6	14	4	19	11	10	0
Manager Changes	59	65	79	95	77	123	123
Ownership Changes	24	26	21	13	5	14	19
Proprietor Name Changes*	–	–	–	–	–	–	12
Share Purchases	7	6	69	12	15	12	9
Trade Name Changes	11	16	9	3	7	3	6
Pharmacy Relocations	6	5	8	3	3	2	4
Pharmacy Renovations	21	15	18	14	11	16	8
Lock and Leave Permits Issued	5	4	5	3	8	4	5
Lock and Leave Amendments	14	14	41	30	123	99	151
<b>APPEALS BREAKDOWN</b>							
Total Multi-Pharmacy Manager Appeals	–	–	–	–	–	23	24
Multi-Pharmacy Manager Appeal - Approved	–	–	–	–	–	22	21
Multi-Pharmacy Manager Appeal - Denied	–	–	–	–	–	1	3

\* Proprietor Name Change was separated from Ownership Change on July 1, 2022.

As of Dec. 31, 2022	2016	2017	2018	2019	2020	2021	2022
Total 2000 Hours Appeals	-	-	-	-	-	13	3
2000 Hours Appeals – Approved	-	-	-	-	-	4	2
2000 Hours Appeals – Denied	-	-	-	-	-	4	0
2000 Hours Appeals – Cancelled by Request	-	-	-	-	-	5	1
Total Interim Manager Appeals	-	-	-	-	-	1	0
Interim Manager Appeals - Approved	-	-	-	-	-	1	0
Interim Manager as Condition of Appeal Decision (not specifically applied for)	-	-	-	-	-	8	7
<b>Total Appeals (incl. lock and leave hours)</b>	-	-	-	-	-	<b>38</b>	<b>27</b>
Approved Appeals	-	-	-	-	-	27	23
Denied Appeals	-	-	-	-	-	5	3
Cancelled Appeals	-	-	-	-	-	6	1
<b>FEES</b>							
Late Renewal Payment Fee	4	8	11	18	4	30	37
Permit Failure to File Fee*	-	-	-	-	6	11	10
Registrar Appeal Fee**	-	-	-	-	-	-	10
Monthly Interest Surcharge***	-	-	-	-	-	-	2

\* Permit Failure to File Fee introduced April 1, 2019. First Fee was issued May 11, 2020

