

SCOPE

Letter
ber 2021



SASKATCHEWAN COLLEGE OF PHARMACY PROFESSIONALS

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**Ray Joubert,
His Legacy**

SCPP COUNCIL 2021-2022

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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.

Ray Joubert, His Legacy

Ray Joubert passed away on Aug. 31, 2021, and we honor his memory.

Ray graduated from the University of Saskatchewan (U of S) in 1974 with a Bachelor of Science in Pharmacy (BSP). Ray worked at the Regina General Hospital for 18 months and the Saskatchewan Prescription Drug Plan for 16 months before he joined the staff of the Saskatchewan Pharmaceutical Association (now the Saskatchewan College of Pharmacy Professionals) in March of 1977 as Inspector/Assistant Registrar. He became the Registrar in 1985 and remained Registrar for 33 years.

Ray was involved in many initiatives within SCPP including revisions to *The Pharmacy Act, 1996* and creation of *The Pharmacy and Pharmacy Disciplines Act* which was proclaimed in 2015.

His achievements are vast, and the list below doesn't do justice to his efforts for the profession of pharmacy:

- He was instrumental in implementing the Professional Services Area in pharmacies, the Medicine Cabinet Clean-up Campaign, and, in cooperation with the physicians and dentists groups, the creation of the Triplicate Prescription Program (now the Prescription Review Program).
- Partnering with the Ministry of Health, he played key roles in the design of the plastic Health Services Card and "Taltek" Pharmaceutical Network which helped create what we know today as the Pharmaceutical Information Program (PIP).
- Ray introduced a Members Assistance Program and coordinated the development of a pharmaceutical care pilot project.
- He planned, developed, and implemented the first Sun Smart campaign, implemented the check-off program to fund alternative reimbursement programs for pharmacists, and assisted in the creation and launch of the Trial Prescription Program.
- Ray passed bylaws to restrict the sale of low-dose (exempted) codeine products and ban the sale of Talwin 50 compound.
- He implemented the Community Pharmacy Professionals Advancing Safety in Saskatchewan (COMPASS) Program.
- He implemented *The Pharmacy and Pharmacy Disciplines Act*, which created the new college name (Saskatchewan College of Pharmacy Professionals), recognized Pharmacy Technicians as a new profession, and granted authority for pharmacists to prescribe medications and administer drugs by injection and other routes.
- Ray was instrumental in the reorganization of the College and the Representative Board of Saskatchewan Pharmacists (RBSP), which is now the Pharmacy Association of Saskatchewan.



Ray's friends and colleagues remember him for his wisdom, diplomacy, his generosity of spirit and his integrity. He was a statesman and a gentleman.

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Ray received numerous awards throughout his career including:

- The Canadian Pharmacists Association Centennial Scholar Award in 1973
- The Canadian Pillar of Pharmacy award in 2007
- The Canadian Pharmaceutical Association's (CPhA) Meritorious Service Award and was chosen as one of CPhA's 100 Centennial pharmacists.
- Selection as one of the Centennial Alumni of Influence from the U of S College of Pharmacy and Nutrition.
- Selection as Honorary Life Member of the College of Pharmacists of Manitoba, Honorary Licensee of the North Dakota Board of Pharmacy, Honorary President of the National Association of Pharmacy Regulatory Authorities, and Honorary Member of SCPP.

Ray genuinely believed in advancing the profession of pharmacy and

worked tirelessly to provide pharmacists and pharmacy technicians in the province of Saskatchewan and nationally with a voice and representation in the developments of the profession.

He imparted his wisdom and knowledge of ethics and the law for many years as a lecturer at the U of S College of Pharmacy and Nutrition and served as director, chair, or member of many provincial and national pharmacy organizations. Ray lent his experience to many organizations both nationally and internationally, even becoming the first Registrar of the newly formed Saskatchewan College for Midwives.

He also became actively involved in Division V of the National Association of Boards of Pharmacy in the United States.

Ray's friends and colleagues remember him for his wisdom, diplomacy, his generosity of spirit and his integrity. He was a statesman and a gentleman.

On his 40th anniversary with the

College, SCPP received countless emails from Past Presidents of the College Council with kind words and thoughts including phrases like "wisdom and thoughtfulness," "earnest and forthright dedication," "insightful and supportive," "steadfast leader and visionary," "working collaboratively to find solutions," and "mentor."

Over all those years and with many days away from his family, Ray remained devoted to his wife Shelly who he married in 1977, their two children Mark and Michelle and their spouses Kirsten and Tyler and their eight grandchildren.

He loved his time at his cabin at Katepwa Lake boating and fishing, his dachshund puppies, his "spirits," trips to Craven to enjoy country music, ski holidays with family and friends, winter trips to Hawaii, and of course, the Riders.

We'll miss you, Ray.



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

Administrative Support

DARLENE KING
Reception and Office Operations Coordinator

Registration, Licensing, Permits

CAROLINE ZAREBA
Manager, Pharmacy Permits and Pharmacy Relations

MEAGHAN UNDERWOOD
Manager, Database and Systems – Member Relations Administrator

ROBERTA BECKER
Registration Administrator – Pharmacy and Member Relations

PELESHIA DUBIDAD

Administrator – Member Relations, Systems and Communications Support

SHAYNA MURRAY

Registration Administrator – Member Relations

MELISSA WEGER

Registration Administrator – Member Relations - Term

Field Operations, Professional Practice, 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

Complaints and Discipline

CHANTAL LAMBERT

Assistant Registrar – Complaints Director

TAMI SCHWEBIUS

Complaints Manager

JOANNE DEIBERT

Complaints Investigator - Contract

Policy and Legislation

KATHLEEN HANDFORD

Director of Policy and Legislation

DAVID CHOU

Pharmacy Policy and Practice Consultant

NATALIE REDIGER

Pharmacy Policy and Practice Consultant

KIM SAMOILA

Policy Analyst

Communications

MARLON HECTOR

Communications Coordinator

COVID-19 Updates

Acceptable Proof of Immunization

As per the recent Ministry of Health [media release](#), immunization records printed by the pharmacy from the eHR Viewer are not accepted as valid proof of vaccination.

The following are the accepted options for proof of vaccination.

- QR code/MySaskHealthRecord vaccine certificate either printed or on the patron's mobile device as a screenshot or in [SK Vax Wallet](#);

- A printed hard copy of MySaskHealthRecord vaccine certificate with or without a QR code;
- Wallet cards issued at the time of vaccinations; and
- A COVID-19 vaccination printout from Saskatchewan Health Authority (SHA) public health.

See the [media release](#) for more details.



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.



for Assessors

Point #10 in the Code of Ethics not only refers to your responsibility as a member of the profession of pharmacy in Saskatchewan to the students of Saskatchewan pharmacy programs, but to all candidates for membership in the profession of pharmacy in Saskatchewan. Your participation as a diligent preceptor is vital to safeguarding the future of this profession.

The SCPP Appraisal and Assessment Program (formerly the "Appraisal Training and Assessment Program") for internationally trained/foreign pharmacy graduates and candidates returning to practice following extended absences ensures candidates for membership have the skills, knowledge and competency to practise independently and safely as a pharmacist.

The Appraisal and Assessment Program consists of two periods of evaluation: the Appraisal process and the Assessment process. The program requires candidates to first complete a minimum of 800 hours to a maximum of 4000 hours of practice in the Appraisal process which includes an introduction to the Canadian health care system via the National Association of Pharmacy Regulatory Authorities (NAPRA) Pilot Program to Prepare for Practical Training (P4T) and an orientation to practise in Saskatchewan, as well as ensuring the candidate meets the NAPRA Professional Competencies for Canadian Pharmacists at Entry to Practice.

