

# SCOPE

October 2023

## Your Voices: The New Public Consultations Tool

Expanded  
Scope of  
Practice  
Updates

Exciting  
CAPtivate  
News

## MISSION

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

## VISION

Quality pharmacy care for a healthier Saskatchewan.

## VALUES

Professionalism  
Collaboration  
Leadership  
A Culture of Excellence

## GOALS

To have functioning competency assurance and quality improvement programs.

To align pharmacy regulation with modern pharmacy practice.

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

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

The SCOPe newsletter is published by the Saskatchewan College of Pharmacy Professionals (SCPP) and is emailed to active members of the College. Decisions on matters such as regulations, drug schedule changes, etc., are published in SCOPe. All members are expected to be aware of these matters.

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## Welcome New SCPP Staff



### Leah Perrault, Competency and Quality Assurance Facilitator

Since obtaining her Bachelor of Science in Pharmacy from the University of Saskatchewan in 2002, Leah Perrault has been a practising community pharmacist in an extremely busy retail pharmacy in southwest Saskatchewan. Her experience also includes managing a pharmacy in Bermuda.

Over the years, Leah has had the opportunity to sit on SCPP Council, as well as being a member of several committees. These experiences have provided her with insight into the role of the regulator in Saskatchewan.

Leah is looking forward to using her experience in community pharmacy as a member of the Competency Assurance Unit and is excited to join the SCPP team.



# Web Update: Consultations Go Public

**S**CPP is excited to launch its new Public Consultations tool.

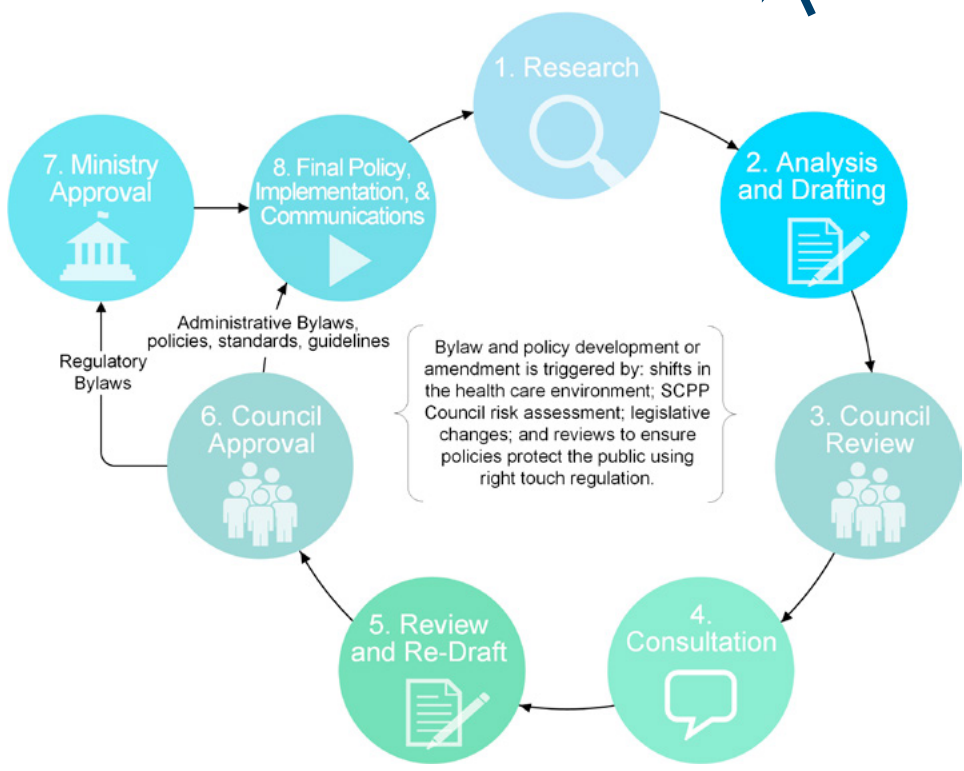
Considering the views of the public, the profession, and other stakeholders assists SCPP in the development of bylaws, policies, standards, guidelines, and other documents that support its mandate to protect the public.

For the public, pharmacists, pharmacy technicians, and stakeholders, consultations are the means by which they can contribute to the regulatory framework that governs pharmacy in Saskatchewan.

Opportunities to review and provide written feedback about new and proposed amendments to documents are now offered online. In some instances, engagement may be specific only to select stakeholder groups.

SCPP reviews and considers all feedback regarding bylaws, policies, standards, and guidelines to ensure they are responsive to the needs of members while keeping the public safe.

[See the page here.](#)



Click to enlarge.

## SCPP COUNCIL 2023–2024

### PRESIDENT

Tania Schroeder

### PAST PRESIDENT

Amy Wiebe

### PRESIDENT-ELECT, URBAN PHARMACIST

Scott Livingstone

### HONORARY TREASURER, PUBLIC REPRESENTATIVE

Karen Efthimiou

### RURAL/REMOTE PHARMACIST

Martin Antaya

### HOSPITAL PHARMACIST

Kelsey Dumont

### URBAN PHARMACIST

Sarah Kozusko

### HOSPITAL PHARMACY TECHNICIAN

Tracy Martens

### COMMUNITY PHARMACY TECHNICIAN

Shauna Nowakowski

### EX OFFICIO

Jane Alcorn

### DESIGNATE EX OFFICIO

Charity Evans

### PUBLIC REPRESENTATIVES

Bonnie Caven

Michael Lummerding

### U of S SENIOR STICK

Emily Galey, University of Saskatchewan



# Updated COMPASS Training

The updated COMPASS Continuous Quality Improvement Coordinator Training is now open for registration at [USask Continuing Pharmacy Education \(USask CPE\)](#).

The COMPASS Continuous Quality Improvement Coordinator Training provides an overview of COMPASS and SCPP bylaw requirements and is mandatory for all CQI Coordinators who have not yet taken any COMPASS training.

Soon to be introduced is the COMPASS Continuous Quality Improvement Coordinator Supplementary Training. This course is mandatory for all CQI Coordinators who have completed the previous COMPASS training as a response to gaps identified within community pharmacies since the implementation of the COMPASS program.

The supplemental training is a one-hour commitment and



CQI Coordinators who received training **on or before Sept. 17, 2023, will have until April 30, 2024**, to complete the supplemental training. Registration is not yet open for the supplementary training, but it will be available shortly.

