

SCOPE newsletter

December 2021



SASKATCHEWAN
COLLEGE OF PHARMACY
PROFESSIONALS

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SCPP Council President's Holiday Message



On behalf of the SCPP Council and office staff, we would like to wish you and your loved ones a joyous, peaceful, and bright holiday season and extend our blessings for 2022.

Hopefully, it will be a year where we can see the COVID-19 pandemic in the rear-view mirror, and we can resume living and practising in an environment closer to the pre-pandemic way of life.

The holiday season marks the halfway point in the Council's yearly cycle. Last summer, we welcomed three new Councillors elected within the new electoral framework.

I encourage you to consider getting involved in the next election cycle by putting your name forward and taking the time to cast your vote.

Nominations for Council positions for three categories opened December 8, 2021, including Hospital Pharmacist, Urban Pharmacist and Community

Pharmacy Technician. All resumes must be submitted by Feb. 23, 2022, and if required online elections will commence up until March 23, 2022. We are excited to continue the second set of elections towards implementation of the new Council structure.

Council carries on with the transformative task of developing a new and improved professional competency framework. This is a shift in how pharmacy professionals manage their lifelong learning and development.

It is a professional duty to continuously challenge ourselves to learn new skills and fine-tune old ones. Warren Buffett once said, "the best investment you can make is an investment in yourself... the more you learn, the more you can earn."

**The end of the year
is an opportunity to
reflect, celebrate and
be grateful...**

For pharmacy professionals, learning new skills can lead to better patient health outcomes and personal and professional satisfaction.

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SCPP COUNCIL 2021-2022

PRESIDENT

Rod Amaya, Saskatoon

PRESIDENT-ELECT, DIVISION 8

Amy Wiebe, Saskatoon

PAST PRESIDENT

Stephanie Scott, Weyburn

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DIVISION 2

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DIVISION 4

Shauna Nowakowski, Saskatoon

DIVISION 6

Brandon Krahn, Swift Current

HOSPITAL PHARMACY TECHNICIAN

Tracy Martens, Weyburn

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Dr. Yvonne Shevchuk, Saskatoon

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Maya Rattanavong, University of Saskatchewan

Celynn Elder, University of Saskatchewan

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.

The end of the year is an opportunity to reflect, celebrate and be grateful; a time to reflect on the successes and challenges of providing care to your patients during the pandemic, look back at the challenges that foster your resilience, relish the appreciation you received from those you served, and celebrate your successes and important milestones that happened regardless of the pandemic.

Take the time to thank your team for their commitment and your family for their support. I hope you have time

to celebrate the holidays safely with your family, make new memories, and take some personal time to relax and recharge.

Happy holidays and a happy new year from my family to yours!



Rod Amaya,
President, SCPP Council



Council Elections 2022

The success of pharmacy self-regulation is due to the contributions of the many individuals who have made a commitment to the profession by volunteering to stand for election to the College's Council.

Pharmacy professionals' skills, knowledge, and experience are vital to the mission of protecting the public interest by building excellence in pharmacy practice.

The SCPP [Nominating Committee](#) is currently accepting nominations for the following electoral categories to be elected in 2022:

- Hospital Pharmacist
- Urban Pharmacist
- Community Pharmacy Technician

More information on the electoral categories can [be found here](#). The Nominating Committee encourages everyone to apply, but is especially interested in candidates with interest or expertise in any of the following areas:

- A strong understanding of and commitment to the [SCPP mandate](#)
- Experience in development, renewal, and/or implementation of legal or regulatory frameworks
- Experience in reading financial statements and conducting financial analyses
- Health systems and government relations

For detailed information and FAQs, please see the [Council web pages](#).



Christmas Does not Come from a Store

As someone who grew up watching The Grinch repeatedly throughout the month of December, the quote "Maybe Christmas does not come from a store. Maybe Christmas perhaps means a little bit more" has always stuck with me.

Christmas can be a magical time of year for most, but not for everyone.

The Adopt-A-Family program is an initiative of Z99 radio station and The Salvation Army that matches people and/or organizations with families who need assistance at Christmas time. Adopters purchase toys for children, and groceries for families for Christmas day meals.

Supporting this program allows us to take part in the magic of giving, while allowing a family to receive some items that may otherwise be considered beyond their means.

Throughout our personal "hustle and bustle" in preparation for our Christmas day with our own families,



it's often forgotten that while we are busy making our family holiday celebrations special, that there are also many families out there unable to enjoy what we may perceive as the "Christmas basics" such as a tree, receiving a gift or two, a turkey dinner and fresh baking.

