

# SCOPE

## Newsletter

Quality Pharmacy Care in Saskatchewan



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PHARMACISTS

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### Regulation of Pharmacy Technicians in Saskatchewan Survey Results

The Saskatchewan College of Pharmacists undertook a double survey to determine the interest for pursuit of pharmacy technician regulation in the province from pharmacy managers and pharmacy assistants in direct patient care. The report of the findings of these surveys is available on the College website [www.saskpharm.ca](http://www.saskpharm.ca) under the "Pharmacy Technician" tab.

Members are encouraged to keep in mind that the pharmacy technician of tomorrow may not be the person you are working with today. A regulated pharmacy technician will have to meet the Pharmacy Examining Board of Canada (PEBC) requirements for earning the Certificate of Qualification in a similar process to what pharmacists must meet. We anticipate that only those that hold a PEBC Certificate of Qualification will be eligible for registration with the College.

From the PEBC website: "Through its comprehensive certification process, PEBC ensures that pharmacists and pharmacy technicians entering the profession have the necessary knowledge, skills and abilities to safely and effectively practise pharmacy. The rigorous certification process administered by PEBC ensures the quality of pharmacy technicians entering practice and is a vital component in the delivery of safe and effective health care to Canadians."

We have included the Executive Summary from the report here for your quick review.

#### Executive Summary

In March 2007, the Canadian Pharmacists Association launched a nationwide survey to Canadian pharmacy assistants as part of the "Moving Forward" action plan for the "Blueprint for Pharmacy". The survey was to assess the current profile of pharmacy assistants in Canada and the acceptance or resistance to potential changes to their roles, including further education to become a regulated and accountable technician. There was a clear trend of support towards these regulatory initiatives with 84% of assistant respondents being in favor of the transition.

Since its release, provincial pharmacy regulatory authorities in several provinces have surveyed the same to find similar results. The provinces of Ontario, Alberta and British Columbia have gone on to implement technician regulation locally. Manitoba, Newfoundland, Nova Scotia, New Brunswick and Prince Edward Island are moving forward by researching, recommending or developing implementation plans to regulate their technicians.

The goal of these expanded roles is to relieve pharmacists of the accountability for technical dispensary duties that currently deter them from fully actualizing their roles as clinical medication experts.

The Saskatchewan College of Pharmacists released a survey to both pharmacy assistants and managers/owners in Saskatchewan, January 2012. Saskatchewan's survey results showed 82% of the pharmacy managers/owners and 79% of the pharmacy assistants responding were in favour of pharmacy technician regulation.

As the only health care professionals that focus on medication use and optimal drug therapies, pharmacists are trained to be responsible and accountable for the management of drug therapy and have the potential to use that education for health promotion, disease prevention and chronic disease management. These and other crucial patient care roles can only be achieved with an increased reliance on a highly trained workforce of regulated pharmacy technicians to appropriately and safely dispense medications.

Currently, pharmacists' workloads are focusing too heavily on the technical tasks of dispensing, reducing available time for patient care/pharmaceutical care functions. The survey results showed that 52% of pharmacy managers/owners and 42% of pharmacy assistants felt that the current workload of pharmacists is a bit too much or much too much. Also, subsequent to the survey evaluation, additions to pharmacists' scope of practice have been introduced, e.g. the introduction of prescriptive authority and minor ailment prescribing which has added to the pharmacists' workload. With the transition from assistants to regulated pharmacy technicians there will be an opportunity for pharmacists to adhere to patient care practice requirements that may have been lacking due to pharmacists having to focus on the technical dispensing functions. Through registration and regulation by the Saskatchewan College of Pharmacists and standardization of Pharmacy Technician certification through the Pharmacy Examining Board of Canada, we can ensure public safety through the safe distribution of medications, and increased availability and utilization of pharmacists to identify and resolve patient's common medication related issues.

The survey that was released by the Saskatchewan College of Pharmacists in January 2012 was distributed to all pharmacies (proprietary pharmacies, and public

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#### SCP Council 2012-2013

**President & Division 1**  
Kim Borschowa, Radville  
**President-Elect**  
Barry Lyons, Saskatoon  
**Past President**  
Joan Bobyn  
**Division 2**  
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**Ex Officio**  
Dean David Hill, Saskatchewan College of Pharmacy and Nutrition  
**Public Members**  
Barbara DeHaan, Biggar  
Pamela Anderson, Regina  
**Student Observer**  
Amanda Stevens



**VISION**

Quality Pharmacy Care in Saskatchewan

**MISSION & ENDS**

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

**VALUES**

Visionary leadership  
Professionalism  
"Patient First" care  
Accountability  
Effective communications  
Collaboration  
Education

**The Mission includes the Ends Policies:**

- Public Safety
- Standardized Pharmacy Services
- A Self-Regulated Profession
- Positive Image and Essential Members of the Health Care Team
- Public Policy Supporting Health
- Optimum Public Use of Pharmacy Services
- Priority and Resource Allocation

**SCP Staff**

- Jeanne Eriksen**  
Assistant Registrar
- Pat Guillemin**  
Administrative Assistant
- Ray Joubert**  
Registrar
- Darlene King**  
Receptionist
- Heather Neirinck**  
Administrative Assistant
- Lori Postnikoff**  
Field Officer
- Jeannette Sandiford**  
Contract Field Officer
- Audrey Solie**  
Administrative Assistant
- Amanda Stewart**  
Administrative Assistant
- Andrea Wieler**  
Administrative Assistant

**Keep Your Information Current**

Please remember to inform the SCP office if your email address, mailing address or place of employment has changed.

It is the member's responsibility to keep their personal information current and up-to-date with the College. It is also the member's responsibility to inform the College of their current place of employment. This information helps the College in determining the electoral divisions for College election and allows the College to keep the member informed of urgent matters. These changes can be done by using your member log-in at the SCP website [www.saskpharm.ca](http://www.saskpharm.ca)

**Centennial Scholarship Fund**

The Saskatchewan College of Pharmacists Centennial Scholarship Fund Inc. (which replaced the Diamond Jubilee Scholarship Fund) provides scholarships for qualified pharmacy students at the College of Pharmacy & Nutrition at the University of Saskatchewan. Selection is based on academic achievement, leadership, financial need and aptitude in the field of Pharmacy. The Centennial Scholarship Fund Inc. is registered as a charitable foundation with the Canada Revenue Agency. For more information on how to donate, please contact the SCP office by phone at 306-584-2292 or by email at [info@saskpharm.ca](mailto:info@saskpharm.ca)

**Council Highlights**

• Council welcomed the new public member, Pamela J. Anderson of Regina. Ms. Anderson is an accomplished marketing and business professional. A University of Regina graduate, Ms. Anderson has a Bachelor of Administration degree in Marketing and Human Resources. She has worked in a number of roles including commercial account management, sales channel and alliance management, product management, corporate governance and business development and has sat on several Boards in a governance capacity. Ms. Anderson's work, volunteer experience and passion for taking the road less travelled ensure that she will be a valuable addition to Council.