## SCPP 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

### Communications

**MARLON HECTOR**  
Communications Officer

### Competency Assurance

**SHAUNA GERWING**  
Director of Competency Assurance

**SAMANTHA CUNNINGHAM**  
Competency and Quality Assurance Facilitator

**LEAH PERRAULT**  
Competency and Quality Assurance Facilitator

**NICOLE PULVERMACHER**  
Administrative Assistant – Competency Assurance Program, Policy and Legislation, and Legal Affairs

## Complaints and Discipline

**CHANTAL LAMBERT**  
Assistant Registrar – Complaints Director

**TAMI SCHWEBIUS**  
Complaints Manager

**JOANNE DEIBERT**  
Complaints Investigator – Contract

## Corporate Services

**DARREN CRANFIELD**  
Director of Corporate Services – Chief Financial Officer

**SIMEON AREOYE**  
Administration and Office Operations Coordinator

**MARIANO RAMIREZ**  
Manager, Database and Systems

## 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

**STEVE YAKIWCHUK**  
Field Officer

## Legal Affairs

**MAURA MAHONEY**  
Director of Legal Affairs

**KIM SAMOILA**  
Policy Analyst

## Policy and Legislation

**KATHLEEN HANDFORD**  
Director of Policy and Legislation

**DAVID CHOU**  
Pharmacy Policy and Practice Consultant

**NATALIE REDIGER**  
Pharmacy Policy and Practice Consultant

## Registration, Licensing, Permits

**ROBERTA BECKER**  
Registration Administrator – Pharmacy and Member Relations

**SHAYNA MURRAY**  
Registration Administrator – Member Relations

**MELISSA WEGER**  
Registration Administrator – Member Relations

**CAROLINE ZAREBA**  
Manager, Pharmacy Permits and Pharmacy Relations



# Student Profile: Victoria gets a glimpse behind the scenes

**V**ictoria Osypenko was born in Moose Jaw and raised in Regina. She spent the start of her summer at SCPP for her practical and gave us some insight on her experience.

## What first made you decide to become a pharmacist?

I was always interested in the sciences throughout elementary and high school and it sparked an interest in the health care field. In my last year of high school, I started to look at options that related to science and health care and came across pharmacy. I started working in a pharmacy as an assistant right after high school and realized that I enjoyed the environment and was interested in pursuing it.

## What made you choose SCPP for your practical?

I wanted the opportunity to have a non-direct patient care placement and SCPP interested me because it is a unique rotation, and you cannot get this experience elsewhere. I was interested in seeing the other side of the pharmacy practice and what goes on behind the scenes. Before I started, I did not have a full understanding of what goes on at SCPP, so I was excited to learn about all the different roles and how they overlap.

## Describe your path to SCPP and beyond?

My placement at SCPP is the first of four. Following this placement, I will be at two different community pharmacies in Saskatoon and will end off with my hospital placement in Regina. I am still unsure of what I want to do following graduation, but I hope that my placements throughout the next year will help me with that decision.

## How would you describe your experience working at SCPP?

My experience here has been really great! I have had the chance to work with some great people and learn so much. There is such a variety of things always going on at SCPP and I was able to experience a little bit of everything.



## How does Victoria in week one of starting at the College compare to Victoria at the end?

In week one I was a bit nervous and did not know what to fully expect when coming into this placement. It took me some time to get familiarized with the environment and learn about all the roles at SCPP. I have never worked in an office environment before, so it was a big change for me and took some time to get used to it.

Now in week eight, I have learned so much throughout my time here. I have had the opportunity to work and collaborate with several staff and I have gained valuable knowledge from each of them. I have also learned a lot from sitting in on various meetings throughout my placement and hope that I can be part of a committee or Council at SCPP in the future.

Continued on next page ►

## What is your biggest takeaway?

One of my biggest takeaways is that changes at SCPP take time. There is so much work that goes into changes. I have spent a lot of time working on the competency assurance team and I have been able to see how much time and effort goes into this project. There are many moving parts, and everyone works so hard to get things done.

## What do you wish would have been different?

I wish that I had more time at SCPP; I had the opportunity to collaborate with many staff members but there are lots of exciting things going on at SCPP and I would have loved to stay and learn even more.

## What do you wish other students knew about SCPP?

There is so much that goes on behind the scenes in the pharmacy world and a lot of this happens at SCPP. The staff here work so hard to get things done and it is inspiring to see how much effort is put in and how exciting it is when all that hard work pays off. SCPP has an awesome team, and each individual plays an important part in keeping the public safe.

## What does the next few years look like for you?

I am still unsure of where I will be working after graduation, but I plan to stay in Saskatchewan for a few years to start and go from there. I hope to find a career that makes me happy and one where I can make a difference as a pharmacist. I am looking forward to graduation and hope that by this time next year I will have a better idea of where I want to end up. ■

# OPPORTUNITY



## #Assessors needed!



Pharmacy managers and pharmacists who may be interested in being an assessor for Internationally trained pharmacists, please contact [info@saskpharm.ca](mailto:info@saskpharm.ca). Click for more info.

# Prescription Image Transmission to Pharmacy

Field Officers have received questions regarding applications offered by pharmacy software vendors that allow patients to scan images of their prescription and send it to the pharmacy team for preparing. This topic was previously discussed in the [December 2020 edition of SCOPE](#). Please see below.

As technology and pharmacy software systems develop and introduce new ways to manage pharmacy workflow, members are still required to meet [NAPRA Model Standards of Practice](#) and their responsibility to determine that prescriptions are current and authentic. Images of prescriptions sent using pharmacy software applications, texts, or emails are not equivalent to an original prescription.

Preparing a prescription before seeing the original increases the risk of error, the risk of releasing medications without a

valid prescription, the risk of diversion and the potential risk of creating inaccurate or duplicate records. For a prescription to be assessed, prepared, and dispensed, and for pharmacy team members to create patient records and provide other pharmaceutical care services the original prescription must be received by an acceptable method.

Members are encouraged to refer to the [Electronic Transmission of Prescriptions](#) document for details. Pharmacy team members may use the image to check their inventory for stock availability and cost estimates but even in this case it may be advisable to conduct a Privacy Impact Assessment to determine risks to patient privacy when using various technologies to communicate with patients.

## Gates Securing the Dispensary

In August 2022, the following [SCOPE article](#) regarding lock and leave enclosures was published. Since that time, there has been a further review of security gates that are being used for purposes other than as a lock and leave, and gates that have been installed but are not currently being used.

It has been determined that a lock and leave permit is not required if a pharmacy is utilizing a security gate for a purpose other than a lock and leave (no period of closure of the pharmacy while the remaining premises is open) or they have installed a gate but are not currently using it.

Pharmacies are reminded of the CDSA provisions around possession of controlled substances and Part J of the SCPP Bylaws which requires a pharmacy to be under the supervision of a licensed pharmacist. Therefore, pharmacies (without lock and leave permits that contemplate these periods of closure) **must not**:

- Utilize the gate so the pharmacist can leave for lunch.
- Utilize the gate in the event the pharmacist is sick and away.

If the pharmacy has a security gate and/or enclosures that secure the dispensary and all drugs (all Schedule I, II and III drugs), non-pharmacist staff and outside contractors would be permitted on the premises after hours unsupervised, provided all drugs are secured by the gate and/ or enclosures and no access is possible to the dispensary. A lock and leave permit is not required in this case.

If at any time, the gate is being used for the purpose of a lock and leave (the premises is open to the public, but a pharmacist is not present), then a permit will be required.





# focus Pharmacy Permits

This year's annual Pharmacy Permit Renewal online application form is open to pharmacy managers. The deadline for submission of the Pharmacy Permit Renewal online application form, which includes submission of the applicable fee(s), legislated requirements and certifications, is **Nov. 1, 2023 (without a late fee)**. **Current permits expire Nov. 30, 2023.**

**Current  
permits expire  
Nov. 30, 2023**

## ☐ Online application form and fees

Any other outstanding [fees](#) that have not yet been paid will need to be paid before permit will be approved.