I've always believed that when you're in the position to give back and help even just one person who might be in a less fortunate situation than you, that you should. It can be remarkable to see what you can accomplish in the form of giving back when you come together as co-workers within an organization.

Over the eight Christmases that I've been involved with coordinating a family adoption amongst my co-workers, I'm overwhelmed each year with the generosity that I see as everyone comes together to try and give a family or two a special Christmas day.

Brittany Sharkey, Field Officer with SCPP

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

Immunizations for Five- to 11-year-olds

The Ministry of Health has advised that with the Health Canada approval of the Pfizer COVID-19 vaccine for children aged five- to 11-years -old, immunizations for this age group will begin shortly. See the [announcement here](#).

Vaccinations for five- to 11-year-olds will be available at a wide variety of locations including participating pharmacies, Saskatchewan Health Authority (SHA) walk-in clinics, mobile clinics, at schools, and at venues with easy community access near schools.

The Pfizer pediatric vaccine is a slightly different formulation with smaller doses of vaccine and immunizers will need to complete the [applicable SHA training online](#) to ensure they are competent to provide pediatric immunizations.

Please see the following helpful resources:

- [COVID-19 Immunizers FAQs](#)
- [CPDPP Pediatric COVID-19 Vaccine Info](#)

- [CPDPP COVID-19 Vaccine FAQs](#)
- [CPDPP Practice Resources](#)
- [CPDPP Injection Refreshers incl. Child Hold Demonstrations](#)
- [SHA Vaccine Training](#)
- [Ministry of Health Vaccine Information, Safety and After-Care Sheets](#)

Saskatchewan Expands Booster Dose Program

The Government of Saskatchewan continued with booster dose expansion.

Effective Dec. 20, 2021, all individuals 18+ will be eligible for a booster shot three months out from their second dose.

Vaccines are widely accessible through clinics and pharmacies in communities across the province. As of mid-December, the uptake of booster and third doses for all eligible residents is 38 per cent, with more than 159,649 administered. See the [full announcement here](#).



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.



Revamped and Relunched

Appraisal and Assessment Program for International Pharmacy Graduates

Building excellence in pharmacy practice means ensuring that professionals entering the pharmacy profession are fully equipped with the knowledge, skills, and abilities to practice pharmacy, and have sound knowledge of the ethical principles the Saskatchewan public has come to expect.

This extends to Saskatchewan graduates, out-of-province graduates as well as international pharmacy graduates (IPGs).

Due to COVID, SCPP's appraisal program for international pharmacy graduates had been on hold, but the Registration and Licensing Committee working group as well as the SCPP staff have been busy elves revamping the process.

Thanks to their hard work, the process, the website, and the documents supporting IPGs have all been streamlined and updated.

"It will be a great resource for our IPG candidates and the entire program I think will be more successful," says Jeana Wendel, SCPP Registrar. "Candidates who are practice-ready will enter the program and move through much faster."

The updates include:

- A [new web page](#) and [flow charts](#) mapping out all the steps IPGs need to take to be licensed in Saskatchewan.
- New and improved documents for [appraisal responsibilities](#), [assessment responsibilities](#), a helpful [FAQ document](#), and the forms required.

"This really supports SCPP's values of transparency and continuous improvement," says Wendel. "I am thankful and proud of the efforts of the working group and staff."

Hannah Comes to Terms with Policy and Collaboration

Hannah Grodecki, final-year pharmacy student, spent the second of four practical rotations at SCPP in the fall of 2021. She was born and raised in Melville, where she lived all her life, other than to venture out to Saskatoon and Regina for her studies.

We asked Hannah for her thoughts on her time at SCPP.

What first made you decide to become a pharmacist?

I first decided I wanted to become a pharmacist in high school! I really enjoyed both chemistry and biology. I was also interested in health care. This interest made me consider many different areas within health care like medicine, nursing, physiotherapy, or nutrition, but I eventually landed on pharmacy, and felt like it would be a good fit for me.

I ended up doing more research into pharmacy, including talking to a pharmacist which solidified my decision even further.

What made you choose SCPP for your experiential learning placement??

We rank places we would like to experience, and the University matches us. I included SCPP in my ranking because I didn't know that much about it. I thought it would be an interesting experience to see pharmacy from the regulatory perspective. The regulatory perspective is something I have never had an opportunity to see firsthand before, so I wanted to be able to see that side and gain new experiences that will help me in my future as a pharmacist. I don't think many pharmacy students have the opportunity to experience pharmacy from the regulatory side like this, so I am grateful I have been able to.

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Describe your path to SCPP and beyond.