• Councillor for Division 6: In accordance with the by-laws when there is a vacancy on Council for an electoral division, the remaining members of the Council may appoint as a member of the Council for the unexpired portion of the term, a practising or non-practising member who meets the qualifications specified in subsection 16(8). The office sent a request for volunteers in Division 6 and two eligible members volunteered to let their names stand.

• Utilizing the criteria of Governance Process GP-16 Governance Succession, Council reviewed the submitted resumés from both volunteers and approved the appointment of Jason Williams of Maple Creek, Saskatchewan. We congratulate and welcome Jason as he joins Council at their December meetings. We thank both volunteers for stepping forward to assist Council in their important work to realize our vision of "Quality Pharmacy Care in Saskatchewan".

• University of Regina Senate appointee: Our current U of R Senate appointee George Furneaux has completed his term on the Senate and Council had contacted SCP Past-Presidents to determine their interest in serving in this capacity. The U of R Senate is a body of provincial leaders who represent the different professions and the Deans of the Colleges (ex officio) and the administration (University President) of the University. They offer a voice from the people of the province on issues impacting the University. Council has appointed Dale Toni of Moose Jaw to sit on the U of R Senate as SCP's representative for the upcoming term.

• Council has directed the office to review our current governance model and to explore other options that are being used by non-profit organizations. At the latest CSAE conference (Canadian Society of Association Executives) many Colleges/Associations are moving to various models. As a member of CSAE, the Registrar has access to tools that will assist Council with this decision. Prior to the next Council meeting, analysis will be conducted regarding costs of change and the pros and cons of changing the current structure.

• In April, Council directed that we consult with the membership regarding bylaw amendments for waiving or amending prescribing limits. The amendments provide that the quantity and time limits be waived upon written or verbal agreement of the original prescriber.

The online consultation survey was posted on the College website and notice was sent to all members asking them to participate. Unfortunately, only four members responded to our online consultation. They were all Level 1 trained community pharmacists and have prescribed including for minor ailments. Two agreed with the proposed bylaw amendments, while the other two disagreed - no reasons were given for either decision. Council proceeded with passing the final version of the amendments for submission to the Minister of Health for approval before coming into force.

• In April, Council also directed that we consult with the membership to make prescriptive authority training a licence (practising membership) requirement. Again only four members responded to the online consultation process. While all four have prescribed for minor ailments, one member disagreed with making this training mandatory. Reasons given were that the member is sufficiently aware of his/her professional responsibilities to be able to make this decision without being compelled. The other three participants agreed with the mandatory requirement. Council proceeded with passing the final version of the amendments for submission to the Minister of Health for approval before coming in force.

• As reported in the spring issue of SCOPe, SCP has conducted two surveys regarding pharmacy technician regulation: one for pharmacy managers and one that went to pharmacy assistants currently working in the field. Results from that survey are printed on the cover page of this issue.

• At Council's direction, District Meetings have been reinstated for Fall 2012. At the time of printing, meetings have been held in Saskatoon, Prince Albert and Regina (which included a live and telehealth offering). Two online webinars were also held on October 15 (evening session) and 16 (morning session). PAS and SCP held joint regional meetings this fall which were well received by those in attendance.

PAS portion of the meeting: renewed strategic plan; discussion on upcoming provincial negotiations; public education campaign; PIP/CeRX integration; financial reports and a Q & A segment.

SCP portion of the meeting: Pharmacy Technician Regulation; mandatory trained privacy officers; Level 1 prescriptive Authority training as a licensure requirement; waiving certain prescribing limits; mandatory PIP profile access; minor ailments updates; administration of drugs by injection and ordering medical laboratory tests; SCP strategic Plan 2012-15; Inter D5 Conference and a Q&A session for SCP.

Dr. David Hill gave an update on the College of Pharmacy and Nutrition at the Saskatoon meeting.

• Council approved bylaw amendments, requiring each pharmacy to have a trained privacy officer, for submission to the Minister of Health for approval. Privacy Officer training was scheduled for Regina on October 14,

2012, and Saskatoon on October 21, 2012. The privacy officer is to be either the pharmacy manager, or a licensed pharmacist on staff in the pharmacy as designated by the pharmacy manager.

● Upon review of documentation provided by NAPRA (National Association of Pharmacy Regulatory Authorities) Council decided that until further notice and satisfactory validation, SCP will no longer accept the TOEFL-IBT (onlined based) fluency assessment as meeting the language proficiency standards for new applicants as internationally trained pharmacy graduates. This step was taken after NAPRA was informed that there had been some irregularities in some of the overseas testing stations and some test results have been voided. This does not mean that the candidates themselves had been involved in any wrongdoing, only that there were discrepancies with the administration of the tests.

● Going forward SCP will only be accepting one of the following four tests as proof of language proficiency: Michigan English Language Assessment Battery (MELAB); International English Language Testing System (IELTS); Canadian Test of English for Scholars and Trainees (CanTest) and the Test of English as a Foreign Language TOEFL CBT [computer based test] or TOEFL-PBT [paper based test].