## ☐ Permit Amendments

- Permit amendments included on the same online application as the pharmacy permit renewal will be effective Dec. 1 for the upcoming permit year.
- Permit amendments required for a date before Dec. 1 will require a separate permit application, incl. pharmacy manager changes.

## ☐ COMPASS QI Coordinator training

If certification is not yet completed, must be completed prior to Nov. 1, 2023.

## ☐ Pharmacy Manager Policy

Requirements for training, physical presence, managing absences, etc. See [Pharmacy Manager Policy](#).

## ☐ Corporations/Co-operatives

- Must be active on the Saskatchewan Corporate Registry, also known as ISC Saskatchewan Registry Services, or their home jurisdiction corporate registry.
- Must remain active on the Saskatchewan Corporate Registry, also known as ISC Saskatchewan Registry Services, or their home jurisdiction corporate registry for the full duration of the permit.

## ☐ Privacy Officer certification

Not a requirement this year. SCPP is working with U of S to create an updated privacy officer training course. Privacy officer training is currently unavailable. Anyone whose training has expired or is new to the privacy officer role will receive additional time to complete their training.

## ☐ Time-Delayed Safes

Time-delayed safes are mandatory in pharmacies starting Nov. 30, 2023. Proof of purchase will be required if a time-delayed safe will not be on site by November 30, 2023.

## ☐ Medication Safety Self-Assessment (MSSA)

If last submission was prior to Jan. 1, 2022, a new MSSA must be completed prior to Nov. 1, 2023.

## ☐ Directorship (not applicable to co-operatives)

- Pharmacy manager must be a director.
- Majority (over 50 per cent) of directors must be SCPP members.

## ☐ Applicants to manage more than one pharmacy

Follows the [Pharmacy Manager Policy](#), where a licensed pharmacist shall not be named as the pharmacy manager of more than one pharmacy at a time, unless they meet the criteria set in section 3 and has been approved by the Registrar.

**Deadline for  
permit renewal  
(without late fee)**

**Nov. 1, 2023**

## ☐ Late Renewal Fee

Has increased to \$2,999.00 + GST.



# Council Highlights

Sept. 21-22, 2023



## Environmental Scan

- NAPRA Updates:
  - ▶ The Language Proficiency Policy will be updated and completed before the end of the year.
  - ▶ Work continues on the Entry to Practice Competencies.
  - ▶ Compounding Standards will be due for review in 2024.
  - ▶ Drug Schedule modernization work continues.
- Physician Assistants
  - ▶ The CPSS bylaws have been approved and 11 Physician Assistants will be hired within the province.
- Fall Respiratory Illnesses
  - ▶ New COVID vaccines for the fall.
  - ▶ USask Continuing Pharmacy Education (USask CPE) and medSask webinar for fall respiratory illnesses.
  - ▶ medSask has created guidelines and a PAR to support pharmacists with prescribing for RSV vaccines.
  - ▶ Concerns from the public with pharmacies listed as prescribers and dispensers of Paxlovid on the Ministry website, then either no longer provide the service, have no inventory, or do not have trained staff to provide the service. This is causing stress and treatment delays to the public.
  - ▶ Influenza and COVID immunizations begin Oct. 10, 2023.
  - ▶ Prevnar 20 update: everyone under the age of 18 is eligible for a booster dose. No decision has been made at this point by the Ministry if this will be publicly funded as a routine immunization.
- USask CPE received approval from CCCEP to increase the CEUs for the Pharmacy Manager Course to 25 credits. Note that these credits are not retroactive.
- 49 new graduates passed PEBC in July.



## Strategic Implementation Plan

- Strategic plan progress was reviewed.
- Due to external initiatives (e.g., Bills 81 and 120, HIPA regulations), some of the items in the Strategic Plan will not be realized by the end of 2023 and will roll over into the work plan for 2024 which is the final year for the current strategic plan. While work continues, the following are delayed:
  - ▶ The risk matrix for an audit framework for competency assurance.
  - ▶ Priority Reference Manual documents delayed by the new HIPA Regulations and their implications for SSCP's privacy and consent documents.
  - ▶ The Professional Autonomy Framework, specifically the proprietor section and whistle-blower policies.



## Governance and Elections Update

- Finance Committee Updates:
  - ▶ Council approved a change to the Finance Committee to add responsibility for the review of risk management policies and processes; and reporting to Council on major risks to the organization, its operations, or achievement of strategic objectives. Council also approved bringing the responsibilities of the Audit Committee into a single Finance, Audit and Risk Committee.
- Ms. D. Thakkar was appointed to the Complaints Committee effective immediately for a three-year term with the option for renewals.

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- Tracy Martens was appointed to a final three-year term on Council.
- Human Resources and Governance Committee (HRGC)
  - ▶ In June, Laura Edgar from the Institute on Governance in Ottawa was contracted to support Council in reviewing its governance structure and composition. The recent enactment of Bill 120 in May removed the composition and governance of Council from within the Act. As a result, the College is now able to fully modernize our governance structure and composition within our Administrative Bylaws.
  - ▶ After four meetings and the research, survey, review process, the Committee recommended the following draft structure of Council, which Council approved.
    - Up to 14 members plus two non-voting participants including:
      - ▶ Seven registrants (at least four pharmacists and one pharmacy technician)
      - ▶ Up to seven public members (up to four government-appointed and up to three Council-appointed).
      - ▶ Up to two regular non-voting participants from pharmacy education (University and Polytechnic).
      - ▶ Council members should be recruited and appointed by Council from a slate put forward by the HRGC.
- ▶ The use of electoral categories for nomination and election should be discontinued and the CASE (competencies, attributes, skills and experience) to be updated to include components of pharmacy (e.g., urban, rural, pharmacist, technician, etc.).
- ▶ Quorum of 50 per cent plus one.
- ▶ Two-thirds approval required for all decisions.
- ▶ Three-year terms, renewable once for a maximum of six years.
- ▶ Council Officers may continue to serve on Council upon completion of their Officer roles and may serve up to an additional two years to complete their officer roles if required.
- ▶ Chair-Elect, Chair, Past Chair serve for one year in succession.
- ▶ Honorary Treasurer serves for one year renewable.
- ▶ At least one of the Chair-Elect, Chair, and Past Chair must be a registrant. Where the Chair is not a registrant, another officer who is a registrant may speak for Council on pharmacy-specific issues.
- ▶ Any Council member may be Honorary Treasurer.
- ▶ The HRGC also had the following recommendations:
  - That the HRGC be split into two separate committees. The Human Resources Committee's mandate would include the Registrar's performance review. The Governance Committee's mandate would include ensuring Council policies are up to date, Council performance, Council member recruitment and nominations.
  - Expectation that all Council members serve on at least one committee or task force.
- ▶ New position descriptions will be created for Past Chair (formerly Past President), Chair (formerly President), Chair-Elect (formerly President-Elect) and Honorary Treasurer.
- ▶ The Council Code of Conduct and Conflict of Interest Policies to be updated.
- ▶ A process to be created to assess Councillors performance as well as the CASE matrix to be updated to encompass rural, remote, community and hospital experience.
- ▶ **The plan is to have governance changes in place for July 1, 2024.**