The Assessment Process is a secondary evaluation of the candidate that follows the successful completion of the Appraisal Process. It consists of an 80-hour (two-week) evaluation of the candidate's competency to practise. SCPP requires this secondary evaluation to ensure the candidate has undergone a thorough, independent, and unbiased assessment of their competency to practise. The Assessment process is not a training process and is strictly the evaluation of a candidate's competency and readiness to practise independently.

The Assessment process ensures there is transparency and fairness in the evaluation of candidates for membership.

The College is renewing an urgent call for pharmacist assessors for the 80-hour (two-week) assessment process portion of the program.

In order to ensure the Assessment process is fair to both the candidate and the assessor, SCPP asks that assessors have:

- Precepted a third or fourth year PharmD student (or BSP student) from the University of Saskatchewan (U of S) within the last three to five years;
- Preferably completed a preceptor training course;
- No restrictions on their licence, no open complaint investigations, and are otherwise of good moral character;
- Been practising in Canada full-time for the past three years, preferably with at least one year practising in Saskatchewan; and
- For non-pharmacy manager, the consent and support of the pharmacy manager in the assessment of a candidate on behalf of SCPP.

What assessors receive in return for their participation in the two-week Assessment process:

- Experience as an evaluator in a formal evaluation process;
- A working relationship with a potential future colleague in the profession;
- Input in the SCPP Appraisal and Assessment Program;
- An Honorarium of \$400.00.

All members who are interested in becoming assessors for the College are encouraged to contact SCPP Deputy Registrar Lori Postnikoff at lori.postnikoff@saskpharm.ca.

Be an integral part of this important program and further the development of the profession of pharmacy in Saskatchewan.

Council Highlights

September 22-23, 2021

Councillors' Environmental Scan

- Concerns prevail about low vaccination rates in the province and the amount of misinformation still circulating.
- The toll of the pandemic on pharmacy professionals, especially with the recent addition of COVID booster doses and the upcoming flu season, continues to be a challenge.
- Rural ER closures occurring across the province due to staff shortages and bigger centres are having a harder time keeping up with increased ER traffic.
- Positive feedback has been received from technicians helping with COVID immunizations.
- Many questions received from the public about when children under 12 can get vaccinated against COVID-19 as well as confusion about travel immunization requirements.
- Drug shortages have improved over the last four months.
- The PharmD program was reviewed by CCAPP, and the Doctor of Pharmacy Program at the University of Saskatchewan (U of S) was accredited for a five-year term 2021- 2026.
- The U of S now categorizes students on clinical rotations as high risk, and such students are required to be vaccinated.
- A total of 196 students took advantage of injection training offered by CPDPP in the spring. This allowed many students to contribute to COVID-19 vaccination throughout the province.
- COVID-19 continues to affect the experiential learning components of the U of S. Some sites are not able to manage the demands of both the pandemic and supervision of students and have had to decline placements.

Council Orientation

Council President Rod Amaya and Registrar Jeana Wendel introduced new Council members and provided orientation and role information, including:

- Council being responsible for providing strategic direction and oversight to the College and for making decisions that are in the best interest of the public.
- Noting that accountability is different than in a membership organization. Once elected to Council, pharmacists and pharmacy technicians are not accountable to members, but instead, to protecting the public and to the legislation and bylaws governing the College. While a Council member does have a role in bringing perspectives



from their electoral category to the Council table and in communicating Council decisions, an elected Council member does not represent the members.

"The only reason regulators exist is to serve the public interest. Some members of the public will assume that regulators protect their own. Even the profession itself, which elects the majority of their Council or Board members, sometimes get this foundational concept confused. It is prudent to constantly remind oneself of one's mission." from *Twenty Things we have Learned in Twenty Years* by Julie Maciura and Richard Steinecke (2017) published in *Grey Areas: A commentary on Legal Issues Affecting Professional Regulation*.

Registrar's Report

- **Non-Traditional Immunizers:** SCPP has submitted proposals to the Ministry of Health to request influenza vaccines be added to the Disease Control Regulations to enable non-traditional immunizers to provide vaccines this flu season.

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- **Test to Protect:** Questions continue to come in to SCPP on COVID testing. At this time, COVID rapid antigen testing is an Occupational Health and Safety (OHS) function through the [Test to Protect Program](#); however, pharmacists are able to test patients in certain situations. SCPP continues to work with stakeholders as the COVID landscape continues to evolve. Updates will be posted on the [COVID page](#), social media or the [news-feed](#) as applicable.
- **COVID Immunization Records:** SCPP has provided guidance to members about providing COVID Immunization Records.
- **Social Media Concerns:** SCPP has fielded concerns about material members have posted on their social media including anti-vaccine stances, denouncing public health orders, contributing to misinformation, promoting unproven agents, etc. SCPP has issued reminders of its Social Media Policy and Code of Ethics.
- **Flu Immunization Season:** The provincial immunization program will be launched soon. So far, 357 pharmacies have signed up for the soft launch and a total of 381 pharmacies for the 2021-2022 influenza season.
- **National Association of Pharmacy Regulatory Authorities (NAPRA) Updates:**
 - ▶ NAPRA continues work on the Culture of Professionalism. The White Paper and draft standards have been completed as well as broad consultation over the summer, with 76 per cent in favour of the new standards.
 - ▶ The Model Standards of Practice suite of documents are still being reviewed and modernized by the NAPRA working group.
- **Network of Interprofessional Regulatory Organizations (NIRO) Updates:**
 - ▶ Council-approved Template Legislation is now at the stakeholder consultation stage.
- ▶ Governance training for Councillors will occur Oct. 20.
- ▶ Working groups have been formed on creating a citizen's advisory group.
- **Health Canada Updates:**
 - ▶ The [section 56 exemption](#) has been extended from Oct. 1 to Sept. 30, 2026.
 - ▶ A [joint statement](#) and an [updated communication document](#) went out to communicate support of the exemption with two provisions:
 - Written or e-prescribing prescriptions are preferred; however, verbal prescriptions can be accepted as a last resort.
 - Limit transfers of CDSA drugs to once only within the province.
 - ▶ With further recalls of ARBs, SCPP has extended emergency therapeutic substitution provisions until Jan. 31, 2022. More information [can be found here](#).
- Pharmacies and membership numbers both show a slight increase for 2021.
- Financial numbers to end of June 2021 show that SCPP's budget is on track.

Other business

- **Therapeutic Substitution Policy:**
 - ▶ The Emergency Therapeutic Substitution policy framework and bylaws were approved in May and November 2020, respectively.
 - ▶ The bylaw was called into action in June of this year to support the recent and ongoing ARB recalls.
 - ▶ Since the approval of the policy framework, SCPP received feedback from the Ministry of Health with respect to back-to-back Therapeutic Substitution.
 - ▶ The Policy and Legislation Unit (PLU) recommended to Council, based on an environmental scan, risks and lack of ability to order laboratory tests, to not enable back-to-back therapeutic substitutions and to add a clause expressing this and amend the current Council Policy from May of 2020.
 - ▶ Council approved the amended Therapeutic Substitution policy framework to exclude back-to-back therapeutic substitution in principle, with amendments to wording to allow for clarity.

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- **Council Education:** Darrel Pink presented on Rethinking Professional Regulation which included topics:

- ▶ A Shared Context: Can we know and show that our work is effective at protecting the public?
- ▶ Right Touch Regulation: Accountability and transparency around regulatory and other decisions.
- ▶ Repairing Regulation: Getting the role of college councils right.