● Council received information that Health Canada (HC) has met with the Council of Pharmacy Registrars of Canada (CPRC) to discuss proposed changes to the *Marihuana Medical Access Program (MMAP)*. HC is particularly interested in the role of the pharmacist. The following is from information SCP received from NAPRA:

- \* *The proposed improvements would reduce the risk of abuse and exploitation by criminal elements while significantly improving the way program participants' access marihuana for medical purposes. An overview of the public consultation document can be found on Health Canada's website [here](#).*
- \* *A key element of the originally proposed improvements to the Marihuana Medical Access Program would be the establishment of a new supply and distribution system that uses only licensed producers. It is also proposed that the licensed producers would be authorized to provide marijuana only to those individuals who obtain the support of a licensed physician and the sole means of distribution of marihuana would be directly from the licensed producer to its client through secure mail.*
- \* *Under the proposed redesigned program, individuals would no longer be required to apply to Health Canada to obtain an authori-*

*zation to possess marihuana for medical purposes. Nor would Health Canada continue to issue personal-use production licenses (PUPLs) or designated person production licenses (DPPLs) to individuals. These forms of production would be phased out. The only legal source of dried marihuana would be commercial producers, which would be licensed by Health Canada to produce and distribute dried marihuana by registered mail or bonded courier.*

- \* *Through a consultation process, many stakeholder and provincial and territorial health representatives recommended that Health Canada consider allowing health care practitioners other than physicians, particularly nurse practitioners, to support a patient's access to marijuana for medical purposes. Similarly, Health Canada was asked to consider authorizing the dispensing of dried marijuana by pharmacists as pharmacists have extensive knowledge and experience in dispensing therapeutic products, including those that contain controlled substances, and already have established security protocol for storing and distributing controlled substances.*
- \* *HC is proposing to include provisions in the new regulations authorization of nurse practitioners to support the use of marihuana for medical purposes and/or pharmacists to dispense dried marijuana, as long as these activities are supported by their respective provincial/territorial legislation and scope of practice.*
- \* *In such instances, a pharmacist would have to obtain dried marihuana from a licensed producer. As with other prescription drugs containing controlled substances, they could only dispense to individuals who present an original medical document demonstrating the support of an appropriate health care professional. Allowing pharmacists to dispense marihuana for medical purposes is not meant to replace the proposed mail-delivery distribution system by licensed producers directly to individuals. Rather, it is meant to provide the potential for another means by which an individual can gain access to it in provinces and territories that authorize this activity.*
- \* *It is anticipated that the entire MMAP proposal will be published in the Canada Gazette, Part I, in the fall.*

Pharmacies i.e. hospital pharmacies through the Director of Pharmacy at each regional health authority and the Cancer Agency), via fax or email. Managers were asked to pass the pharmacy assistant survey to the assistants in their employ. Whether one assistant responded on behalf of his/her co-workers or several replied as individuals we do not know. Also, the College has been compiling a list of assistants currently working in the field, who have volunteered their contact information. Those individuals were also sent the survey to complete. In total, 338 pharmacy manager/owner surveys and 558 pharmacy assistant surveys were distributed. There was some duplication in distribution to the pharmacy assistants because some assistants would have received a survey individually via email and through the pharmacy manager. However, we have no reason to believe that these assistants filled out the survey more than once. Also, the response rate may be skewed to appear lower due to pharmacy assistant receiving duplicate surveys. There were 218 assistant respondents and 87 pharmacy managers or owners that completed the survey.

We must acknowledge that it is unknown how many pharmacies the results actually represent. By this we mean that while a survey was sent to each pharmacy manager for each of the proprietary pharmacies in the province and to the head of the pharmacy department for each Regional Health Authority and the Cancer Agency, it is unknown who completed the survey. It may in fact have been submitted by individual pharmacy managers or it may have been completed by someone on behalf of a corporate entity i.e. a District Manager who may have responded on behalf of all pharmacies owned by the one proprietor.

The number would not be lower than 87 but could very well represent many more pharmacies than 87.

The report on the results of the survey are divided in to 3 sections; Section I - Pharmacy Assistant Respondents, Section II – Pharmacist (Owner, Manager, Senior Staff) Respondents and Section III – Comparison of Pharmacy Assistant and Pharmacist Respondents.

The Expanded Role		
Answers indicate those in agreement	Assistant Responses	Pharmacist Responses
Receive verbal Prescriptions from prescriber	68%	53%
Transfer Prescriptions to other pharmacies	78%	90%
Copy Rx's for authorized recipients	51%	71%
Check Rx's prepared by assistant	75%	64%
Check compounds (and calcs) prep'd by assistant	69%	59%
Check blister packs filled by assistant	75%	74%
Instruct patients on operating medical device	72%	85%
Provide non-therapeutic info on OTC medications	68%	78%

Please take the time to familiarize yourself with the contents of this report. You can view the final report in its entirety at [www.saskpharm.ca](http://www.saskpharm.ca).

## Gabapentin

The College office continues to receive calls regarding the recent addition of Gabapentin to the Prescription Review Program. Members are reminded that Gabapentin is still a Schedule F drug under *The Food and Drugs Act and Regulations* and a Schedule I drug under the Saskatchewan College of Pharmacists Administrative Bylaws (i.e. continues to be a regular prescription drug) and can be prescribed by any practitioner including an RN/NP and a pharmacist authorized to prescribe Schedule F drugs (if within their scope of practice). The same requirements regarding filling, storage and documentation apply with Gabapentin as do with all other Schedule F drugs.

The change is that Gabapentin is now being monitored by the Prescription Review Program. The Prescription Review Program is a provincial program and monitoring occurs at the College of Physicians and Surgeons of Saskatchewan (CPSS) office under the supervision of Mr. Doug Spitzig, BSP. The bylaws regarding the program can be found in the CPSS Regulatory bylaws, section 18.1 ([click here](#)).

If the patient is unable to see the physician and requires a continuation of an existing prescription, the same processes would need to be followed for Gabapentin as for other Schedule F drugs being prescribed by a pharmacist. [Click here](#) for the Saskatchewan College of Pharmacists Regulatory bylaws regarding prescriptive authority.

In regards to Interim supplies, the following information is important:

### (5) Continuing Existing Prescriptions

(a) a Licensed Pharmacist with Level I Prescribing Authority, if requested to do so by a patient, may prescribe an additional quantity of a drug previously prescribed to the patient by a Practitioner, the additional quantity not to exceed the lesser of:

(i) the quantity equivalent to the amount last dispensed to the patient by a Licensed Pharmacist; or

(ii) one hundred (100) days' supply of the drug, at the frequency and dosage level last dispensed by the Licensed Pharmacist;

(b) except as provided in paragraph (d) of subsection (10), a Licensed Pharmacist may only prescribe a drug pursuant to the authority conferred pursuant to paragraph (a) if the Licensed Pharmacist has first assessed the patient's medication history in the Pharmaceutical Information Program and is satisfied that:

(i) the patient's medication history indicates chronic and stabilized use of the relevant drug; and

(ii) the patient's remaining supply of the drug will not be sufficient for the patient to maintain the prescribed frequency and dosage levels until the date of his or her next appointment with a Practitioner

tioner

As with any medication the pharmacist must ensure that the drug is not subject to misuse, overuse of abuse by the patient prior to prescribing an interim supply.