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## COMPASS and Field Operations Report

- 531 incidents were reported in August 2023, with a total of 42,670 incidents reported from September 2013 – August 2023 (+1,847) since the last COMPASS report in April 2023.
- Top 3 types of incidents
  - ▶ Incorrect dose/frequency – 10,316 (+396)
  - ▶ Incorrect drug – 7,699 (+331)
  - ▶ Incorrect quantity – 7,147 (+230)
- Outcomes of reported incidents
  - ▶ No error – 24,273 (+761)
  - ▶ No harm – 18,892 (+986)
  - ▶ Harm – 1,474 (+94)
- Top Contributing Factors of Incidents
  - ▶ Interruptions – 450
  - ▶ Workload – 357
  - ▶ Noise - 192
  - ▶ Look/sound alike names – 171
  - ▶ Staffing deficiencies – 164
- There have been 117 Quality Improvement Reviews (QIRs) completed so far in 2023. There have been 121 second-round QIRs completed so far. Of those, 65 QIRs have been completed virtually, with 56 being completed in person. Common issues have been identified during the QIRs conducted from May – Aug. 2023, and the Field Operations team have been working with pharmacy managers to address these issues. Top safety issues identified include:
  - ▶ CDSA related issues.
  - ▶ CQI plan deficiencies, being either incomplete or a lack of monitoring.
  - ▶ Compounding policies, procedures, skills assessment, cleaning logs and facility compliance.
  - ▶ Prescribing – lack of clinical information on PAR.
  - ▶ PIP audits for accuracy and privacy not regularly performed.
  - ▶ Incident reports do not always include contributing factors or system-based solutions.
- MedSCIM assessments are being completed as part of the QIRs. Below are the results from the QIRs completed from May 1 – Aug. 31, 2023. The MedSCIM assessment



involves looking at the narratives of medication incidents reported and assessing the report for completeness and maturity. As a basis for comparison, the MedSCIM results for March 1 – April 30, 2023, are provided. Although a direct comparison cannot be made between these two results as different pharmacies are being assessed, it does allow an opportunity to see any general improvements.

- See MedSCIM numbers on next page.



## Compounding Report

- Level A Pharmacies – 365
  - ▶ 305 pharmacies have been confirmed facility compliant.
  - ▶ 33 pharmacies have received input from their assigned Field Officer on how to meet facility compliance.
  - ▶ 27 pharmacies to have facility compliance reviewed.
  - ▶ Six proposed new pharmacies to open as Level A.
- The following trends continue to be a concern:
  - ▶ Lack of documented Standard Operating Procedures (SOPs).
  - ▶ Lack of cleaning logs.
  - ▶ Lack of documented training and assessment program and no documentation verifying training of assistants prior to delegation of compounding duties.
  - ▶ These trends are common amongst other PRAs with similar implementation deadlines (AB, MB, NFLD).

Continued ▶

## MedSCIM Results March 1, 2023 – April 30, 2023



1.2%



38.7%



60.1%

		Grade D – Pathological	Grade C – Reactive	Grade B – Calculative	Grade A – Generative
Core Event Description	Level 1 – Report fully complete	1	12	50	88
	Level 2 – Report semi-complete	2	39	48	16
	Level 3 – Report not complete	0	0	0	0

## MedSCIM Results May 1 – Aug. 31, 2023



1.0%



41.9%



57.1%

		Grade D – Pathological	Grade C – Reactive	Grade B – Calculative	Grade A – Generative
Core Event Description	Level 1 – Report fully complete	1	37	140	165
	Level 2 – Report semi-complete	0	76	106	32
	Level 3 – Report not complete	0	1	0	0

The medication incident provides insufficient information to allow meaningful qualitative analysis.

The medication incident provides sufficient information to describe the medication incident. No information is provided about contributing factors.

The medication incident provides sufficient information to describe the medication incident and contributing factors.

The medication incident is treated as an isolated incident. No solutions are offered to prevent future recurrence.

The medication incident focuses on human behaviours instead of a systems-based approach.

The medication incident uses a systems-based approach to describe the root cause. No solutions are offered to prevent future recurrence.

The medication incident uses a systems-based approach to describe the root cause and develop possible solutions to prevent future recurrence.





Compounding; Medication Error; Overcharging/  
Billing Irregularities; Medication Theft; Prescription  
Transfers; Refusal to Fill.



## Competency Assurance Update

- 88 per cent of members submitted a Professional Development Log as part of licence renewal.
- The Competency Assurance Unit is proposing a new Professional Development Log.
- In addition, tools are being built to assist members as they navigate the proposed competency assurance program (CAP).
- Plans for member consultations are on-going, including general feedback through the upcoming new CAP web pages.
- See [CAPtivate later in this issue](#) for more details.



## Expanded Scope of Practice

- ▶ Council discussed the proposed timelines surrounding the expanded scope of practice Bylaws (Part K and M).
- ▶ Further communication will be provided by SPP with respect to training, education and enactment of the new bylaws. Due to the significant volume of work and stakeholders involved, it will be a phased-in approach. [Please see Page 15 for detailed information and proposed timelines.](#)



## Complaints and Discipline Report

- On June 22, 2023, the Committee reviewed four previously opened files, eight new files, and one file previously referred to ADR.
- Of the 13 files reviewed:
  - ▶ two remain open for continued investigation.
  - ▶ 10 were closed.
  - ▶ one file previously referred to an Alternative Dispute Resolution (ADR) was reopened pending further investigation.
  - ▶ Allegations include Alcohol/Drug Abuse; Bylaws/Standards/Guidelines/Ethical Infractions; Communication/Unprofessional Behaviour;



## Other Business

- Council discussed and approved a new [Conscientious Objection and Pharmacy Services Policy](#) which includes:
  - ▶ Requiring that pharmacy professionals inform their manager of their objection in advance and proactively participate in a process designed to respect all patients and to ensure all patients receive the products and services in a way that minimizes hardship to the patients;
  - ▶ Prohibiting the pharmacy professional from sharing their objection with the patient;

Continued on next page ▶

- ▶ Requiring the pharmacy professional to make an effective referral so the patient receives the products or services in a timely manner;
- ▶ Requiring the pharmacy professional provide the products and services in emergency situations regardless of their objection;
- ▶ Requiring pharmacy managers devise a plan to address conscientious objections; and
- ▶ Requiring pharmacy managers and proprietors ensure that non-regulated staff do not impede the patient's right to receive timely care.
- ▶ Pharmacies are encouraged to post signage informing patients that the pharmacy is a safe space. SCPP uses the below sign on its doors, adapted from the Canadian Pharmacists Association. Members may download and use this sign in the pharmacy and contact CPhA for permission to adapt it for their own use. Click to download.



- ▶ SCPP will be working with medSask and DPEBB over the coming weeks to prepare to officially launch the new minor ailments and updates for nicotine cessation. Stay tuned for further announcements for the official launch.

#### • New Minor Ailments and Updates to Smoking Cessation Guidelines

- ▶ Council approved the addition of nausea and vomiting in pregnancy as a new minor ailment.
- ▶ Council approved the addition of recurrent genital herpes as a new minor ailment.
- ▶ Council approved a name change from smoking cessation to nicotine cessation which now includes support for all forms of nicotine cessation (e.g., vaping).