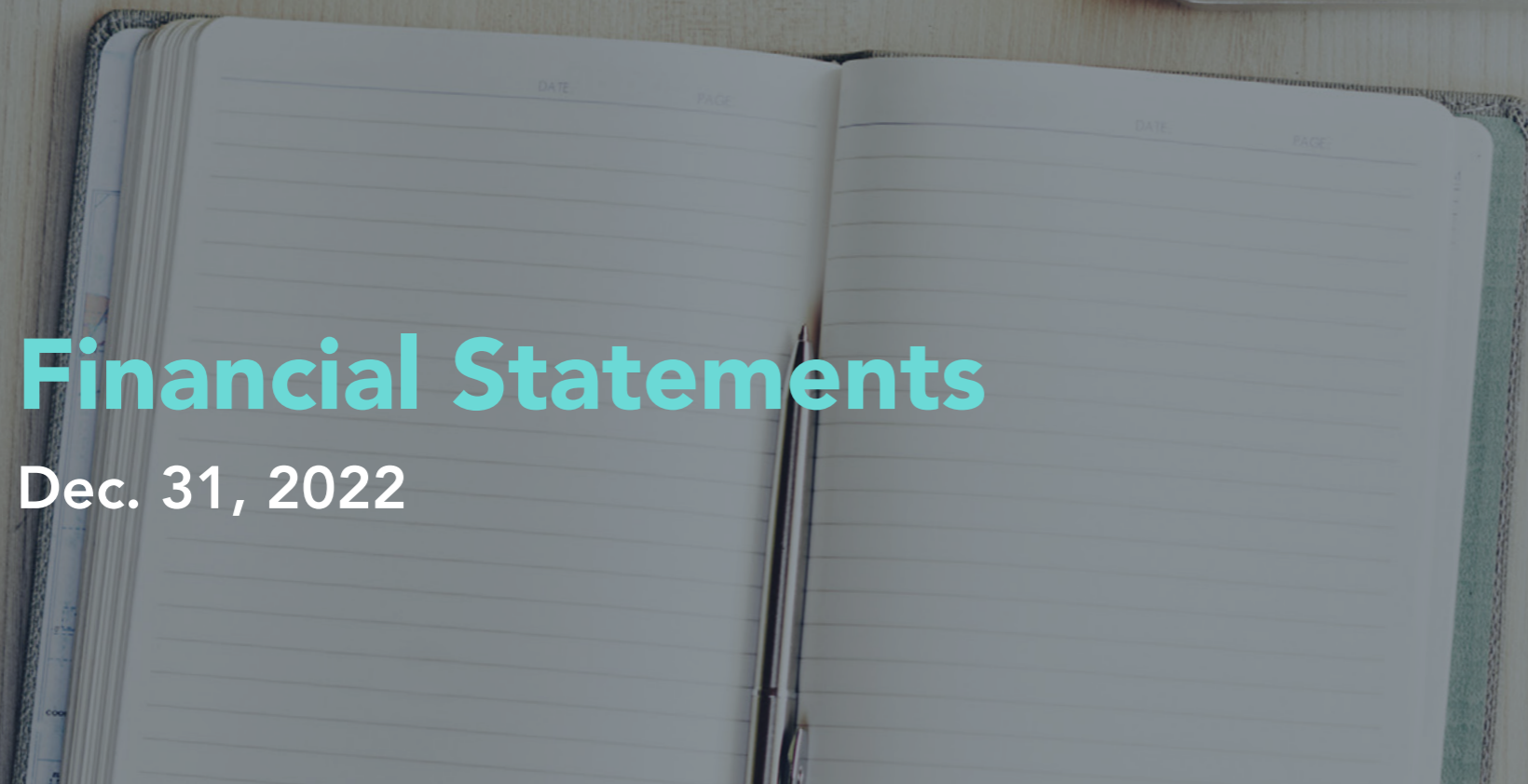
\*\* Registrar appeal fee introduced April 1, 2022. First fee was issued April 20, 2022

\*\*\* Monthly Interest Surcharge introduced April 1, 2022. First fee was issued September 20, 2022



# Financial Statements

Dec. 31, 2022





Independent Auditors' Report

**Management's Responsibility for  
Financial Statements**

The accompanying financial statements of Saskatchewan College of Pharmacy Professionals have been prepared by the College's management in accordance with Canadian accounting standards for not-for-profit organizations and necessarily include some amounts based on informed judgment and management estimates.

To assist management in fulfilling its responsibilities, a system of internal controls has been established to provide reasonable assurance that the financial statements are accurate and reliable and that assets are safeguarded.

The Council has reviewed and approved these financial statements.

These financial statements have been examined by the independent auditors, **Virtus Group LLP**, and their report is presented separately.

  
\_\_\_\_\_  
Registrar

  
\_\_\_\_\_  
Council Chair

**To the Members  
Saskatchewan College of Pharmacy Professionals**

*Opinion*

We have audited the financial statements of Saskatchewan College of Pharmacy Professionals, which comprise the statement of financial position as at December 31, 2022, and the statements of operations, changes in fund balances and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2022, and its financial performance and cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

*Basis for Opinion*

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Saskatchewan, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

*Other Matter*

The financial statements of the College for the year ended December 31, 2021, were audited by another auditor who expressed an unmodified opinion on those financial statements dated June 15, 2022.

*Information Other than the Financial Statements and Auditors' Report Thereon*

Management is responsible for the other information. The other information comprises the information included in the annual report, but does not include the financial statements and our auditors' report thereon. The annual report is expected to be made available to us after the date of this auditors' report.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above when it becomes available and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

When we read the annual report, if we conclude that there is a material misstatement therein, we are required to communicate the matter to those charged with governance.

*Responsibilities of Management and Those Charged with Governance for the Financial Statements*

Management is responsible for the preparation and fair presentation of the 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.

**Independent Auditors' Report continued**

In preparing the financial statements, management is responsible for assessing the College's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the College's financial reporting process.