- **Competency Assurance Update:** Consultant Nancy Winslade presented updates on the work of the Competency Assurance Program (CAP) Task Force:

- ▶ Draft program due in November, currently under review by the Task Force.
- ▶ Confirmed goal of the revised program: to assure and support the continuous improvement in the quality of performance of pharmacy professionals.
- ▶ Confirmed focus of research by the Task Force on the quadruple aims of quality professional care and services: 1) Improving health outcomes. 2) Enhancing experience and outcomes important to patients. 3) Reducing cost. 4) Enhancing care provider experience.
- ▶ Networked with various resources: U of S; Pharmaceutical Information Program (PIP), CPSS, Dutch Physiotherapy Peer Review program, among others.

- **COMPASS Report:**

- ▶ 461 incidents were reported in Sept. 2021, with a total of 34,237 incidents reported from September 2013 – Aug. 2021 (+1326 since the last COMPASS report in June 2021).
- ▶ Top 3 types of incidents
 - Incorrect dose/frequency – 8,041(+308)
 - Incorrect quantity – 5,801 (+180)
 - Incorrect drug – 5,744 (+246)
- ▶ Outcomes of reported incidents
 - NO ERROR – 19,977 (+619)

- NO HARM – 13,247 (+652)

- HARM – 998 (+53)

- ▶ **Medication Safety Self Assessment (MSSA)**

- 394 (+6) pharmacies have completed an MSSA.
- Of the above 394 MSSAs completed, 29 pharmacies have started completing a second MSSA.
- 5 (no change) MSSAs started but not completed.
- 21 (+1) MSSAs not started.
- 68 (-15) MSSAs are due to be completed again. CQI meetings - 974 (+94)

- **Field Operations Report:**

- ▶ There have been 81 (+43) QIRs completed in 2021 so far and 135 QIRs completed in total since the start of the program.
- ▶ Some of the top issues observed are:
 - PIP Data Quality
 - ▶ Failed Transactions – Not all pharmacies are reviewing and resolving their failed transactions report daily.
 - ▶ PIP Audits – Many pharmacy managers are not aware that they are to be doing regular PIP audits. Consequently, they have not been performing the audits and ensuring that no unauthorized PIP accesses are occurring.
 - QI Plan Deficiencies: QI plans are not always developed or documented. Additionally, QI plans are not always monitored and updated at CQI meetings. Some pharmacies were not having regular CQI meetings or documenting when a CQI meeting was being held. In some instances, pharmacy staff were not aware of the recording capabilities in the CPhIR system to record the QI plan and CQI meeting discussion.
 - CDSA Related Issues:
 - ▶ Loss and Theft Forms: These forms are not always being provided to Health Canada or SCPP.
 - ▶ Regular Narcotic Counts / Narcotic Reconciliation – These counts are not always being completed regularly (at least quarterly).
 - ▶ Stocking of a prohibited drug. Exempted codeine in package sizes of greater than 50 tablets or 100mls were being ordered and stocked by the pharmacy.

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- ▶ Regular destruction: Some pharmacies are not aware of the requirements and therefore, do not have a process in place for regular destruction of these drugs.
 - Access to narcotic safe: Some pharmacies allow all pharmacy staff access to the safe including pharmacy assistants, leading to the pharmacist not having control over the narcotics.
 - Incident reporting: Pharmacies report the details of the incident well, but deficiencies were noted regarding identifying the causal/contributing factors and developing system-based solutions to deal with the incident.
 - Completion of a second MSSA: There are still a few pharmacies that have not yet completed their first MSSA. Some pharmacies are now overdue to complete a second MSSA.
 - Other:
 - ▶ Fridge temperatures are not being checked twice daily and minimum/maximum fridge temperatures are not being recorded or reset.
 - ▶ Notifications of injections are not always being sent to a patient's practitioner.
 - ▶ Obtaining consent and screening for injections (other than for COVID or flu vaccines) are not being completed prior to the injection being administered.
 - ▶ **MedSCIM Results**
 - MedSCIM assessments are being completed as part of the Quality Improvement Reviews (QIRs). See graphs for results.
 - Most of the reports include a good description of what the error was but are semi-complete (usually missing the "why" or "how" the incident occurred). With respect to the maturity, there has been some improvement with pharmacies identifying contributing factors for the incidents, as well as indicating a system-based strategy to prevent the incident from recurring.
 - There are still some pharmacies that are treating the incident as a single, isolated event, and attempts are not made to review the root cause or "why" the error occurred, what the contributing factors are, or to determine a strategy to prevent it from occurring again. It is explained to pharmacies during the QIR that identifying and documenting the "why" or "how" an incident occurred will help to determine what strategies need to be implemented to prevent the error from occurring again.
 - **NAPRA MIR and High-Risk MSSA:** Council approved the recommendation of the COMPASS Committee to adapt the new NAPRA Medication Incident Reporting (MIR) standards. The College will be updating the NAPRA MIR standards in the coming weeks and publishing them on its website. As Saskatchewan pharmacies and members have been involved in the COMPASS program for many years, there are no practice changes required to meet the standards. This was important work at the National level to set standards of practice for incident reporting across Canada.
- Council also approved the COMPASS Committee recommendation that all pharmacies complete a supplemental High-Risk Medication Safety Assessment from ISMP (Never Events). Further communication will be provided to members as the College works through the logistics. See the ISMP [Focus on Never Events in Community Pharmacies](#) publication.

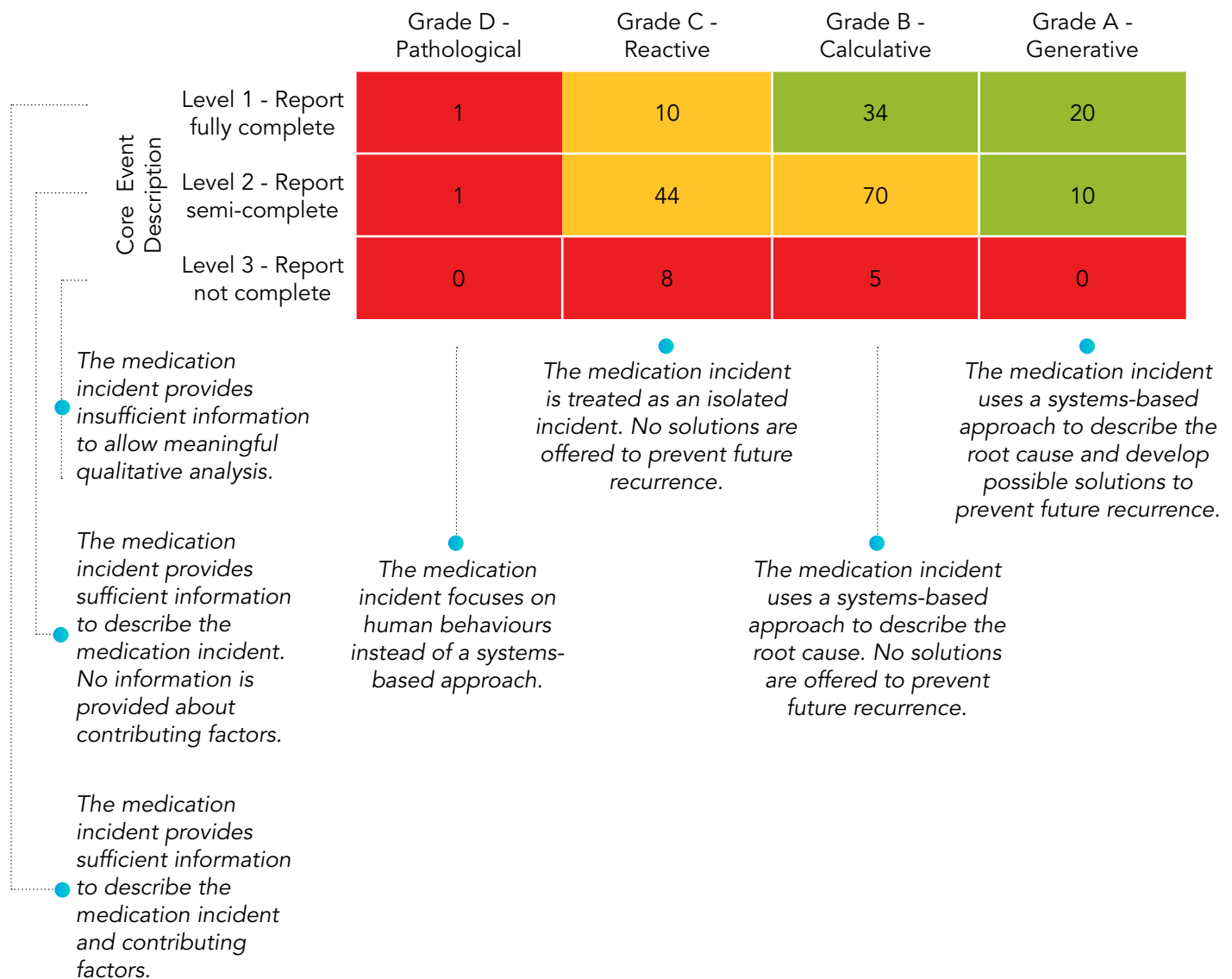
MedSCIM Results (Jun. 1 - Aug. 31, 2021) ■ 8.4 % ■ 54.5 % ■ 37.1 %