#### • PRP Program

- ▶ SCPP Council approved a policy to support the Prescription Review Program (PRP) to enhance medication safety within Saskatchewan. Effective immediately, all "office use" prescriptions for PRP medications must be faxed from the pharmacy to the PRP program. The PRP staff will then ensure appropriateness of prescribing and provide education to the prescribers about any federal and provincial requirements, if applicable. There are no concerns with disclosing Personal Health Information with this process.

Our organization is striving to be a:



#### • Time-Delayed Safes

- ▶ In June of 2022, Council set a policy that all new pharmacies must have time-delayed safes and that all existing pharmacies must have a time-delayed safes by Nov. 30, 2023.
- ▶ A new Timed-Delayed Safes policy was presented to and discussed by Council, which included the following points:
  - Who is required to have a time delayed safe.
  - What qualifies as a safe.
  - Which drugs are to be stored in the safe
- ▶ Council approved the policy with amendments, including updated signage.
- ▶ More information and the policy have been sent to members and can be found in the member portal. The policy will not be found in the public facing documents. ■



# Expanded Scope of Practice updates ►►►

Due to the significant volume of work and stakeholders involved, the launch of the new bylaws will occur in a phased-in approach. Stay tuned for further communication provided by SCPP with respect to training, education and enactment of the new bylaws. See the proposed timeline on the right.

## Education for Level II Prescribing Authority – Advanced Prescribing B (APB)

- Council approved the draft outline presented by USask CPE in principle to continue building out the accredited training program for Level II Prescribing Authority - APB.
- An advisory committee is being established to determine entrance criteria and criteria for ongoing maintenance for an APB certificate. This will be presented to Council for final approval in early 2024.

## Approved Chronic Conditions for Level II Prescribing Authority – APB

- Council and the Ministry approved the chronic conditions for which a pharmacist with the APB designation can manage medications for their patients. While there is still work to be done to enact this area of the bylaws, pharmacists may want to develop Continuing Professional Development (CPD) plans around the approved chronic conditions. Of note, pharmacists who have areas of expertise that are outside of these practice areas may still engage in Collaborative Practice Agreements with practitioners.
  - Asthma
  - COPD
  - Diabetes – A1C management
  - Hypertension
  - Dyslipidemia
  - Anticoagulation management

Continued on next page ►

## Proposed Timeline

- End of November mandatory training on Part K of the bylaws: This will include a high-level overview of the bylaws and a detailed review of the new authorities within Level I Prescribing Authority. This will be in video format with pre-reading information for members.
- Q-and-A sessions specific to Level I Prescribing Authority will be held in December. Members will be able to submit questions in advance of the live Q-and-A, but after watching the training video and reviewing written materials.
- Level I Prescribing Authority to launch Jan. 1, 2024.
- Lab training modules to launch in December or January.
- Medical Laboratory Licensing Regulations (MLLR) to be amended in early 2024 to enable pharmacists to order labs and perform Point-of-Care Testing (POCT) (this is dependent on Ministry timelines).
- Level II Prescribing Authority – Advanced Prescribing A (APA) to launch in January/February 2024 to enable therapeutic substitution for drugs that share a mechanism of action or chemical structure.
- Rebranding and relaunch of Vaccine Preventable Diseases, Travel Health A and B in the first quarter of 2024.
- Additional Other Diseases to launch throughout 2024 with pharyngitis being the first priority.
- Training and education for Level II Prescribing Authority – Advanced Prescribing B (APB) to launch throughout 2024. This is dependent on training and education development.

- ▶ Hypothyroidism
- ▶ Angina
- ▶ Atrial fibrillation
- ▶ Obesity
- ▶ Post MI medication management
- ▶ Heart failure

## Modernization of Lab Tests

- Council approved the list of Ministry-approved labs that the province will permit pharmacists to order. For a list of the approved labs please see Schedule F within this document: [Laboratory Tests and Medical Devices](#). While the list of labs has been modernized and updated, the MLLR still need to be amended before pharmacists in community practice may order labs. Stay tuned for further announcements.

## Education and Training for Labs

- There will be three mandatory lab training courses that pharmacists who wish to order labs and perform POCT must complete. We anticipate the modules to be launched before the end of the year or early 2024 as it will need to align with the amendments to the MLLR. Stay tuned for further announcements from SCPP.
  - ▶ Interpretation of Labs
  - ▶ Regulation of Labs
  - ▶ Stewardship of Labs

## Requirements for Ordering Labs

- Council set a policy that pharmacists who order labs must have access to an electronic system that integrates with the Electronic Health Record (eHR) viewer to transmit and receive information (e.g., such as lab test orders and point of care results) in real time, with a goal that such a system also integrates with pharmacy systems to avoid duplication and errors associated with inefficient processes.

## Standards for Using Specialized Names – Pharmacist Care Clinic

- Council approved the standards and pharmacy services that must be in place for a pharmacy to use the term “pharmacist care clinic” in order to reduce confusion amongst the public and to provide clarity to health care providers. No other names will be permitted.
- Required Standards to use the name “Pharmacist Care Clinic”:

## Level II Prescribing Authority – A High-Level Summary

Level II Prescribing Authority has three categories:

- **Structured Prescribing** which includes prescribing within a Collaborative Practice Agreement (CPA) and Other Diseases as approved by the Minister. Both of these are structured prescribing in that in a CPA the terms and conditions are set between the practitioner and the pharmacist and in Other Diseases the terms and conditions are set by SCPP and the Ministry which include guidelines, PARs and training and education requirements.
  - **Practitioner Initiated Prescribing:** Advanced Prescribing A (APA) falls under this category as the initial prescription is initiated by a practitioner and the pharmacist with APA authority may complete a therapeutic substitution where the drugs share a mechanism of action or chemical structure.
  - **Pharmacist Initiated Prescribing** which includes FOUR distinct subcategories.
    - ▶ Vaccine Preventable Diseases in Canada
    - ▶ Travel Health A
    - ▶ Travel Health B
    - ▶ Advanced Prescribing B (APB) (for chronic conditions as approved by Council)
- a. Pharmacies must apply to SCPP to be accepted to use the name Pharmacist Care Clinic.
  - b. Pharmacies must have an online appointment booking system.
  - c. Strongly encouraged to have two exam rooms in addition to the standard patient counselling room to manage workflow and privacy however a minimum of one exam room and a consultation room will be considered.
  - d. Pharmacies must be willing to consistently offer a minimum of 20 clinical hours per week.
  - e. Pharmacies must have a dedicated administrative team member to manage the clinic during all hours of the clinic.
  - f. Pharmacies must have an Electronic Medical Record (EMR) that integrates with the provincial health system.
  - g. They must have pharmacist coverage for the full hours of the clinic that are not inclusive of dispensary hours. Separate dedicated shifts must be in place for the clinic to operate safely.