### Questions & Answers

#### Question

Is Gabapentin a Narcotic or Controlled Drug?

#### Answer (SCP)

Neither. It is a Schedule F drug meaning that it is a regular prescription drug that due to its abuse potential has been added for monitoring under our provincial Prescription Review Program to which the PRP requirements apply. Please [click here](#) for more information on the Prescription Review Program.

#### Question

Can prescriptions for Gabapentin be transferred between pharmacies?

#### Answer (SCP)

Yes, just like any other Schedule F drug.

#### Question

Can pharmacists prescribe it under the pharmacist prescribing regulations?

#### Answer (SCP)

Yes, just like any other Schedule F drug.

## From the Desk of the Dean

**Dr. David Hill**

**College of Pharmacy and Nutrition**

*College News*

I am pleased to inform you that the College of Pharmacy and Nutrition has received a renewal of full accreditation status of its Bachelor of Science in Pharmacy program from the Canadian Council for Accreditation of Pharmacy Programs (CCAPP). The award is four years for the period July 1, 2012 to June 30, 2016. In its accreditation letter to the University, CCAPP states that the College continues to produce graduates who are well-educated, do well on the national certification examinations and are excellent practitioners. It goes on to say that the new health sciences facility is 'world class' and will offer exciting opportunities to advance research and interprofessional education. The letter acknowledges the College's excellent relationships with key stakeholders within the university, in particular with the health science deans, and with the regulatory and professional pharmacy community in Saskatchewan.

In the accompanying report to the University, CCAPP notes that the current undergraduate program is solid but is at a point where renewal is needed to ensure the program incorporates current educational methods and techniques and that students are being trained at the cutting edge of future practice standards. A pharmacy program redesign team is beginning the important work to assure a comprehensive and innovative curriculum. The College has also submitted a plan of action to CCAPP to address accreditation standards that were not met or partially met, and will provide yearly updates on progress.

Dr. Thomas Rotter joined the College on October 15, 2012 as the Research Chair in Health Quality Improvement Science. Thomas was previously on faculty in the Department of International Health, Maastricht University in the Netherlands. The chair is the first of its kind in Canada and is jointly funded by the U of S, the Saskatchewan Ministry of Health and the Health Quality Council (HQC). He will work with colleagues at the U of S, in health regions and the HQC to support development of health sciences curricula focused on HQI and interprofessional skills, and provide leadership for implementation research, which contributes to continuous, system-wide improvements in health care.

*University News*

*Promise and Potential 2012-2016*, the University's third integrated strategic plan, based on combined efforts of all colleges and administrative units, was implemented May 1, 2012.

The University of Saskatchewan welcomed a new President, Dr. Ilene Busch-Vishniac, on July 1, 2012. Dr. Busch-Vishniac joined the U of S from McMaster University where she was the provost and vice-president academic. Originally from Pennsylvania, Dr. Busch-Vishniac received her undergraduate degree from the University of Rochester and her masters and doctoral degrees in mechanical engineering from Massachusetts Institute of Technology. She has held senior academic positions at MIT, the University of Texas and Johns Hopkins University.

If you have questions or comments on the above, please get in touch with me at [david.hill@usask.ca](mailto:david.hill@usask.ca). We welcome your feedback.

## Membership Statistics 2012-2013

As of July 1, 2012 there were a total of 1526 members on the register, compared to 1513 members in July of 2011. This year's total consists of: 1335 Practising Members, 45 Non Practising Members, 55 Associate Members and 91 Retired Members.

We wish to welcome our newest members and encourage them to become more active in their profession within their communities and provincially by working with the College and other regulatory and advocacy bodies.

There were 81 graduates from the 2012 BSP class at the University of Saskatchewan. Out of the 81 graduated, 58 became registered. Of the 58 who registered, 14 registered as Practising members and 44 registered initially as Conditional Practising members. By July 1, 2012, and upon receiving proof of the graduates passing the PEBS examination, 40 of the Conditional Practising members had the conditions removed.

Between July 1, 2011 and July 1, 2012 there were 19 candidates from outside of Saskatchewan who registered (of the 19, 3 were U of S Grads). There were 6 International Pharmacy Graduates (IPG) who registered as Practising members during that time.

### Membership Renewal Summary as of July 1, 2012

	2007	2008	2009	2010	2011	2012
<b>Practising Members</b>	1185	1261	1297	1310	1317	<b>1335</b>
Community	842	928	913	975	n/a	976
Hospital	185	200	215	213	n/a	231
Out of Province	37	36	41	32	n/a	84
Other	68	76	102	80	n/a	38
Conditional Practising	53	21	26	10	n/a	6
<b>Non Practising Members</b>	61	60	57	56	52	<b>45</b>
<b>Associate Members</b>	85	75	71	69	59	<b>55</b>
<b>Retired Members</b>	66	62	60	74	85	<b>91</b>
<b>TOTAL MEMBERSHIPS</b>	<b>1397</b>	<b>1458</b>	<b>1485</b>	<b>1509</b>	<b>1513</b>	<b>1526</b>
Membership Terminations	77	67	71	66	77	<b>79</b>

\* Due to a computer system change-over the breakdown of Practising Members was not compiled in 2011

## Meeting with the Minister of Health

President Borschowa and Registrar Ray Joubert joined representatives from the Pharmacists' Association of Saskatchewan (PAS) and the Saskatchewan Branch of the Canadian Society of Hospital Pharmacists (CSHP) in a joint meeting with the Honorable Dustin Duncan, Minister of Health, on September 20, 2012. The Honorable Randy Weeks, Minister of Rural and Remote Health was unable to attend. The purpose of the meeting was to introduce the Minister to the profession and our organizations. The Minister was briefed on important developments within the profession during the past year and plans for the future. Other issues that were addressed are:

- A new provincial agreement for pharmacy services
- Prescriptive authority
- The Pharmaceutical Information Program (PIP)/CeRX Integration Project
- CSHP National Strategic Initiative Plan to 2015
- Canadian Society of Hospital Pharmacists (CSHP) National Advocacy Campaign
- 2012 and Beyond: Issues and Opportunities:
  - \* Pharmacists' Role in Primary Care
  - \* Pharmacist Services and Impact on Patients
  - \* Pharmacist Scope of Practice, Human Resources and Public Safety
  - \* Privacy and Pharmacists
  - \* Prescription Drug Misuse, Abuse and Overuse
  - \* National Issues, Council of the Federation and the Health Care Innovation Working Group Report
  - \* Continued Collaboration into the Future

The Minister was very supportive of the expanding role of pharmacists in Saskatchewan and initiatives to enhance our role in the health care system. He particularly encouraged active engagement in primary health care re-design. The overlying message left with the Minister was that pharmacists will continue to promote our role as a critical member of the health care team.