		Maturity of Medication Safety Culture			
		Grade D - Pathological	Grade C - Reactive	Grade B - Calculative	Grade A - Generative
Core Event Description	Level 1 - Report fully complete	0	17	35	47
	Level 2 - Report semi-complete	3	72	86	37
	Level 3 - Report not complete	7	7	7	3

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MedSCIM Results (Feb. 1 - May 31, 2021) ■ 7.4 % ■ 61.1 % ■ 31.5 %

Maturity of Medication Safety Culture



- **Complaints Committee:** Council appointed pharmacist Marilyn Youngmans and pharmacy technician Michaela Selinger as members of the Complaints Committee for a three-year term effective immediately. Lori Friesen and Michael Hewitt were re-appointed for another three-year term each as per the Complaints Committee Terms of Reference.
- **Minor Ailment Guidelines:** As part of SPP's phased approach to modernize Part K of the Bylaws, medSask continues their work on updating and modernizing all 27 Minor Ailments (now 26). After the June 9 and 10, 2021 Council meeting, there were four Minor Ailments pending review:
 - ▶ Insect Bites has been updated and approved – there were no changes made.
 - ▶ Tobacco and Headaches are in process.
 - ▶ Council approved the request by medSask to remove Obesity as a minor ailment in Saskatchewan. Effective Sept. 23, 2021, obesity is no longer considered a minor ailment for Saskatchewan pharmacists.
- **Part K and Mandatory Training:** The final phase of modernizing Part K of the bylaws is a review of the training requirements in subsection 3(5). CPDPP has updated and modernized Level 1 Prescriptive Authority and Minor Ailments Basic Training and Council will continue to work with CPDPP, medSask, various stakeholders and the Professional Practice Committee with respect to a fulsome review of the training requirements in subsection 3(5).

Keep Your First Aid and CPR (with AED) Current

- In order for pharmacy professionals to provide medications by injections and other routes and maintain their Advance Method Certification (AMC), certification in Standard First Aid and CPR with AED must be valid.
- For pharmacists who administer medications by injections and other routes, it's their responsibility to ensure their Standard First Aid and CPR with AED certification is up to date.
- SCPP will send reminder emails when First Aid/CPR certifications in our database is expiring within 45 days, or has expired.
- These emails are system generated and will continue to be generated on a weekly basis until the updates have been made.
- Please allow the Registration team 2-3 business days to update your profile.

Instructions

Log in

to your member portal, scroll down to **"APPLICATIONS"**

APPLICATIONS

- Advanced Method Training and Certification Application
- Certificate of Standing Request
- [Criminal Record Check \(CRC\)](#) * Before filling out your CRC form, make sure to apply for your [E-PIC at Sterling Backcheck](#)
- [Malpractice Insurance Form 1 \(Pharmacist\)](#)
- First Aid and CPR Expiration Update Form**

PHARMACIST PORTAL MENU

- Library
- Committee Homepage

Click **"Standard First Aid and CPR with AED Update Form"** and fill in all the information. Then upload both your Standard First Aid and CPR Certificate showing AED designation.

SASKATCHEWAN COLLEGE OF PHARMACY PROFESSIONALS

MEMBER HOME LOGOUT

ABOUT US PUBLIC PROTECTION REGISTRATION PHARMACY PROFESSIONAL PRACTICE COMPASS

CPR & FIRST AID UPDATE FORM

Current Information on File with SCPP

CPR Training Expiry Date 03/08/2024

First-Aid Training Expiry Date 06/07/2024

Update your information below

Updated CPR Training Expiry Date [Calendar Icon]

Upload CPR Document CHOOSE FILE BROWSE

Updated First-Aid Training Expiry Date [Calendar Icon]

Upload First Aid Document CHOOSE FILE BROWSE

Signature [Text Field]

Submitted on [Calendar Icon]

Save Cancel

CAPtivate

(Previously Competency Corner)

Nancy Winslade Heads up Competency Assurance Program Task Force

In the summer edition of SCOPE, SPCP introduced the progress on one of its current priorities – to revise its competency assurance programs.

After a competitive Request for Proposal (RFP) process, SPCP engaged Nancy Winslade to assist it with these revisions, and to lead the Competence Assurance Program (CAP) Task Force.

Dr. Winslade is a pharmacist by background, with a 30-plus year history of working in pharmacy practice and education, and with a range of health professions for both student and continuing competence assessment.

She completed a Masters in Health Professions Education at Maastricht University in Europe and her PhD jointly



with Maastricht and the Faculty of Medicine at McGill University when she returned to Canada.

For her Master's thesis, she developed a recertification process for the Canadian Forces Physician Assistants, and for her PhD she evaluated systems for combining continuing competency, continuing professional development and quality improvement for community pharmacists in Quebec.

Dr. Winslade and the Task Force have been working together for several months now. Look out for a special edition of microSCOPE in November dedicated to progress of the CAP.

Timeline to Date

- ▶ 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.
- ▶ March 2021 – Pharmacist 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.



The National Association of Pharmacy Regulatory Authorities (NAPRA) is inviting applications to fill two (2) upcoming vacancies on its National Drug Scheduling Advisory Committee (NDSAC). Please see the [recruitment notice](#) or visit their website for more information. Individuals who meet the criteria and are interested in serving on the NDSAC should submit their completed application form and résumé or CV, along with a letter of recommendation from an individual or body with knowledge of the candidate's background and expertise that does not present a real or perceived conflict of interest related to the NDS program (e.g., pharmacy regulatory authority, medical regulatory authority, university faculty, medical associations) no later than Nov. 5, 2021.

Time to renew...