Continued on next page ▶

- h. All pharmacists working in the clinic must be willing to complete all required training and education and offer all of the required services.
- i. All of the services below must be offered within the clinic.
  - Vaccine Preventable Diseases in Canada – prescribing and immunization.
  - Level II B – Managing medications for Chronic Conditions; the potential approved conditions are:
    - ▶ Hypertension
    - ▶ Dyslipidemia
    - ▶ Hypothyroidism
    - ▶ Heart Failure
    - ▶ Diabetes
    - ▶ Anticoagulation
    - ▶ Angina
    - ▶ Post MI medication management
    - ▶ Atrial Fibrillation
    - ▶ Obesity
    - ▶ Asthma
    - ▶ COPD
  - Other diseases
    - ▶ Influenza immunization and prescribing for oral antivirals
    - ▶ COVID immunizations
    - ▶ Paxlovid prescribing
    - ▶ RSV prescribing and immunization
    - ▶ Pharyngitis
  - All Minor Ailments

## Level II Prescribing Authority – Other Diseases

- As per the new Part K Bylaws, prescribing for “Other Diseases Identified by the Minister of Health or Designate 19(1) A licensed pharmacist who has achieved the requirements specified in subclause 12(1)(b)(vi) and clause 12(3)(f) may prescribe vaccines or drug products for the prevention or treatment of any diseases identified by the Minister of Health or designate.”
- The following three diseases/conditions and their treatments have been identified and approved by the

## Level II Prescribing Authority – Other Diseases FAQ

- **As a licensed pharmacist, can I prescribe for these three diseases?**
  - ▶ Yes, if you are a licensed pharmacist with SCPP and you are following the medSask guidelines and using the medSask Pharmacist Assessment Record (PAR), you may prescribe for the three approved diseases/conditions (Influenza (oral anti-virals), SARs-COV-2 (Paxlovid), and RSV (vaccines).
- **What training do I need to be able to prescribe for these three diseases?**
  - ▶ Influenza – Oral antivirals
  - ▶ SARS-CoV-2 – Paxlovid
  - ▶ Respiratory Syncytial Virus – RSV vaccines

The terms, conditions and training requirements can be found within the [Training and Development Table](#).
- **Do I need a Collaborative Practice Agreement (CPA) to prescribe for the three Other Diseases?**
  - ▶ No, you do not require a CPA to prescribe for these three approved Other Diseases. The new bylaws have expanded Level II prescribing which used to only refer to CPAs. See the text box on Page 16 for a high-level summary.

Minister of Health or Designate:

- ▶ Influenza – Oral antivirals
- ▶ SARS-CoV-2 – Paxlovid
- ▶ Respiratory Syncytial Virus – RSV vaccines
- Council and the Ministry have approved the medSask guidelines and PARs which must be used by pharmacists.
- Pharmacists must ensure they are competent, knowledgeable and remain current with respect to any practice changes for the diseases/conditions listed above. The required information can be found within the medSask guidelines and PARs.
- The [SCPP Training and Development Table](#) has been updated for information on terms and conditions and training and education requirements.
- Influenza (oral antivirals) and SARS-CoV-2 (Paxlovid) have moved out of their prior classification as a minor ailment and under the Level II Prescribing Authority of the bylaws as an Other Disease as they are better suited in this new category in the bylaws. ■



# CAPtivate

[Competency Assurance Program Updates]

Three staff members have been on-boarded to SCPP's Competency Assurance Unit. Joining our Competency Assurance Director are two Quality and Competency Assurance Facilitator pharmacists and an Administrative Assistant for Competency Assurance, Policy and Legislation, and Legal Affairs. [See staff details here.](#)

In 2023, pharmacy professionals were asked to upload their Professional Development Log (PDL) for licence renewal. The Competency Assurance Unit used this data to perform a baseline review of current member Continuing Education (CE)/Continuing Professional Development (CPD).

Data gathered from the review will be also used to help inform education, training, and communication to members and to guide the future development of the program. Thank you to the 1,923 practising members who uploaded their PDL for 2022-2023. From the review, we are pleased to report that 95 per cent of practising professionals who submitted PDLs and were randomly selected, met the requirement of documenting at least 15 CEUs. However, it was noted that in a majority of cases, records were incomplete and it was difficult to determine relevance to practice in some instances.

The review prompted an update to the PDL. SCPP will use the revised PDL to identify members' CPD activities and their relevance to practice. We are asking members to use the [revised PDL](#) to provide a summary of learning activities and CPD completed between April 1, 2023 and June 1, 2024 for the 2024-2025 licensure year.

## New and Upcoming for 2023-2024

The Competency Assurance Unit is developing multiple initiatives to ensure a comprehensive and supportive transition to the revised Competency Assurance Program (CAP) for members:

- SCPP has launched a portion of the website dedicated to the Competency Assurance Program (CAP) information and updates, including current requirements, tools, and resources. [Click here to explore.](#)

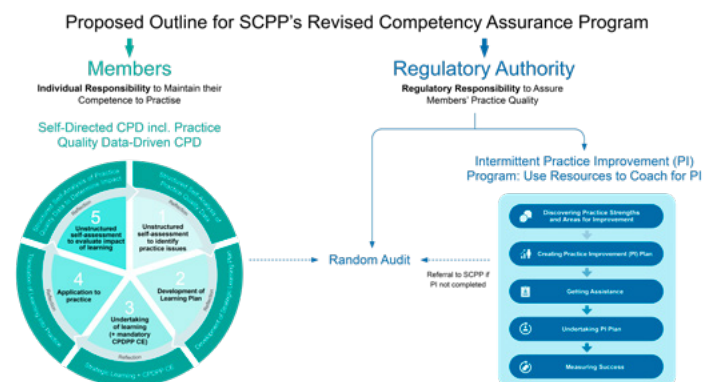
- Development of tools to assist and guide members through their ongoing learning.

- ▶ Continuing Professional Development (CPD) Tool (forthcoming)
- ▶ Practice Self-Assessment Tool (forthcoming)
- ▶ [Revised Professional Development Log](#)

- Use this PDL to provide a summary of learning activities and CPD completed between April 1, 2023 and June 1, 2024 for the 2024-2025 licensure year.
- Please note that if you have already started recording your CPD on a previous version of the PDL, you should use this version to continue documenting your CPD. In such a case, you would upload two separate documents for 2024/25, i.e., the document you have already started and the new CPD completed (on the new PDL) going forward.

## Framework

As published in previous SCOPe articles, the SCPP Council has approved the following framework. The Competency Assurance Unit continues to develop, test, and plan for the implementation of the program, as well as continuing with broad consultation. Details can be found on the [CAP web-pages](#).



Click to enlarge

## Timeline

- **May 2019** – Members participate in a Competency Assurance Survey to assess pharmacy professionals' needs and preferences in continuing professional development.
- **June 2019** – First meeting of the newly formed CAP Task Force (formerly Competency Assurance Committee Working Group) tasked with revamping the College's Competency Assurance Program (CAP).
- **2020** – Delays due to the COVID-19 pandemic.