Left to right: Dawn Martin (PAS Executive Director), Ray Joubert (SCP Registrar), Kim Borschowa (SCP President) Don Kuntz (CSHP Sask), Honorable Dustin Duncan, Minister of Health, Doug Sellinger (CSHP National President) Curtis Loucks (PAS Chair)



## Pharmacists in Canada 2011 National and Jurisdictional Highlights

### CIHI's Definition of the Pharmacist Workforce in Canada

In CIHI's PDB publications, "pharmacist workforce" is defined as the total number of pharmacists holding active registration

- i. in Canada who are employed and are not considered secondary registrations; or
- ii. interprovincial duplicates.

### Source

Pharmacist Database, Canadian Institute for Health Information.

## CANADA HIGHLIGHTS

### Pharmacist Workforce, 2011

Data on the 2011 pharmacist workforce in Quebec and Nunavut was not available from the Pharmacist Database. The supply data for these two jurisdictions was taken from CIHI's Health Personnel Database (HPDB) and included in some of the analyses. Specific analyses may exclude some jurisdictions due to data quality concerns; therefore, caution should be exercised when interpreting results. All exclusions are detailed in the footnotes of the highlights.

### Supply

- The supply of registered pharmacists in Canada grew by 19.8%<sup>iii</sup> between 2006 and 2011, reaching a total of 32,132.<sup>iv</sup>
- The per-population supply of pharmacists in Canada has increased consistently since 2006. It went from 82.1 per 100,000 population in 2006 to 92.9 per 100,000 population in 2011.<sup>iv</sup> Nova Scotia (125.2) and Newfoundland and Labrador (127.1) had the highest supply of pharmacists per 100,000 population, whereas the Northwest Territories (43.7) and Yukon (88.8) had the lowest supply of pharmacists per 100,000 population in 2011.

### Demographics

- The proportion of females in the pharmacist workforce has shown an increase since 2006. More than half of pharmacists in 2011 were female (59.7%),<sup>v</sup> which was higher than the proportion in 2006 (57.2%).<sup>vi</sup>
- Gender distribution varied by province, with the highest percentage of female pharmacists located in Nova Scotia (71.4%) and the lowest percentage in the Northwest Territories (36.8%).
- The average age of pharmacists has been fairly stable since 2006. The average age of pharmacists in 2011 was 43.5,<sup>vii</sup> whereas in 2006 it was

43.3.<sup>viii</sup> In 2011, Ontario pharmacists tended to be older (average age of 44.8), while the youngest were in the Northwest Territories (average age of 39.8).

- Almost one-third (31.5%) of employed pharmacists were older than 50, whereas more than one-quarter (28.0%) were in their 30s.<sup>vii</sup>

### Education

- The majority of pharmacists had a baccalaureate degree (92.0%). The percentage of pharmacists with a baccalaureate degree has declined since 2008 (92.5%); conversely, the percentage of pharmacists with a master's degree (from 1.2% in 2008 to 1.5% in 2011) and doctor of pharmacy (PharmD) (from 2.1% in 2008 to 2.7% in 2011) has increased.<sup>ix</sup>
- Ten universities in eight provinces offered a program in pharmacy.
- Of Canadian-educated pharmacists, 27.1% of pharmacists in Canada obtained their basic education in pharmacy in Ontario, followed by 17.3% in British Columbia and 17.2% in Alberta.<sup>vii</sup>
- Of the five jurisdictions (Ontario, Manitoba, Alberta, B.C. and Yukon) whose data was included in the international graduate analysis, 27.4%<sup>x</sup> of pharmacists were educated outside of Canada. One-fifth (20.7%) of international graduates registered in Ontario, Manitoba, Alberta and B.C. obtained their basic education in pharmacy in Egypt, followed by the United States (15.7%) and India (11.3%).<sup>xi</sup>
- About five percent (4.7%) of pharmacists were classified as new graduates, having a graduation year of 2010 or 2011.<sup>v</sup> This proportion increased slightly from 4.2%<sup>xii</sup> in 2006.

### Employment

- Most pharmacists worked for a single employer (81.2%),<sup>xiii</sup> while the remainder had at least two employers. Male pharmacists (21.2%) tended to have multiple employers more often than their female counterparts (17.2%).<sup>xiii</sup>
- One-fifth (20.7%)<sup>xiii</sup> of pharmacists with multiple employers were age 40 to 49.
- The majority of pharmacists (85.2%) were employed on a permanent basis, whereas less than 10% (7.9%) were self-employed.<sup>xiv</sup>
- Findings indicated that more than three-quarters of the pharmacist workforce (75.4%) was employed in community pharmacies, followed by 18.7% employed in hospitals and other health care facilities.<sup>v</sup> A higher percentage of males (83.4%) worked in community pharmacies than females (70.1%).<sup>v</sup>
- Almost two-thirds (64.2%) of pharmacists were employed as staff pharmacists, followed by 29.8% who were employed as pharmacy owners/managers.<sup>vii</sup> A higher percentage of males (44.4%) worked as pharmacy owners/managers than females (20.0%).<sup>vii</sup>
- Almost half of the pharmacist workforce (44.6%) worked 40 or more hours per week. Conversely,

5.0% worked 14 or fewer hours per week.<sup>xiv</sup>

### Geography and Mobility

- The majority (86.4%) of the pharmacist workforce was employed in urban areas, while 12.4% was located in rural and remote areas.<sup>v</sup> The percentage of the pharmacist workforce working in urban settings decreased slightly from 2008 (84.9%)

### Saskatchewan Highlights Pharmacist Workforce, 2011

#### Supply

- The supply of pharmacists in Saskatchewan grew by 17.7%<sup>xvii</sup> between 2006 and 2011, reaching a total of 1,206 pharmacists in 2011.
- This translated to 113.4 pharmacists per 100,000 population in 2011, up from 103.3 pharmacists per 100,000 population in 2006.