*Auditor's Responsibilities for the Audit of the Financial Statements*

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 College's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the College's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

June 7, 2023  
Regina, Saskatchewan

**VIRTUS GROUP LLP**  
Chartered Professional Accountants



**Saskatchewan College of Pharmacy Professionals  
Statement of Financial Position  
As at December 31, 2022  
(with comparative figures at December 31, 2021)**

	Assets		2022	2021 (restated - Note 12)
	Operating fund	Capital and intangible asset fund		
<b>Current assets</b>				
Cash and cash equivalents	\$ 578,234	\$ 253	\$ 578,487	\$ 273,058
Investments (Note 3)	1,500,000	-	1,500,000	-
Accounts receivable	24,169	-	24,169	29,600
Government remittances receivable	-	-	-	5,908
Due from SCP Centennial Scholarship Fund Inc.	6,609	-	6,609	6,609
Prepaid expenses	170,788	-	170,788	167,721
	<u>2,279,800</u>	<u>253</u>	<u>2,280,053</u>	<u>482,896</u>
Investments (Note 3)	1,468,136	12,531	1,480,667	3,521,394
Tangible and intangible capital assets (Note 4)	-	1,016,976	1,016,976	1,126,699
	<u>\$ 3,747,936</u>	<u>\$ 1,029,760</u>	<u>\$ 4,777,696</u>	<u>\$ 5,130,989</u>
	<b>Liabilities</b>			
<b>Current liabilities</b>				
Accounts payable and accrued liabilities (Note 5)	\$ 351,511	\$ -	\$ 351,511	\$ 302,314
Government remittances payable	20,280	-	20,280	-
Current portion of lease inducement	-	19,077	19,077	19,077
Current portion of capital lease obligation (Note 6)	-	87,200	87,200	80,500
Fees and licenses collected in advance	2,400,901	-	2,400,901	2,290,505
	<u>2,772,692</u>	<u>106,277</u>	<u>2,878,969</u>	<u>2,692,396</u>
Deferred lease inducement	-	108,105	108,105	127,182
Capital lease obligation (Note 6)	-	22,164	22,164	109,427
	<u>2,772,692</u>	<u>236,546</u>	<u>3,009,238</u>	<u>2,929,005</u>
	<b>Fund Balances</b>			
Investment in tangible and intangible capital assets	-	779,019	779,019	936,772
Externally restricted building development	-	14,195	14,195	14,195
Unrestricted	975,244	-	975,244	1,251,017
	<u>975,244</u>	<u>793,214</u>	<u>1,768,458</u>	<u>2,201,984</u>
	<u>\$ 3,747,936</u>	<u>\$ 1,029,760</u>	<u>\$ 4,777,696</u>	<u>\$ 5,130,989</u>

Commitments (Note 9)

See accompanying notes to the financial statements

Approved on Behalf of Council

*J. J. J.* Councilor

*Amy Wiebe* Councilor

Saskatchewan College of Pharmacy Professionals  
Statement of Operations and Changes in Fund Balances  
For the year ended December 31, 2022  
(with comparative figures for the year ended December 31, 2021)