Continued on next page ►

- **March 2021** – Consultant Nancy Winslade is contracted to lead the working group in developing a comprehensive, supportive CAP. –
- **May 2021** – Research and development by the Task Force gets underway.
- **September 2021** – Draft program is formulated and reviewed.
- **April 2022** – A five-year plan is presented to Council and recruitment for a Competency Assurance Director begins.
- **June 2022** – The Task Force composition is reviewed and is transitioned from research and design to feedback, consultation, and implementation.
- **June 2022** – New Competency Assurance Director is hired.
- **July 2022** – Planning takes place for robust virtual stakeholder consultation to begin in the fall with members and other key stakeholders.
- **Sept. 8, 2022** – Special Edition MicroSCOPE on the proposed CAP is published.
- **Sept. 19 and 21, 2022** – Member feedback sessions on the proposed CAP revisions through two community pharmacy-based focus groups is held.
- **Sept. 30, 2022** – Proposed CAP revisions presented at the CSHP – Saskatchewan AGM.
- **Jan. 19, 2023** – Council approves the proposed framework in principle for the purposes of robust consultations to occur throughout 2023.
- **March 31, 2023** – Consultant Nancy Winslade's contract



is fulfilled. Nancy's expertise, vision and guidance were instrumental in helping SCPP envision the revised CAP.

- **June-July 2023** – Three new staff hired to the Competency Assurance Unit.
- **July 2023** – Baseline review completed of uploaded PDL for the 2022-2023 licensing year.
- **September 2023** – CAP web-page published to increase member awareness and enhance communication.

## Seeking Member Feedback

As an important part of the process of revising the CAP, the SCPP is seeking membership feedback. SCPP is calling for members to provide feedback on proposed initiatives and tools. [Click here for more information and to participate.](#)

# Reminders

## First Aid and CPR

Pharmacists with Advanced Method Certification (AMC) must keep their First Aid and CPR up to date to maintain their AMC and coverage by malpractice insurance.

The minimum acceptable required training is Standard First Aid and CPR Level C (with AED). Courses must be in person or blended; courses delivered entirely online are not acceptable.

The course must be offered and taken in Canada. Acceptable providers are St. John's Ambulance and Red Cross. Any other course requires a Registrar Review and Decision (along with the associated fee) with the rationale for acceptance.

An automated reminder email will be generated weekly to every pharmacist with AMC whose CPR and First Aid is due to expire within 45 days.

It is your responsibility to complete the training and upload the new certificate on your member profile. Failure to update your First Aid and CPR before expiry will result in your AMC being cancelled. Once you have completed the training you will then need to re-apply for your AMC.

# Reference Manual *Reloaded*



The online Reference Manual has been revamped to make it more user-friendly for frontline pharmacy professionals to find information quickly and efficiently.



Click here to  
check it out!

# 2 searches

by category or  
by document



# Complaints Involving Pediatric Patients

The Complaints Committee has received an increasing number of complaints that involve pediatric patients and wishes to provide awareness to our members to ensure vigilance when reviewing prescriptions. The complaints received recently included the following:

- Medication error – Clonidine suspension prepared at a lower dose than prescribed on initial fill. Patient stopped taking the medication as it was ineffective. New prescription was presented to the pharmacy for a higher dose, which was prepared correctly. Patient-experienced sedation was falling asleep at school, and irritable. After notifying the pharmacy, staff identified that the original prescription had been prepared incorrectly.
- Medication error – two compounds for the same medication, at different concentrations, were prepared at the same time and mislabeled. Gabapentin 100mg/ml and Gabapentin 100mg/5ml were incorrectly labelled. One child received 5 mls of the 100mg/ml strength (400mg above ordered dose) and experienced sedation, low pulse, low blood pressure, and low respirations. The other child received 80mg less than they should have received and experienced unexplained pain and rigidity.
- Medication error – patient received the wrong dose of Vyvanse after a dose increase. Bottle received was labelled three months prior and noticed by the patient's mom.
- Medication error – prescriber faxed a prescription for dexamethasone for a pediatric patient. Mother questioned the dose several times as it seemed high for the patient's diagnosis. Pharmacy staff identified the prescription as a dosing error after the mother addressed staff three times with concern over the dose. Error was confirmed by the prescriber. Patient had already ingested two doses of the medication prior to error being identified.

SCPP reminds its members to ensure accuracy when filling prescriptions for all patients to prevent patient harm.

# Bylaw and Policy Updates

## Provincial CPA for Pediatric Analgesics Rescinded

The SCPP Registrar has rescinded the provincial CPA that enabled the prescribing and compounding for pediatric analgesics (acetaminophen and ibuprofen). As per Health Canada, the supply has normalized.

Once Part K Level I Prescribing is **launched**, pharmacists will have the authority to prescribe for unscheduled, Schedule II and III drugs. If another shortage occurs, pharmacists could prescribe and compound through Policy 51.

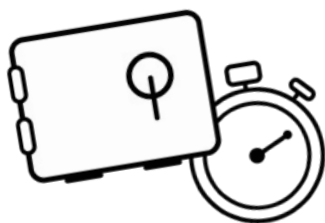
In the future, the newly-approved Part K Bylaws and existing policies will support managing these scenarios.

## Time-Delayed Safes New Policy and Signage

SCPP Council approved a new [Time-Delayed Safes Policy](#) (available in the Members-Only area) which includes the use of mandatory signage. The wording of the signage has been updated and is now available for downloading and printing. There is also a sign for those pharmacies that do not store narcotics on site. Please click the picture below to receive a downloadable PDF.

**ATTENTION**

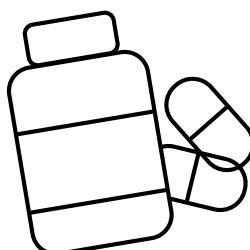
**Time-delayed  
pharmacy  
safes in use**



SASKATCHEWAN  
COLLEGE OF PHARMACY  
PROFESSIONALS

**ATTENTION**

**No narcotics  
are stored on  
site**



SASKATCHEWAN  
COLLEGE OF PHARMACY  
PROFESSIONALS

## Physician Assistants and Prescribing

College of Physicians and Surgeons bylaws as well as The Drug Schedules Regulations, 1997 have recently been updated to include Physician Assistants as prescribers. From the Regulations:

*Prescription privileges – physician assistant*

*9.5(1) Subject to the Controlled Drugs and Substances Act (Canada), the bylaws of the College of Physicians and Surgeons of the Province of Saskatchewan and any terms, conditions and restrictions of a licence issued pursuant to section 42.11 of The Medical Profession Act, 1981, a physician assistant registered and licensed pursuant to section 42.11 of The Medical Profession Act, 1981 may prescribe any drug listed in Schedule I, II or III for the purpose of treating humans.*

*(2) A physician assistant who possesses qualifications similar to those of a physician assistant mentioned in subsection (1) and who is licensed pursuant to the law of another jurisdiction in Canada providing for the granting of licences to physician assistants to practise their profession may, subject to the terms conditions and restrictions of that licence, prescribe any drug listed in Schedule I, II or III for the purpose of treating humans.*

## Document Updates as a Result of HIPA Updates

With the changes to HIPA and HIPA Regulations, SCPP has been strategically updating the relevant documents affected by the changes. Updates will occur in SCPP newsletters as they become available. Updated so far:

### [Accessing PIP and eHR Viewer](#)

This document replaces two previous documents (Policy Statement on PIP and eHR and Guidelines on PIP and eHR) and outlines the responsibilities of staff who access this information, in terms of privacy and accuracy.





## PEBC and Jurisprudence Exams Updates

SCPP identified potential areas of risk in licensing candidates with no period of validity specified on the Pharmacy Examining Board of Canada Certificate of Qualification and on the SCPP jurisprudence examination.