REMINDER: Pharmacy Permit Renewal Pharmacy Permit Renewal Online Applications open Mid-September

Deadline for submission of the online permit renewal application, payment and all requirements is >>> **Nov. 1, 2021** <<<

You'll need to verify:

- **Pharmacy Manager Bylaws** Pharmacy managers must meet [section 11 of Part I](#) - Proprietary Pharmacies of SCPP Regulatory Bylaws.
- **Medication Safety Self-Assessment (MSSA)** If last submission was prior to Jan. 1, 2020, a new MSSA must be completed prior to Nov. 1, 2021.
- **Privacy Officer certification** If certification is expiring prior to Jan. 1, 2022, re-certification must be completed prior to Nov. 1, 2021.
- **COMPASS QI Coordinator training** If certification is not yet completed, should be completed prior to Nov. 1, 2021.
- **Directorship (not applicable to co-operatives)** Pharmacy manager must be a director and majority (over 50%) of directors must be SCPP members.
- **Permit fees** Pay the pharmacy and COMPASS [fees](#) (if applicable) as well as any outstanding fees.
- **Managers of multiple pharmacies** If you are the manager of more than one pharmacy (not including satellite pharmacies), you will need to submit a letter of appeal in the Pharmacy Permit Renewal online application form.



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PROFESSIONALS

DEADLINE
NOV. 1, 2021

Ready to go?

Renew

Notes from the Field

Narcotic Access

SCPP would like to remind pharmacy staff of the importance of secure storage of narcotics.

Because narcotics fall under federal legislation, SCPP looks to the requirements under the *Controlled Drugs and Substances Act* (CDSA) and [Narcotic Control Regulations](#) (NCR). Section 43 of The Narcotic Control Regulations states, "A pharmacist shall take all reasonable steps that are necessary to protect narcotics on his premises or under his control against loss or theft."

Health Canada has also issued a [guidance document](#), which states that "it is the pharmacist's responsibility to ensure that the methods they use to manage their controlled substance stock allows for a high level of security."

SCPP's interpretation of this legislation and guidance from Health Canada is that the pharmacist should always have narcotic medications under their direct control. As many pharmacies keep their narcotic medication in a locked safe, drawer, or cupboard, it is considered best practice if only pharmacists have access to these areas. In other words, it is the recommendation of SCPP that the keys and codes to such devices should be distributed to and kept by licensed pharmacists only.

The pharmacy manager is ultimately responsible for ensuring that all requirements for narcotics, controlled drugs, benzodiazepines, and other targeted substances are met and maintained, which includes their secure storage. As such, the pharmacy manager is responsible for any loss or theft that occurs due to lack of secure storage.

See an [applicable disciplinary case](#) where narcotic access was at issue.



Summer at SCPP



Sharon Ogbura took a long route to the University of Saskatchewan from Port-Harcourt, Nigeria. Now in her fourth year, she spent the second of her four rotations working at SCPP.

She always knew she wanted to work in the public health field.

"The decision to become a pharmacist wasn't an easy or fast one," says Sharon. "After eliminating medicine, nursing, and laboratory science from my short list, I landed on pharmacy."

Sharon's dad is a medical doctor, and she always had an interest in the medicines he had in his car or around his office; though, there was one obstacle in her way.

"I hated the fact that they smelled so bad and hoped I could do something to make them stop smelling," says Sharon. "Thankfully, medications don't smell as bad in Canada."

The long and arduous journey to accumulate the required number of practical hours for a pharmacy student starts in year one. The purpose of practical rotations each year is to gain real-world knowledge and experience, getting comfortable in the workplace before graduation.

Sharon had to compile three lists and focused on sites she thought would be immediately helpful to her at the start of her practice. One of those lists contained 30 desired direct and non-direct patient care rotation sites.

"SCPP was on this list, and I was lucky to get placed here," says Sharon. "Working at SCPP has been a unique

experience for me. Before coming to SCPP I had never been in a formal office setting and had no clue how policies are made. It's definitely an experience I would never forget."

When she first started, the sheer volume of information which SCPP deals in was intimidating and a little overwhelming. With over 120 Reference Manual documents, almost 100 web pages, and five different departments, this was unsurprising, but she quickly found the keys to the kingdom. She realized she didn't need to know everything, but she needed to know how to find everything.

"I am so much better at navigating the SCPP website and researching to answer enquiries," says Sharon. "This would have made my previous rotation at a community pharmacy more seamless."

David Chou, Pharmacy Policy and Practice Consultant with SCPP, was Sharon's preceptor in her time at the College and noted Sharon's grasp of navigating and applying pharmacy legislation and policies.

"It was great to have her share her own valuable perspectives in discussions and apply her critical and thoughtful thinking in contributing to our documents, and researching to answer enquiries," says David. "Her growth is most evident in the excellent work she's done in researching and completing challenging topics assigned to her – work that we will be keeping and using in writing policy documents in the future."

As students, and eventually members, we should be very engaged with newsletters and other communications from SCPP.

Sharon has come to understand how bylaws, standards, policies, and guidelines form the foundation for safe pharmacy practice.

"As students, and eventually members, we should be very engaged with newsletters and other communications from SCPP," says Sharon. "They contain information vital not only to a practising pharmacist but is also useful for writing the jurisprudence exams."

Next up for Sharon is a rotation at a hospital pharmacy and her endgame is to eventually own a community pharmacy in Canada.



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now open to
students and
interns. Get
up-to-the-
minute news
and alerts.
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Bylaw and Policy Updates

Bylaw Updates

Pharmacist and Pharmacy Technician Conditional Members

On April 14, 2020 the Minister of Health approved regulatory bylaw amendments to end the Conditional Practicing member category for pharmacist members. New registrations for Conditional Practicing membership were no longer accepted, effective March 25, 2020 and current Conditional Practicing members were given until July 31, 2021 to complete their entry to practice requirements, including successfully passing required PEBC exams. On July 31, 2021 all regulatory bylaws, which reference Conditional practicing membership, including in Part C: section 3, Part E.2, Part D and Part F.2 were removed.

Part L – Publicly Funded Vaccines and Minimum Age

The Minister of Health has approved regulatory bylaw amendments to revise the publicly funded vaccine administration age to current practice (ages 5 and over), to correct administrative oversights, and to ensure that licensed pharmacists with Advanced Method Certification (AMC) are authorized to administer publicly funded vaccines for all initiatives approved by the Ministry of Health, whether the vaccines are provided under a provincial immunization program or other government initiative.

In the event that Health Canada lowers the COVID-19 vaccination age to children under 12, this amendment will support vaccinations to children aged 5 years and over (where the Ministry of Health has approved the specific COVID-19 vaccination for administration by licensed pharmacists).

Policy Updates

Section 56 Exemption Extension to Sept. 30, 2026

In response to the COVID-19 pandemic, Health Canada issued a [section 56 exemption](#) for all drugs under the



[Controlled Drugs and Substances Act](#) (CDSA). The purpose of the exemption was to reduce regulatory barriers to support the continuity of care for patients. As the pandemic continues and Health Canada works toward modernizing federal regulations, they have [extended the exemption](#) until September 30, 2026.

The Saskatchewan Prescription Review Program partners – Ministry of Health, Saskatchewan College of Pharmacy Professionals, Saskatchewan Registered Nurses Association, College of Physicians and Surgeons, and the College of Dental Surgeons of Saskatchewan – have considered the long-term implications of the exemption, with a focus on patient safety and access.

These partners have agreed to accept the new exemption with provisions as outlined in a [joint statement](#). The two provisions are:

- CDSA drugs may only be transferred once within Saskatchewan. While there remains risk of diversion of medications, the Patient ID Policy alleviates some risk and permitting one transfer may benefit the patient.
- Verbal prescription orders should only be accepted after every effort has been made to receive a written or e-prescription from a provider. The rationale for accepting a verbal order must be documented by the pharmacist.