#### Demographics

- Saskatchewan had a higher proportion of females than males (64.6% and 35.4%, respectively), compared with the average for all jurisdictions included in this analysis (59.7% and 40.2%, respectively).<sup>v</sup>
- Pharmacists in Saskatchewan had an average age of 43.4.

#### Education

- Saskatchewan had one university (University of Saskatchewan) that offered a pharmacy program; of the Canadian-educated pharmacists in Saskatchewan, 97.5% attained their basic education in pharmacy from this university.
- Saskatchewan had 4.6% of its workforce classified as new graduates (graduated in 2010 or 2011), which was similar to the average for all jurisdictions included in this analysis (4.7%).<sup>v</sup>

#### Employment

- More pharmacists in Saskatchewan (87.2%) worked for a single employer, compared with the average of all jurisdictions included in the analysis (81.2%).<sup>xiii</sup>
- Saskatchewan had the highest proportion of self-employed pharmacists (11.8%) of all jurisdictions included in this analysis.
- The proportion of Saskatchewan's pharmacist workforce working in hospitals and other health care facilities was 18.6%.<sup>v</sup>
- The majority of pharmacists employed in Saskatchewan (76.0%) reported working 30 or more hours per week.

#### Geography and Mobility

- The majority (69.9%) of pharmacist employers in Saskatchewan were located in urban areas, which was lower than the percentage for all jurisdictions included in this analysis (86.3%).

## Requirements for PAR and PIP and Pharmacists Prescribing

There are certain documentation requirements that must be adhered to, when pharmacists are prescribing. One of the most important is that all **prescribing** must be recorded in PIP. It has come to the attention of the Saskatchewan College of Pharmacists (SCP) that this is not always being done. Documentation is required for complete records and to inform other members of the health care team what actions you have taken and the reasoning behind your actions.

The applicable bylaw is Regulatory Bylaw 23(2) - Pharmacist Assessment and the Pharmaceutical Information Program. In order for pharmacists to comply with this part of the bylaw they must do three things:

1. Make a record of the prescription in a Pharmacist Assessment Record (PAR) including the following information:
  - (i) the date of the prescription
  - (ii) the name and address of the person for whose benefit the drug is given
  - (iii) the proper name, common name or brand name of the prescribed drug, and the quantity thereof;
  - (iv) the drug's strength, where appropriate
  - (v) the dosage
  - (vi) the amount prescribed
  - (vii) relevant patient information including any drug-related problems and action plans and explicit instructions for patient usage of the drug;
  - (viii) his name (pharmacist's)
  - (ix) **the rationale of the prescribing licensed pharmacist for the prescription.**

2. Provide the Patient Assessment Record (PAR) associated with the prescription to the patient's primary physician. The PAR needs to be provided immediately to the physician if in the pharmacist's judgment it is required for the safe care of the patient. It can be provided as soon as reasonably possible in all other cases.

3. The prescription must to be recorded in the Pharmaceutical Information Program (PIP) as soon as reasonably possible. The prescription must be entered into PIP prior to the dispensing of the prescription. The exception to recording the prescription in PIP is if the patient is not a resident of Saskatchewan.

The step by step process for prescribing in the PIP GUI is the following:

1. Access the patient PIP profile for whom you will be prescribing
2. Click the "New Rx" button or the desired pre-

scription in the "Active Prescription" area.

3. Fill in each of the fields including:

- DIN
- Indication (if available)
- Dosage Range (e.g. 1 TAB)
- Frequency – (e.g. QD, BID, etc)
- Duration

4. Once the above fields have been filled, click on "Sig Instructions" to document the rationale to prescribe (must be completed to fulfill the PAR requirements).

5. Can then "Review Rx" or "Edit Rx", to modify the prescription. If everything is correct then click "Save and Print".

6. Provided all the steps are completed as above, the prescription printed can also be used as the PAR and needs to be provided (via fax) to the practitioner as soon as is reasonably possible.

For more information and screen shots on the process, access the Members Area of the PAS website ([www.skpharmacists.ca](http://www.skpharmacists.ca)) and view the document *Level I Prescriptive Authority Services – Pharmacist Guide, March 2011, pages 33-36.*

Some of the questions that have arisen include:

**Question:**

Do I have to go into the PIP GUI to record my prescribing?

**Answer:**

Bylaw 23(2) requires that all pharmacists prescribing be recorded into PIP. Currently, with most systems, the only way to ensure all the required information is recorded in PIP is to enter your prescribing using the PIP GUI. All prescribing must be recorded using the PIP GUI where the pharmacy computer systems:

- 1) Are not integrated; or
- 2) The goal of the bylaw is not achieved (i.e. the end user does not see the same information in PIP, as if the pharmacist had gone into the PIP GUI to record their prescribing)

**Question:**

My pharmacy system is integrated do I still have to record my prescribing using the PIP GUI?

**Answer:**

Yes, if this is the only way that all the required information is recorded in PIP. The important issue is that all the same information be recorded in PIP regardless of how the information was entered. So, when other health care providers view the information in PIP it is correct and complete. If, however another procedure ensures that all the same information is recorded in PIP, then it would also be acceptable.

**Question:**

Do I have to use the PAR that is generated in PIP?

**Answer:**

There is no requirement that the PIP generated PAR be used. Another form may be created and used as the PAR, as long as all the requirements for the PAR according to the bylaw are included. Refill requests are not acceptable as the PAR due to the fact that most often not all the required information is contained on the document and it is confusing to the primary practitioner, as the pharmacist is not requesting a refill but notifying the practitioner of their prescribing. It is also not acceptable to phone or provide verbal notification to the primary practitioner of the pharmacist's prescribing.

The e-prescription that is created in the PIP GUI contains all the requirements for the PAR, so once the e-prescription is created and printed, it can be used as both the record of the prescription and the PAR. Even if another form is used as the PAR, your prescribing still needs to be recorded in PIP.

**Question:**

Do I have to complete a PAR when I am prescribing for a minor ailment?