	Operating fund	Capital and intangible asset fund	2022	2021 (restated - Note 12)
<b>Revenue</b>				
Amendments	\$ 37,614	\$ -	\$ 37,614	\$ 36,789
Appeal fees	9,216	-	9,216	-
COMPASS surcharge	213,613	-	213,613	208,008
Investment income	44,880	651	45,531	49,539
Unrealized gain (loss) in market value of investments	(278,406)	(1,933)	(280,339)	62,434
Non-practising members	66,157	-	66,157	77,969
Other fees	113,086	-	113,086	106,789
Pharmacy permits	859,887	-	859,887	809,264
Practising members	2,738,772	-	2,738,772	2,648,283
Registration	83,530	-	83,530	93,639
Sundry	88,479	-	88,479	151,376
	<u>3,976,828</u>	<u>(1,282)</u>	<u>3,975,546</u>	<u>4,244,090</u>
<b>Expenses</b>				
Accounting	24,384	-	24,384	23,741
Amortization	-	109,724	109,724	121,323
Bad debts (recovery)	6,500	-	6,500	(18,692)
Building operations	228,415	12,267	240,682	253,121
COMPASS	150,927	-	150,927	150,826
Continuing professional development	144,418	-	144,418	135,073
Council	29,217	-	29,217	16,096
Employee benefits	257,004	-	257,004	231,247
Equipment rental and maintenance	134,864	-	134,864	114,032
External consultants	107,650	-	107,650	50,532
General office	211,136	-	211,136	222,266
Legal and audit services	320,645	-	320,645	306,262
Other committees	26,497	-	26,497	27,365
Postage	22,456	-	22,456	11,868
Printing and stationary	5,941	-	5,941	6,339
Public and professional relations	173,406	-	173,406	193,667
Salaries	2,351,682	-	2,351,682	2,082,898
Telephone and fax	38,791	-	38,791	40,090
Travel	53,148	-	53,148	30,735
	<u>4,287,081</u>	<u>121,991</u>	<u>4,409,072</u>	<u>3,998,789</u>
<b>Excess (deficiency) of revenue over expenses</b>	<b>(310,253)</b>	<b>(123,273)</b>	<b>(433,526)</b>	<b>245,301</b>
<b>Fund balance, beginning of year, as previously stated</b>	<b>1,279,392</b>	<b>950,896</b>	<b>2,230,288</b>	<b>2,011,883</b>
Correction of prior period errors (Note 12)	(28,375)	71	(28,304)	(26,896)
Interfund transfers (Note 8)	34,480	(34,480)	-	-
<b>Fund balance, end of year</b>	<b>\$ 975,244</b>	<b>\$ 793,214</b>	<b>\$ 1,768,458</b>	<b>\$ 2,230,288</b>

See accompanying notes to the financial statements

Saskatchewan College of Pharmacy Professionals  
Statement of Cash Flows  
For the year ended December 31, 2022  
(with comparative figures for the year ended December 31, 2021)

	2022	2021 (restated - Note 12)
<b>Cash provided by (used in):</b>		
<b>Operating activities</b>		
Excess (deficiency) of revenue over expenses	\$ (433,526)	\$ 245,301
<b>Items not affecting cash:</b>		
Amortization	109,724	121,323
Unrealized (gain) loss in market value of investments	280,339	(62,434)
Net change in non-cash working capital balances (Note 7)	169,068	122,012
<b>Cash (used in) provided by operating activities</b>	<b>125,605</b>	<b>426,202</b>
<b>Investing activities</b>		
Purchase of investments	(2,000,000)	(2,420,000)
Redemption of investments	2,260,386	1,500,000
<b>Cash provided by (used in) investing activities</b>	<b>260,386</b>	<b>(920,000)</b>
<b>Financing activities</b>		
Capital lease principle payments	(80,563)	(74,396)
<b>Cash provided by (used in) financing activities</b>	<b>(80,563)</b>	<b>(74,396)</b>
<b>Increase (decrease) in cash</b>	<b>305,428</b>	<b>(568,194)</b>
<b>Cash position, beginning of year</b>	<b>273,058</b>	<b>841,252</b>
<b>Cash position, end of year</b>	<b>\$ 578,487</b>	<b>\$ 273,058</b>

See accompanying notes to the financial statements



**Saskatchewan College of Pharmacy Professionals**  
**Notes to the Financial Statements**  
**For the year ended December 31, 2022**  
(with comparative figures for the year ended December 31, 2021)

**1. Nature of operations**

Saskatchewan College of Pharmacy Professionals (the "College") was incorporated under *The Pharmacy Act* in the province of Saskatchewan. The College is the statutory governing and self-regulating body for pharmacies and pharmacy professionals in the province of Saskatchewan. The College is a not-for-profit organization and is exempt from income tax under Section 149(1)(i) of the *Income Tax Act*.