Please also see the updated [Section 56 Exemption \(Oct. 1, 2021 to Sept. 30, 2026\) Communication](#) document for detailed information on the exemption as well as an updated [Practice Changes for Community Pharmacy](#) document.



Discipline Matters

The Discipline Committee considers the primary purpose of a discipline proceeding to be the protection of the public and the pharmacy profession as a whole. The Discipline Committee is conscious of the fact that the public must have confidence in the profession's ability to regulate itself in a manner that protects the public. All Decisions and Orders of the Discipline Committee are posted on the CanLII website in their entirety.

Vanessa Hesse

On July 8, 2021 the Discipline Committee convened a hearing to hear and determine charges of professional incompetence and/or professional misconduct against pharmacy technician Vanessa Hesse. The hearing proceeded via an agreed statement of facts.

The Agreed Statement of Facts described the charges summarized below:

- While Vanessa Hesse was employed as a pharmacy technician in Regina, Saskatchewan:
 - ▶ Ms. Hesse removed a quantity of methylphenidate from the narcotics safe in the dispensary and diverted them to herself without the authority of a prescriber and without the knowledge and consent of the pharmacy manager.
 - ▶ Ms. Hesse did sell, give or transfer a quantity of methylphenidate that she diverted from the pharmacy to third parties.
 - ▶ Ms. Hesse removed a quantity of methylphenidate from two different completed patient prescriptions and diverted those narcotics to herself.
 - ▶ While Ms. Hesse was working a shift at the pharmacy, she ingested four 10 mg tablets of methylphenidate and carried on her duties while under the influence of those narcotics.

Upon reviewing and considering the evidence submitted by way of the Agreed Statement of Facts, the Discipline Committee accepted Ms. Hesse's guilty plea and found her guilty of professional misconduct and professional incompetence as defined in *The Pharmacy and Pharmacy Disciplines Act* (the "Act").

The Discipline Committee considers Ms. Hesse's conduct to have been harmful to the best interests of the public and to have fallen below the standard expected for the profession. By virtue of taking narcotics from the narcotics safe without authorization and diverting from patient prescriptions, and subsequently trafficking some of those narcotics, not only did Ms. Hesse violate her position of trust as a pharmacy technician, but also potentially placed the well-being of patients at risk by reducing their prescribed dosage.

Further, the Discipline Committee found that Ms. Hesse displayed incompetence and demonstrated a lack of judgment by ingesting four 10mg tablets of methylphenidate while on duty. By continuing to provide services while under the influence she placed the safety of members of the public at risk given Ms. Hesse's role in the preparation and distribution of pharmaceutical products.

The Discipline Committee heard the submission on penalty from Ms. Darcia Schirr, Q.C. counsel for the College. Ms. Schirr submitted that the proposed Submission as to Sanctions met the goals of specific and general deterrence, rehabilitation, and maintaining public confidence.

In consideration of the Sanctions Submissions, the Discipline Committee found that the Submissions satisfied the elements of specific and general deterrence and provided Ms. Hesse with an opportunity for rehabilitation.

The Discipline Committee issued the following Order for the professional misconduct and professional incompetence committed by Ms. Hesse:

- Ms. Hesse shall be reprimanded.
- Ms. Hesse's license shall be suspended and shall remain suspended pending satisfaction of the following conditions:
 - ▶ Successful completion of the CPEP PROBE Ethics and Boundaries course, demonstrated by an unconditional pass. Ms. Hesse shall bear all costs associated with the course.

Continued on next page ►

- ▶ Ms. Hesse shall refrain from the use of substances listed in the *Controlled Drugs and Substances Act* (CDSA), the Regulations under that Act and those listed in the Prescription Review Program of the College of Physicians and Surgeons unless prescribed by her treating physician and/or psychiatrist.
 - ▶ Ms. Hesse shall refrain from the use of any illegal or non-prescribed medications and substances, either those listed in the CDSA and the Regulations under the CDSA and the Cannabis Act.
 - ▶ Ms. Hesse shall remain under the care of an addictions counsellor, follow any and all recommendations made by the addictions counsellor and authorize the release of reports from the addictions counsellor to the Registrar.
 - ▶ Ms. Hesse shall remain under the care of a psychiatrist, follow any and all recommendations made by the psychiatrist and authorize the release of reports from the psychiatrist to the Registrar.
 - ▶ Ms. Hesse shall obtain and submit reports to the Registrar from an addictions counsellor and her psychiatrist confirming that she is fit to return as a licensed pharmacy technician and that she has been adhering to a treatment plan, the details of which will be set out in the reports. The costs of any reports shall be borne by Ms. Hesse.
 - ▶ Ms. Hesse shall provide to the Registrar three consecutive months of drug screen test results showing negative results. The drug screens must be administered by Haztech or another testing facility approved by the Registrar. The screen results will be produced within 24 hours of the Registrar's request or such other time period as the Registrar may direct. Ms. Hesse shall bear the costs of the drug screen reports.
 - Upon reinstatement, Ms. Hesse's license to practice is subject to the following conditions:
 - ▶ For a period of two years from the date of reinstatement, the Registrar may seek periodic reports from Ms. Hesse's addictions counsellor and psychiatrist regarding Ms. Hesse's compliance with her treatment regime.
 - ▶ For a period of two years from the date of reinstatement, Ms. Hesse shall provide drug screen test results as may be requested on a random basis by the Registrar.
 - ▶ For as long as Ms. Hesse holds a practicing license, she shall immediately advise the Registrar if she is the subject of any discipline sanctions taken by her employer.
 - ▶ For a period of two years from the date of reinstatement, Ms. Hesse shall be prohibited from having access to the substances listed in the CDSA, the Regulations under that Act and those listed in the Prescription Review Program of the College of Physicians and Surgeons unless her access is directly supervised by a licensed pharmacist or licensed pharmacy technician.
 - ▶ For a period of two years from the date of reinstatement, Ms. Hesse shall provide a copy of the Discipline Committee Order to the designated pharmacy manager at any pharmacy in which she is employed.
 - Ms. Hesse shall pay the costs of the investigation and hearing which costs shall be fixed in the amount of \$6,500.00.
 - The entire Decision and Order is available for review on the following CanLII link: [Vanessa Hesse \(Written Reasons\)](#)
- ### Bradley Cooper
- On June 21, 2021, the Discipline Committee convened a hearing to hear and determine charges of professional misconduct against pharmacist Bradley Cooper. The hearing proceeded via an agreed statement of facts and a joint submission on penalty.
- The agreed statement of facts described the charges summarized below:
- Between the period January 2019 and June 2019 and while Mr. Cooper was serving as the designated pharmacy manager of Pharmasave # 427 in Estevan, Saskatchewan he:
 - ▶ Charged store stock items for his own use and benefit to the credit accounts of six deceased customers;
 - ▶ Made those transactions without the knowledge, consent or authority of the owners of Pharmasave #427.
- Upon reviewing and considering the evidence submitted by way of the Agreed Statement of Facts, the Discipline Committee accepted Mr. Cooper's guilty plea and found him guilty of professional misconduct as defined in *The Pharmacy and Pharmacy Disciplines Act* (the "Act"). The Discipline Committee noted that Mr. Cooper's conduct also amounted to a breach of s. 65 of the Act, paragraphs 1, 3 and 4 of the Code of Ethics set out in Part H of the Regulatory Bylaws, and paragraph 4 of the NAPRA Model Standards of Practice for Canadian Pharmacists which require demonstration of professionalism, ethical principles, and personal and professional integrity.
- The Discipline Committee accepted the joint submission on penalty from Ms. Darcia Schirr, Q.C. counsel for the College and Mr. Matthew Schmeling, counsel for Mr. Cooper which included:
- Mr. Cooper shall be reprimanded.