**Answer:**

Yes, pharmacists are required to complete a Pharmacist Assessment Record (PAR) and provide it to the patient's primary practitioner for all minor ailment prescribing. The treatment algorithm and pharmacist assessment record is available within the guidelines under each minor ailment provided by Sask. Drug Information Service (SDIS). The link to the guidelines is: [SDIS](#)

**Question:**

Do I have to record in PIP any prescribing for a minor ailment?

**Answer:**

Yes, all minor ailment prescribing, like other level I prescribing must be recorded in PIP for other health care professionals to view. The exception to this is if the patient is from out of province.

Pharmacists are reminded to review their prescriptive authority training information if they are unsure of all the procedures and regulatory requirements of prescribing

If you have any questions please contact the SCP office at 584-2292 or submit your question via email at [info@saskpharm.ca](mailto:info@saskpharm.ca).

## Electronic Ordering of Controlled Substances Policy Statement



This new policy statement replaces the 1999 Interim Guidelines for the Electronic Ordering of Controlled Substances. It aims to provide guidance while providing maximum flexibility necessary to allow for the implementation of electronic ordering (e-ordering) of controlled substances by licensed dealers, pharmacists and practitioners. In time, we will update relevant regulations to reflect the content of this policy statement. (Copied from Health Canada Website)

The *Controlled Drugs and Substances Act* (CDSA) provides a legislative framework aimed at controlling access to substances that can alter mental processes and produce harm to the health of an individual and/or society when diverted or misused. The *Narcotic Control Regulations* (NCR), the *Benzodiazepines and Other Targeted Substances Regulations* (BOTSR) and Part G of the *Food and Drug Regulations* (FDR-G) are regulations made under the CDSA that govern, amongst other things, the ordering of controlled substances between licensed dealers, pharmacists, practitioners and other authorized persons.

Electronic ordering, or e-ordering, refers to the electronic transmittal and receipt of product orders. E-ordering is an established business practice, and is widely used in the controlled substances industry.

Health Canada advises that electronic ordering is acceptable provided that the digital or electronic signature generated by an electronic ordering system can be authenticated similar to one signed by hand.

Licensed dealers, pharmacists, practitioners, and other authorized persons who wish to implement e-ordering are responsible for ensuring that the system they choose to use will permit them to meet the requirements of the relevant regulations. Such systems could include the following features:

- secure transactions such that the integrity and security of the information transmitted is protected;
- limited access to the data through a series of security checks;
- authentication of persons placing orders and those supplying controlled substances so as to ensure that only licensed dealers, pharmacists, practitioners, or other authorized persons order and receive controlled substances;
- traceability of controlled substances from order to delivery so as to ensure continuity of the custodian chain;
- retention of accurate data, including the name and quantity of controlled substances ordered and supplied; and
- the ability to access data and to generate reports on demand.

Any further questions on this subject should be sent to the Director, Office of Controlled Substances, Controlled Substances and Tobacco Directorate, Health Canada at [OCS-BSC@hc-sc.gc.ca](mailto:OCS-BSC@hc-sc.gc.ca).

<http://www.hc-sc.gc.ca/hc-ps/substancontrol/pol/pol-docs/electronic-eng.php>

## Saskatchewan Health Information Resource Partnership (SHIRP)



Saskatchewan Health Information Resources Partnership (SHIRP) is an online library. It provides licensed pharmacists **free** access to electronic resources such as e-CPS, RxFiles, Medline and Stedman's Medical Dictionary.

SHIRP is available through the health regions or by applying for individual memberships through [www.shirp.ca](http://www.shirp.ca). Practicing pharmacists can also access SHIRP through the Pharmaceutical Information Program (PIP). To access and use all pharmacy related resources at SHIRP, go to [www.shirp.ca](http://www.shirp.ca). Once logged in, click on Starting Points in the left hand navigation bar. Click on Pharmacy to access all resources related to pharmacy.

### Some of the highlights from the Pharmacy Starting Points are:

**Databases:** Medline, Cochrane Library, e-Therapeutics+

**Journals:** Canadian Pharmacists Journal, Canadian Journal of Physiology and Pharmacology, American Journal of health-system Pharmacy: AJHP, British Journal of Pharmacology, Pharmaceutical executive and more

**Books:** Drugs in Pregnancy and Lactation, e-CPS, RxFiles, Trissels Stability of Compounded Formulations, Saskatchewan Formulary and more

If you would like to know more about SHIRP, have questions on creating SHIRP accounts or would like to arrange for training on SHIRP resources, please contact the SHIRP office:

**Maha Kumaran**  
SHIRP Librarian  
[maha.kumaran@usask.ca](mailto:maha.kumaran@usask.ca)  
306-966-9739

**Jackie Kiel**  
Library Assistant  
[Jaclyn.kiel@usask.ca](mailto:Jaclyn.kiel@usask.ca)  
306-966-1291



# SAFE PRACTICE ALERT

## Infection Prevention During Blood Glucose Monitoring and Insulin Administration

### Background:

- The Institute for Safe Medication Practices, Food and Drug Administration and the Centers for Disease Control and Prevention have issued alerts on the proper use of insulin pens, insulin cartridges, blood glucose meters and fingerstick testing devices <sup>(1,2,3)</sup> because of the potential risk of transmitting blood-borne pathogens through direct or indirect contact.
- Fingerstick devices (also called lancet devices and lancets) are used to pierce the skin to obtain droplets of blood for the purpose of blood glucose monitoring. Some devices are designed to be used multiple times by a single patient or can be disposable (for single use only). Lancets are inserted into the lancing device to measure blood glucose levels.
- Blood glucose meters are designed to measure blood glucose levels.
- Insulin pens are injector devices that contain a reservoir for an insulin cartridge. This device is intended to be used multiple times by a single patient, using a new needle for each injection. IN a health care setting, these devices can be used by health care personnel to safely administer insulin to patients. Backflow of blood into the insulin cartridge after injection may create a risk of blood-borne pathogen transmission if the pen is used for more than one patient, even when the needle is changed <sup>(4)</sup>.