**2. Summary of significant accounting policies**

The financial statements are prepared in accordance with Canadian accounting standards for not-for-profit organizations. The financial statements require management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the period. These estimates are reviewed periodically, and, as adjustments become necessary, they are reported in revenue and expenses in the period in which they become known. The financial statements reflect the following policies:

*Economic interest in the SCP Centennial Scholarship Fund Inc.*

The College has an economic interest in the SCP Centennial Scholarship Fund Inc., which was created in 2011 to mark the 100th anniversary of the College. The Fund provides scholarships to students at the College of Pharmacy and Nutrition at the University of Saskatchewan. At year end, the net assets of the SCP Centennial Scholarship Fund Inc. were \$248,400 (2021 - \$299,600).

*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:

*(i) Operating fund*

The operating fund consists of the general operations of the College.

*(ii) 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 investment income earned on contributions and is reduced by amortization and interest on related lease obligations.

*Financial instruments*

Financial assets and financial liabilities are recorded on the statement of financial position when the College becomes party to the contractual provisions of the financial instrument. All financial instruments are required to be recognized at fair value upon initial recognition. Measurement in subsequent periods of equity instruments is at fair value. All other financial assets and financial liabilities are subsequently measured at amortized cost adjusted by transaction costs, which are amortized over the expected life of the instrument.

Fair value is the amount at which a financial instrument could be exchanged at arm's length between willing, unrelated parties in an open market. Changes in fair values of financial assets and financial liabilities measured at fair value are recognized in excess of revenues over expenses.

**Saskatchewan College of Pharmacy Professionals**  
**Notes to the Financial Statements**  
**For the year ended December 31, 2022**  
(with comparative figures for the year ended December 31, 2021)

**2. Summary of significant accounting policies continued**

When there is an indication of impairment and such impairment is determined to have occurred, the carrying amount of financial assets measured at amortized cost is reduced to the greater of the discounted cash flows expected or the proceeds that could be realized from sale of the financial asset. Such impairments can be subsequently reversed if the value subsequently improves.

*Revenue recognition*

Fees for memberships, licenses, registration and permits are recognized as revenue over the period in which the service is provided. Revenue from amendments, appeals and other fees is recognized when the service is requested. Investment income is recognized as it is earned. Other revenues are recognized as revenue when received or when amount to be received is reasonably estimated and collection is reasonably assured.

*Tangible capital assets*

Tangible capital assets are recorded at cost less accumulated amortization. Amortization is provided on the following rates:

Buildings	Straight-line	30 years
Equipment	Declining balance	33%
Equipment under capital lease	Over the lease term or the economic value of the leased asset	
Furniture and fixtures	Declining balance	20%
Leasehold improvements	Straight-line	Over the lease term

*Intangible capital assets*

Intangible assets consist of software development and are accounted for at cost. The software is amortized over its useful life of 5 years using the straight-line method.

**3. Investments**

	2022	2021
CIBC Guaranteed Investment Certificate, non-redeemable, bearing interest at 4.4%, maturing August 17, 2023.	\$ 1,000,000	\$ -
CIBC Guaranteed Investment Certificate, redeemable, bearing interest at prime less 1.60%, matures August 17, 2023.	500,000	-
	<u>\$ 1,500,000</u>	<u>\$ -</u>
Long term investments consist of:		
Operating fund:		
CIBC Fixed Income Securities	\$ 1,130,441	\$ 2,615,180
CIBC Equities	337,695	892,019
	<u>1,468,136</u>	<u>3,507,199</u>
Capital and intangible asset fund:		
CIBC Fixed Income Securities	7,723	8,391
CIBC Equities	4,808	5,804
	<u>12,531</u>	<u>14,195</u>
	<u>\$ 1,480,667</u>	<u>\$ 3,521,394</u>

**Saskatchewan College of Pharmacy Professionals**  
**Notes to the Financial Statements**  
**For the year ended December 31, 2022**  
(with comparative figures for the year ended December 31, 2021)

**4. Tangible capital and intangible capital assets**

	2022			
	Cost	Accumulated Amortization	Net Book Value	2021 Net Book Value
Building	\$ 336,039	\$ 336,039	\$ -	\$ 6,222
Equipment	255,764	255,016	748	1,116
Equipment under capital lease	346,485	194,487	151,998	189,998
Furniture and fixtures	212,106	175,036	37,070	46,337
Land	15,000	-	15,000	15,000
Leasehold improvements	1,009,757	197,597	812,160	868,026
Software	99,150	99,150	-	-
	<b>\$ 2,274,301</b>	<b>\$ 1,257,325</b>	<b>\$ 1,016,976</b>	<b>\$ 1,126,699</b>

**5. Accounts payable and accrued liabilities**

	2022	2021
Accounts payable and accrued liabilities	\$ 326,847	\$ 277,650
Funds held in trust	24,664	24,664
	<b>\$ 351,511</b>	<b>\$ 302,314</b>

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 service workshops and education. Any unused funds may remain with the College for use by the IPHCWG.