Continued on next page ▶

- Mr. Cooper's licence to practise is subject to the following restrictions:
 - ▶ Mr. Cooper shall successfully complete (as demonstrated by an unconditional pass) the CPEP course entitled "PROBE Ethics and Boundaries" and provide confirmation of successful completion to the Registrar. Mr. Cooper shall bear all costs associated with that course.
 - ▶ Mr. Cooper shall be prohibited from serving as the designated pharmacy manager of a pharmacy until successful completion of the PROBE Ethics and Boundaries course.
- Mr. Cooper shall pay the costs of the investigation and hearing which costs shall be fixed in the amount of \$10,000.00.

The entire Decision and Order is available for review on the following CanLII links:

[Bradley Cooper \(Written Reasons\)](#)

[Bradley Cooper \(Order\)](#)

Andrew Dodsworth

On June 24, 2021, the Discipline Committee convened a hearing to hear and determine charges of professional incompetence and/or professional misconduct against pharmacist Andrew Dodsworth. The hearing proceeded via an agreed statement of facts and a joint submission on penalty and costs.

The agreed statement of facts described the charges summarized below:

- On or about September 11, 2019, Mr. Dodsworth diverted to himself 30 tablets of Sublinox 5 mg without the proper authority of a prescriber.
- On or about September 11, 2019, Mr. Dodsworth diverted to himself 60 tablets of Sublinox 10 mg without any authority from a prescriber.
- Further to charges 1 and 2, Mr. Dodsworth provided no explanation for these adjustments in the pharmacy reports and records other than the statement "manual adjustment."
- Mr. Dodsworth dispensed to his son Alvesco inhalation aerosol without the proper authority of a prescriber.
- On various occasions in the summer of 2019, Mr. Dodsworth left the dispensary at Family Pharmacy on 50th Avenue ("Family Pharmacy") located in Lloydminster, Saskatchewan unattended and not under the personal supervision of a licensed pharmacist or a licensed pharmacy technician.

- Further to Charge #5, Mr. Dodsworth allowed Family Pharmacy employees to have access to the dispensary when the employees were not licensed pharmacists or technicians.

Upon reviewing and considering the evidence submitted by way of the Agreed Statement of Facts, the Discipline Committee accepted Mr. Dodsworth's guilty plea and found him guilty of professional misconduct and professional incompetence as defined in *The Pharmacy and Pharmacy Disciplines Act* (the "Act").

The Discipline Committee stated that Mr. Dodsworth's incompetence and misconduct was serious and needed to be deterred and denounced.

In accepting the Joint Submission, the Discipline Committee considered that Mr. Dodsworth had no past complaint or discipline history with the College and that Mr. Dodsworth had accepted full responsibility and cooperated in the investigation and hearing process. The Discipline Committee accepted that, in addition to the significant costs award, Mr. Dodsworth has suffered damage to his reputation as result of these charges.

The penalty ordered by the Discipline Committee is as follows:

- Mr. Dodsworth shall be reprimanded.
- Mr. Dodsworth's license to practice is subject to the following condition that he shall successfully complete (as demonstrated by an unconditional pass) the CPEP course entitled "PROBE Ethics and Boundaries". Mr. Dodsworth shall bear all costs associated with that course.
- Mr. Dodsworth shall pay a fine in the amount of \$1000.00.
- Mr. Dodsworth shall pay the costs of the investigation and hearing which costs shall be fixed in the amount of \$22,130.00.

The entire Decision and Order is available for review on the following CanLII links:

[Andrew Dodsworth \(Written Reasons\)](#)

[Andrew Dodsworth \(Order\)](#)



Spotlight on PREVENTION

Patient Privacy

With a recent increase in privacy complaints, SCPP would like to remind members of the importance of maintaining patient privacy and confidentiality.

- With the ongoing COVID-19 pandemic, the required use of mask and plexiglass has added an additional challenge for pharmacy staff. Please assess how you are ensuring patient privacy and confidentiality with these added measures.
- Use available private care areas for confidential conversations to ensure privacy.
- Ensure your staff is aware of who the privacy officer is so they know who to approach with questions.
- Consider your store practices and if there are any areas where patient privacy could be better protected. One area that has been brought to the attention of the College is whether patient and physician names are required on patient printouts, specifically medication information printouts. Most, if not all, pharmacy computer systems, are equipped with the ability to de-identify these information printouts. Having the names on these documents has a higher risk of privacy breach as they may be put into another patient's prescription bag or thrown in the garbage rather than shredder.

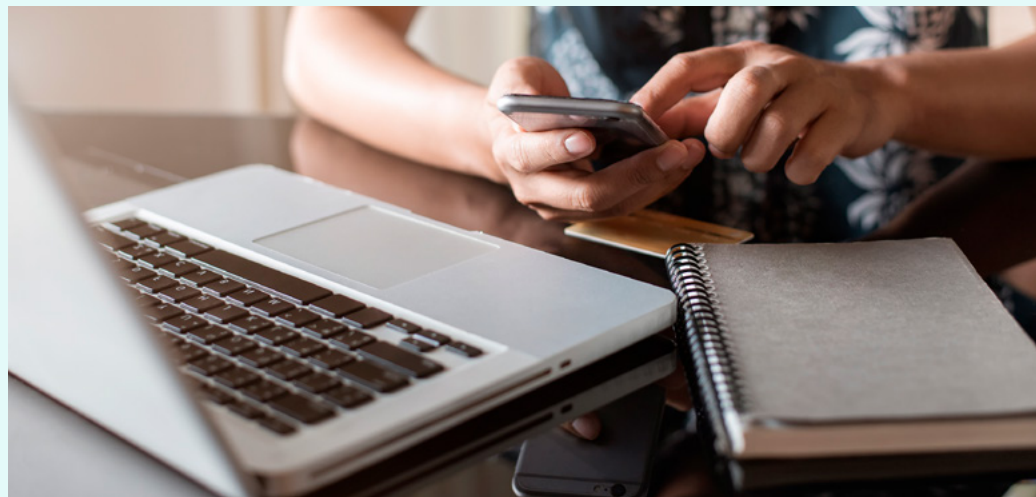
- Remind pharmacy staff regarding appropriate use of the information in the Prescription Information Program (PIP) and eHealth. The information contained in these databases are to be used on a need-to-know basis for approved health purposes. The need-to-know must be supported by the relationship to the patient and the services being provided.
- Ensure that the staff list of authorized users for PIP and eHealth is updated regularly as staff are hired or leave their employment to prevent unauthorized access.

The SCPP Reference Manual has many documents pertaining to privacy that all members are encouraged to review.

Members should also be familiar with the [Health Information Act](#) (HIPA) and the [Personal Information Protection and Electronic Documents Act](#) (PIPEDA).