### Best Practice Reminders:

- **Fingerstick devices (lancet devices and lancets)**
  - \* **Restrict the use of fingerstick devices to single patient use only.**
  - \* **Restrict the use of lancet devices to single patient use only.**
  - \* **Restrict the use of lancets to single use only.**
- **Blood Glucose Meters**
  - \* **When possible, restrict the use of blood glucose meters to single patient use only.**
  - \* **If the meters must be shared, the device should be cleaned and disinfected after each use, per manufacturer's instructions. If there are no cleaning instructions available, the meter should not be shared.**
  - \* **Blood glucose meters shall be clearly labeled with the patient's name or other identifying information to verify the correct meter is being used for the correct patient.**
- **Insulin pens used to administer multiple doses of insulin**
  - \* **Restrict the use of insulin pens to single patient use.**
  - \* **Insulin pens shall be clearly labeled with the patient's name or other identifying information to verify the correct pen is being used for the correct patient.**
- **Health care personnel orientation and education shall include instruction regarding the safe use of fingerstick and insulin pen devices**
- **Dispose of all used injection equipment at the point of use in an approved sharps container.**

### References:

- <sup>1</sup> ISMP Newsletter, March 27, 2008
- <sup>2</sup> Food and Drug Administration Communication, March 19, 2009
- <sup>3</sup> Centers for Disease Control and Prevention. Infection Prevention during Blood Glucose Monitoring and Insulin Administration
- <sup>4</sup> Sonoki K, Yoshinari M, Iwase M, Tashiro K, Wakisaka M, Fujishima M. Regurgitation of blood into insulin cartridges in the pen-like injectors. Diabetes Care. 2001; 24(3):603-4

Safe practice alerts are released by Saskatchewan Health in response to information received about patient safety learning opportunities. The intent of a safe alert is to provide information that improves the safety of patients in the health care setting.

Safe practice alerts are intended to support the development of best practices and to act as a basic framework for modification so that the end result is a good fit within your Regional Health Authority and Health Care Organization

# Golden Suppository Golf Classic

College of Pharmacy and Nutrition

*Our sincere thanks . . .*

The annual "Golden Suppository Golf Classic" has been an important source of support for the College of Pharmacy and Nutrition for 27 years. Proceeds from the Golf Classic support the Dean's Research Trust Fund, enriching the professional programs of the College and helping ensure our students continue to receive the highest quality educational experience.

The success of this event would not be possible without the generous support from our many sponsors, donors, friends and participants. We wish to acknowledge and express our appreciation to the companies and individuals who have contributed to the ongoing success of this annual event and to the excellence of the College of Pharmacy and Nutrition.

## Golden Suppository Golf Classic SPONSORS

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*. . . and appreciation!*

**NOVEMBER 16 (evening celebration) & NOVEMBER 17 (conference) – 2012**  
**TCU PLACE, SASKATOON**

## Let's connect on patient care

InterD4 was an unparalleled success. The conference transcended the boundaries of different health disciplines and addressed a wide range of challenges facing health professionals in collaborative care. The vast majority of delegates, comprising almost equal numbers of nurses, pharmacists and physicians, agreed that this event was a useful and enjoyable learning experience that was not only relevant but also likely to have an impact on their practice.

InterD5 will be open to any health care professional with an interest in learning about the fundamentals of interprofessional collaboration. The hands-on, workshop format that was so well received last year will, once again, be used as the learning format for InterD5.

Be sure to mark November 16 (evening) and 17 in your 2012 calendars, as the 5th annual interdisciplinary event – InterD5, will be held at TCU Place in Saskatoon.

The three host organizations: the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan College of Pharmacists and the Saskatchewan Registered Nurses' Association are once again working hard to ensure the program's ongoing success. There will be a President's Social the evening of November 16, 2012. Further details to follow.



## **14<sup>th</sup> Annual** **Practical Management of Common Medical Problems Conference**

**November 23-24, 2012**

Saskatoon, Saskatchewan  
Saskatoon Inn

Presented by:

Continuing Professional Learning, and Department of Medicine, College of Medicine, University of Saskatchewan

For more information please contact:  
(306)966-7787

[www.usask.ca/cme](http://www.usask.ca/cme)

## Saskatchewan Institute of Health Leadership (SIHL) 2012 Program

November 2012 - April 2013

Regina, SK

(Limited number of seats available)

SIHL focuses on leaders of tomorrow, “the young upstart”, as well as leaders of today. This is done by creating a leadership community that works together to promote good health and remedy illness.

The aim of the Institute is to bring together professionals from all disciplines and all levels within the healthcare system to foster leadership potential, skills and the creation of a leadership community that works together to promote, support and sustain good health.

The Saskatchewan Institute of Health Leadership supports the goals of the provincial government by:

- Building upon leadership and professional development within an interdisciplinary context.
- Ensuring a new generation of skilled healthcare workers.

This five-month program begins November 2012 and will conclude in April 2013. A five-day Institute Retreat will take place in Regina, SK from November 5-9, 2012 with SIHL Course Presenters and Facilitators. A final two-day Closing Retreat and Graduation Ceremony will take place April 25-26, 2012. For more information [click here](#).

## Congratulations

*From the Shaunavon Standard...*

Gordon Stueck was among 41 Saskatchewan residents who received the Queen Elizabeth II Diamond Jubilee Medal during a special ceremony on September 25, 2012. Lieutenant Governor Vaughn Solomon Schofield and Education Minister Russ Marchuk presented the medals at Government House in Regina. Gordon received this honour for being a pharmacist who is a leader in the development of the “primary healthcare model” locally and provincially. Stueck is a strong and active proponent of volunteer service and believes all volunteers should be recognized for their contributions to their communities.

The complete article can be read at the following link:

<http://www.theshaunavonstandard.com/news/local-news/791-stueck-receives-diamond-jubilee-medal.html>

Please join us in congratulating Gordon on this achievement!

## SCP Staff Announcements

Our receptionist Ariel Hamel has left the College effective September 28, 2012. Please join us in thanking Ariel for her friendly and dedicated service while she was with us and wish her all the best in this new phase of her life.

On September 17, 2012, Darlene King joined our staff as our new Receptionist. Darlene comes with a strong background of clerical, administrative and customer service experience. Part of this includes 6 years employment as a pharmacy assistant. She appreciates coming to an environment such as ours to continue her career now that she has returned home to Regina. Please join us in welcoming Darlene to our team.

After retiring last November, Cheryl Klein returned to our team on September 18, 2012. She has returned on a part time basis and will be assisting in our operations with special projects, accounting, communications and system development. Please join us in welcoming back Cheryl.