**6. Capital lease obligation**

	2022	2021
CWB National Leasing bearing interest at 7.99% compounded monthly, repayable in monthly blended payments \$8,100. The lease matures on March 1, 2024 and is secured by equipment which has a net book value of \$151,998 (2021 - \$179,783).	\$ 109,364	\$ 189,927
Less: current portion	87,200	80,500
Long term portion	<b>\$ 22,164</b>	<b>\$ 109,427</b>

**7. Non-cash operating working capital**

Details of net change in each element of working capital relating to operations excluding cash are as follows:

	2022	2021
<b>(Increase) decrease in current assets</b>		
Accounts receivable	\$ 5,431	\$ 46,732
Government remittances receivable	5,908	3,598
Prepaid expenses	(3,067)	(8,916)
	8,272	41,414
<b>Increase (decrease) in current liabilities</b>		
Accounts payable and accrued liabilities	49,197	682
Government remittances payable	20,280	-
Deferred lease inducement	(19,077)	(19,078)
Fees and licenses collected in advance	110,396	98,994
	160,796	80,598
	<b>\$ 169,068</b>	<b>\$ 122,012</b>

**Saskatchewan College of Pharmacy Professionals**  
**Notes to the Financial Statements**  
**For the year ended December 31, 2022**

(with comparative figures for the year ended December 31, 2021)

**8. Interfund transfers**

Amounts transferred between funds were made in order to fund the cash outlays for capital asset acquisitions and the obligations under capital lease.

**9. Commitments**

The College leases space and computer equipment under agreements requiring aggregate minimum payments over the next five years as follows:

2023	\$ 207,900
2024	131,200
2025	112,800
2026	109,800
2027	109,800

**10. Financial risk management**

The College has a risk management framework to monitor, evaluate and manage the principal risks assumed with financial instruments. The significant financial risks to which the College is exposed are:

*Credit risk*

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The College is exposed to credit risk on the accounts receivable from its members, however, does not have a significant exposure to any individual member or customer. In order to reduce its credit risk, the College has adopted credit policies, which include the regular review of amounts receivable for collectability. The College incurred insignificant bad debt expense during the past three years.

*Liquidity risk*

Liquidity risk is the risk that an entity will encounter difficulty in meeting obligations associated with financial liabilities. The College's exposure to liquidity risk is dependent on the receipt of funds from its operations and other related sources. Funds from these sources are primarily used to finance working capital and capital expenditure requirements, and are considered adequate to meet the College's financial obligations.

*Price risk*

Price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. The College's investments in publicly traded securities expose the College to market price risk and as such investments are subject to price changes in the open market. The College does not use any derivative financial instruments to alter the effects of this risk.

**11. Comparative figures**

Certain comparative figures have been reclassified to conform with the presentation in the current year.

**Saskatchewan College of Pharmacy Professionals**  
**Notes to the Financial Statements**  
**For the year ended December 31, 2022**  
(with comparative figures for the year ended December 31, 2021)

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**12. Correction of prior period errors**

During the year, the College identified that a capital lease obligation and the corresponding capital assets were not reflected in the statement of financial position as at December 31, 2021. As a result, the College has restated 2021 figures to increase capital assets by \$331,781, accumulated amortization by \$141,784, obligation under capital lease by \$189,926, and lease amortization expense by \$47,499, and decreased equipment lease expense by \$74,396 and net assets by \$71.

During the year, the College identified that vacation payable was not been reflected in the statement of financial position as at December 31, 2021. As a result, the College has restated 2021 figures to increase accounts payable by \$28,375 and decrease 2021 opening net assets by \$28,375.

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