At the June meeting, Council approved the recommendation by the Registrations and Licensing Policies Committee of an expiration on the validity of the PEBC Certificate of Qualification for candidates who have not obtained a licence to practise in Saskatchewan or from another pharmacy regulatory authority in Canada within three (3) years of completion of the PEBCs.

In addition, Council approved the recommendation of an expiration on the validity of the SCPP jurisprudence examination for candidates who have not obtained a licence to practise in Saskatchewan within three (3) years of the successful completion of the exam.

The SCPP website and documents have been updated. To clarify:

- SCPP accepts the PEBC Qualifying Exam as a measure to demonstrate the currency of education for **three years from the latest pass date**. Certification with PEBC itself does not expire.
- A successful jurisprudence examination result **expires after three years** for those who have not obtained a licence to practise in Saskatchewan.

## New CDSA Guidance from Health Canada

Health Canada has released an updated guidance document to assist community pharmacists in complying with the *Controlled Drugs and Substances Act* and its associated regulations. The document includes information on:

- physical security measures and restricted access
- destruction procedures and records
- inventory and reconciliation
- record keeping (purchase and receiving, dispensing, returns, etc.)
- pharmacy closure or transfer of ownership
- loss and theft reporting
- notice of restriction
- section 56 class exemption

The guidance document, which was previously found on the National Association of Pharmacy Regulatory Authorities (NAPRA) website, can be found on [Health Canada's new web page](#), which also contains other resources for pharmacists on controlled substances and precursors.



## Handling and Destruction of Post Consumer Returns

Health Canada's [Guidance Document: Handling and destruction of post consumer returns containing controlled substances](#) has now been updated to include the requirement to record the method of destruction. If pharmacies have been using the previous chart, they will need to update it with this new information. ■



# Pharmacy Technicians Scope of Practice Updates

SCPP Council has agreed to the expansion of the scope of practice for Saskatchewan Pharmacy Technicians to align with the NAPRA Model Compounding Competencies for Pharmacists and Pharmacy Technicians in Canada, specifically to include developing master formulation records (MFRs) or compounded sterile preparation protocols (CStPP) and determine beyond use dates (BUDs) for non-sterile and sterile compounds.



## Technician Scope of Practice Clarification

### Does a refill of a prescription still require a clinical check by a pharmacist?

Yes. As outlined in the Standards of Practice for Saskatchewan Pharmacists, pharmacists shall consult the patient's medication profile to:

- Confirm there are no contraindications or allergies to the prescribed drug;
- Confirm there are no incompatibilities with the prescribed drug and other prescription or non-prescription drugs or foods the patient may be taking,

- Confirm there are no incompatibilities with the prescribed drug and disease states or medical conditions; and

- Determine the patient's utilization pattern.

The Standards of Practice apply to all new and refill prescriptions. This means that when a patient requests a refill on their prescription that a pharmacy technician cannot process, fill, complete a technical check and dispense that refilled prescription to the patient without any clinical check occurring by a pharmacist.



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## From the Desk of the Dean

Dr. Jane Alcorn,  
Professor and Dean,  
College of Pharmacy and Nutrition,  
University of Saskatchewan

**F**all has arrived, though it still feels like summer thanks to the exceptional temperatures we experienced in September. The 23/24 academic term began with a successful orientation week for both Pharmacy and Nutrition - a hearty welcome to the 88 PharmD and 24 Nutrition entering our programs this year!! All years have settled into their class work, while our fourth years are experiencing pharmacy or dietetics practice in real time. The college is very thankful for the dedication of our preceptors who still give their time and expertise despite the overwhelming demands that persist in the two professions.

Just recently, we celebrated the White Coat Ceremony for the first-year PharmD students to mark their transition into the clinically based PharmD program. We thank the sponsors of the White Coat Ceremony, the Pharmacy Association of Saskatchewan, and Federated Co-operatives Inc., whose generous support will help make this year's ceremony a memorable event for the students. Below are some highlights of the college from the past few months.

### Pillar of Pharmacy Award 2023: Bill Wilson

Congratulations to Bill Wilson, an alumnus of the College. Wilson is the 2023 recipient of the Canadian Foundation for Pharmacy's prestigious Pillar of Pharmacy Award. "Bill has poured his heart and soul into pharmacy, and we're so pleased to be able to thank him for all he has done," says Linda Prytula, Executive Director of CFP. [Read more.](#)



### Preceptor of the Year Award: Mike Shotter

The PharmD EL Office is happy to announce that Mike Shotter from Cypress Regional Hospital has won the Preceptor of the Year Award for 2022-23. Mike

was nominated by Nicholas Helson and Makinley Okraince (Class of 2024) for excellence in preceptorship during their PHAR 285 Introductory Hospital Pharmacy Practice Experience.

### Future of the Field Award 2023: Gen Clark

Congratulations to our very own, Gen Clark, Research Facilitator College of Pharmacy and Nutrition. She will receive the 2023 Future of the Field Award from the Society of

Research Administrators International in Seattle on Oct. 16. Gen is the only Canadian to make the list!

### SHRF Mobilize Grant: Erin Yakiwchuk

Congratulations to Erin Yakiwchuk and team on receiving a Saskatchewan Health Research Foundation (SHRF) Mobilize Grant to advance older adult care in Saskatchewan. Building a Culture of Learning and Engagement in Older Adult Care: Moving from "I Practice" to #WePractice. Knowledge mobilization activities act as a bridge between research and practice. These SHRF funded projects are ensuring that health research has meaningful impacts on the lives of Saskatchewan people.



### Dietitian Handbook third edition: Saskatchewan Health Authority (SHA)

More than 80 USask alumni in nutrition, pharmacy, nursing, and medicine contributed to the Saskatchewan Health Authority (SHA) Dietitian Handbook third edition. The first edition, published in 2005, was based on registered dietitians wanting evidence-based resources ready at the fingertips and was a common tool to be used by nutrition practicum students and clinicians.

# Pharmacy Examining Board of Canada (PEBC) Examination Dates

Below are the exam dates at time of publishing. For the most up-to-date exam schedules, please visit [www.pebc.ca](http://www.pebc.ca).

## Pharmacist Schedule of Exams

Examination Name	Examination Date	Application Deadline Date*
October-November 2023 Pharmacist Qualifying Examination	MCQ: Oct. 30 – Nov. 3, 2023	Deadline passed
	OSCE: Nov. 4, 2023	
January 2024 Pharmacist Evaluating Examination	Jan. 10, 2024	Deadline passed
May 2024 Pharmacist Qualifying Examination	MCQ: May 21 – 25, 2024	Feb. 20, 2024 12 pm ET
	OSCE: May 26, 2024	

## Pharmacy Technician Schedule of Exams

Examination Name	Examination Date	Application Deadline Date*
September 2023 Pharmacy Technician Qualifying Examination	MCQ: April 3, 2024	Nov. 23, 2023 12 pm ET
	OSPE: April 6, 2024	

\* Applications must be received by the PEBC office no later than the application deadline date.

Connect with us to get the latest news and updates from the College, helpful practice tips, key resources, important reminders, and more!