- [HIPA and PIPEDA – Preparing Your Community Pharmacy](#)
- [Privacy & Disclosure – Patient Confidentiality and the Release of Confidential Records](#)
- [Privacy & Disclosure – Guidelines for Use and Disclosure of Personal Health Information for Secondary Purposes](#)
- [Privacy & Disclosure – Disclosure of Personal Health Information to Law Enforcement Authorities Guidelines for Pharmacists and Pharmacy Technicians](#)

- [Privacy & Disclosure – Disclosure of Personal Health Information to Third Parties – Position Statement](#)
- [Privacy & Disclosure – Release of Confidential Records of Minors to Parents/Guardians](#)
- [Privacy – SCPP Privacy Policies](#)
- [Privacy – Privacy Policies and Procedures Template for the Pharmacy](#)
- [Privacy Officer – Pharmacy Privacy Officer Bylaw and Interpretive Guidelines](#)
- [Privacy Officer - Suggested Position Description – Community Pharmacy Privacy Officer](#)
- [PIP – Policy Statement for Pharmacists and Pharmacy Technicians: Accessing Patient-Specific Information from the Medication Profile Viewer \(MPV\) Available Under the Pharmaceutical Information Program Policy \(PIP\)](#)
- [PIP – Guidelines for Pharmacists and Pharmacy Technicians: Accessing Patient-Specific Information from the Medication Profile View \(MPV\) Available Under the Pharmaceutical Information Program \(PIP\)](#)
- [PIP – Pharmaceutical Information Program \(PIP\) FAQs](#)
- [PIP – PIP QIP's Impact on Patient Safety and How Pharmacy Professionals Practice Pharmacy](#)
- [PIP – Joint Service and Access Policy](#)



Spotlight on PREVENTION

Navigating Social Media

SCPP seeks to ensure the integrity of the profession of pharmacy is maintained in the realm of social media.

Members are free to express their opinions, however, the forum and language chosen to express those opinions need to be considered.

We would suggest that members review SCPP's [Social Media Policy](#) as well as the [Code of Ethics](#) against their current use of social media and consider how they may be in violation of the spirit and intent of these policies.

Please consider the following:

- Are your posts/communications indirectly promoting a breach of Public Health Orders in a forum available to the public?
- Are clinical opinions and information provided based on recognized and reputable information sources (such as Health Canada), with appropriate context?
- Health professionals should refer patients to other health care providers if they do not have the proper information to provide an opinion.





Refresher – Community Pharmacy Incident Reporting (CPhIR) Website Resources

Need a refresher on Continuous Quality Improvement (CQI) or just looking for specific safety information or strategies? Then take a look at the CE & Resource tab on the Community Pharmacy Incident Reporting (CPhIR) website.

One of the many benefits of the CPhIR website aside from the incident reporting and Medication Safety Self-Assessment (MSSA) tools, is the many resources that can be found under this tab. This section includes a variety of PowerPoint presentations and videos on many different topics related to medication safety and patient safety that can be used as a refresher, training for new pharmacy staff, or just to find specific safety information.

The CPhIR newsletter and SMART Medication Safety Agenda can also be found in this section of the website.

To access the CE & Resources tab, log into CPhIR using your designated username and password (same as when entering an incident) at the [Community Pharmacy Incident Reporting Site](#).

The following are just a few of the many topics under the CE & Resources tab:

- Medication Safety 101
- CPhIR Training Guide
- Drug Interaction Pairs Associated with an Increased Likelihood of Hospitalization: A New Look at the Evidence
- Order Entry: One click away from a medication incident
- Preventable Medication Errors: Look-alike/Sound-alike Drug Names
- Drug Shortage and Patient Safety: A Multi-Incident Analysis

The information that is presented in the PowerPoint presentations and videos on this tab comes from information collected from medication incidents reported into CPhIR.

On May 19, 2018, Health Canada removed the requirement for physicians to obtain an exemption to prescribe methadone under section 56(1) of the *Controlled Drugs and Substances Act*.

Pursuant to CPSS Regulatory Bylaw 19.1(e), a physician is not required to obtain approval from the Registrar to prescribe buprenorphine in its transdermal form, nor is a physician required to obtain approval from the Registrar to prescribe methadone or buprenorphine solely for the purpose of pain control.

Alternatively, in accordance with CPSS Regulatory Bylaw 19.1(d), no physician shall prescribe methadone or buprenorphine for the treatment of addiction unless the Registrar has approved the physician to do so.

Since Jan. 5, 2018, all methadone compound claims must be submitted using a pseudoDIN based on the prescribing indication:

- 00990043: methadone for opioid use disorder (OUD)
- 00990079: methadone for pain (CPSS approval is not required)

A message from the Opioid Agonist Therapy Program

- 0908835: methadone compound (NIHB)

Pharmacists are encouraged to submit

claims using the correct pseudoDIN to ensure accuracy of PIP and avoid potential claw-back.

Please also ensure that Opioid Agonist Therapy (OAT) dispenses are transmitted to PIP on the day that the patient picks up the medication. If the patient does not access the medication, please be sure to reverse the claim as soon as possible.

PIP accuracy for OAT dispenses (both witnessed doses and carried doses) is especially critical for patient safety when patients are admitted to facilities outside of regular pharmacy hours when confirmation of dosing is particularly challenging.

For information regarding Nurse Practitioner methadone or buprenorphine prescribing, please contact the Saskatchewan Registered Nurses Association.

For a monthly updated list of CPSS-approved OAT physician prescribers, please contact the OATP at (306) 244-7355 or eatp@cps.sk.ca.

For any other questions, please feel free to contact the OATP Pharmacist Manager: nicole.bootsman@cps.sk.ca.





From the Desk of the Dean

Dr. Jane Alcorn, College of Pharmacy and Nutrition

The College of Pharmacy and Nutrition was a very different place this year as we worked with a hybrid learning model, but I've been impressed with how our students, faculty and staff have adapted. The university's Safe Return Transition Plan can be found on the COVID-19 response website. [Read more.](#)

As a response to the COVID-19 fourth wave now underway across Canada, the University of Saskatchewan (USask) expects all students, faculty, and staff to be vaccinated this fall with World Health Organization-approved COVID-19 vaccines before entering USask campuses. [Read more.](#)

Nearly 25,000 students, faculty and staff have submitted their vaccine status – 92 per cent of the total campus population for the fall term. Of those who have done so, 91 per cent are fully vaccinated and 97 per cent have received at least one vaccination dose. [Read more.](#)



Dr. Ellen Wasan

Congratulations to Dr. Ellen Wasan who has been promoted to Associate Professor with tenure, effective July 1, 2021.

Congratulations to Eat Well Saskatchewan Director Carrie Verishagen on receiving one of the 2021 University Staff Excellence Awards. [Read more.](#)

The PharmD program received full accreditation for five years (2021 – 2026) following the CCAP site visit in February 2021.

The college's faculty, staff, and students are saddened by the news that Ray Joubert (BSP '74) has passed away. Ray served as a lecturer in the college teaching pharmacy law and ethics.

The University of Saskatchewan has moved to observe the National Day for Truth and Reconciliation on September 30 annually as an official university holiday, beginning this year. This is part of an ongoing effort to make USask the diverse, equitable, and inclusive community that best embodies our values. The college plans activities for that day to provide opportunity for us to reflect on our responsibilities towards reconciliation. [Read more.](#)

Due to COVID-19 restrictions, the college is once again postponing the Pharmacy White Coat Ceremony usually held in the fall. The first- and second-year classes are tentatively scheduled to celebrate this important milestone at ceremonies on Jan. 16, 2022.

For the latest news from the college, [visit our website.](#)



Emily Zerr

Congratulations to Emily Zerr who was chosen as one of the Canadian Pharmacists Association 2021 Centennial Leadership Award winners. [Watch the video.](#)

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.

Pharmacist Schedule of Exams

Examination Name	Examination Date	Application Deadline Date*
November 2021 Pharmacist Qualifying Examination	MCQ: Nov. 8-12, 2021	Deadline passed.
	OSCE: Nov. 6, 2021	
January 2022 Pharmacist Evaluating Examination	Jan. 12, 2022	Deadline passed.
	Jan. 13, 2022	

Pharmacy Technician Schedule of Exams

Examination Name	Examination Date	Application Deadline Date*
September Pharmacy Technician Qualifying Examination	None currently scheduled	

* Dates correct at time of publishing. For the most up-to-date information, please visit the PEBC website.



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