My first internship of my fourth year was in a community pharmacy in my hometown. I spent eight weeks at Royal Drug Mart learning about community pharmacy practice and applying the skills that I have learned throughout school so far. Being able to practise the skills that I have been taught in the classroom has provided me with the most effective learning. My internship at SCPP is my second of four placements. Next, I will complete my hospital internship in Regina. My final internship will be in Yorkton hospital.

How would you describe your experience working at SCPP?

SCPP has been a great experience. I learned so much during my internship here. I have been able to see behind the scenes of what the rest of the pharmacy world sees. I have learned so much about regulatory work and the roles different groups play within the world of pharmacy and health care.

I have been able to experience various settings, including sitting in on a council meeting, quality improvement reviews (QIRs), and other meetings with different groups and committees. These gave me great insight into how these different groups work together to come up with solutions to different issues going on within pharmacy practice. I appreciate how much collaboration goes into the decisions to ensure the best outcome.

How does Hannah on week one of starting at the College compared to Hannah at the end?

When I started at SCPP, I was like a deer in the headlights. I didn't know what to expect and I definitely didn't understand the amount of work and time it takes to create or revise documents and policies. Week-eight Hannah is much more knowledgeable when it comes to writing policy. I have been able to work with some really great and knowledgeable people who have helped me learn the process of policy writing and revision.

I am a much better communicator as well. I have been fortunate enough to sit in on many meetings with Jeana (Wendel, SCPP Registrar) and being a part of those meetings has given me the opportunity to observe interprofessional communication.

What is your biggest takeaway?

There are so many fine details that go into regulatory work. I have learned that wording is SO IMPORTANT. There are fine details in policies that are important to pay attention to. Changing one word to another with a slightly different meaning may not seem like a big difference, but it can change things a lot. The documents are written in a very specific way so they cannot be misinterpreted.

I also learned that changes do not happen overnight. There is a long process to have changes made to documents that takes time. The goal is to create documents that are the best they can be, and this can be a lengthy process.

Another big takeaway that I have had has been the importance of collaboration. Each project has many different people working on it or reviewing it to ensure it is the best it can be. This allows for new sets of eyes to pick up on things that might be missed, or new perspectives being brought forward that will improve the document or project being completed.

What do you wish would have been different?

Obviously COVID limited in-person interaction significantly. I was still able to meet or work with most people in the office. Our virtual coffee breaks and Monday morning meeting were a great way to get to know the staff, though I am disappointed that some people don't like pecan pie...

What do you wish other students knew about SCPP?

I wish other students knew how much work goes into creating the documents that are used in day-to-day practice. There is so much work constantly being done behind the scenes here that I didn't realize. Documents are being updated and revised all the time to ensure the best and safest pharmacy practice here in Saskatchewan.

I am so grateful for the opportunities that I have had here. It is an awesome group of people working here and I have been very lucky to be able to experience SCPP.



Council Highlights

December 2-3, 2021

Councillors' Reports

- COVID-related challenges to pharmacy operations remain, in addition to rapidly changing information on immunizations for new groups (e.g., five- to 11-year-olds).
- Public demand for vaccinations has remained steady since spring, and pharmacies are seeing an increase in calls about the pediatric COVID vaccine as well as booster doses.
- Checking patient identification before administering COVID-19 vaccinations has been implemented, generally successfully, however some patients continue to come to the pharmacy without ID. Pharmacists are encouraged to determine the patient's identity using another resource, such as confirming prescription history through PIP if the patient does not have identification.
- Challenges continue in recruiting pharmacists to rural and urban areas.
- The University of Saskatchewan (U of S) winter term, beginning in January, will be delivered face-to-face and all students must be vaccinated to attend or put their courses on hold.
- U of S ranked fifth out of five universities for The Pharmacy Examining Board of Canada (PEBC) examinations pass rate of 78.8 per cent.
- Pharmacies are seeing challenges with finding competent assistants and are hoping Saskatchewan Polytechnic will be able to create a formal training program.
- There have been requests from Indigenous groups and communities for cultural sensitivity training for pharmacy professionals.



- ▶ SCPP continues to monitor the progression of the new oral antivirals as they seek Health Canada's approval and how they may be managed within the province.
- ▶ Social media continues to be a concern. The public, members and other health care professionals have contacted SCPP with concerns and complaints. The Network of Interdisciplinary Regulatory Organizations (NIRO) has shared concerns regarding increasing complaints with respect to inappropriate social media posts.
- ▶ COVID related incidents included 5658 patients affected by missing or incorrect LOT numbers; SCPP receives weekly reports and LOT number reporting has improved however there are still concerns; the vaccination of 20 underage individuals; the loss of 10 doses of vaccine due to storage beyond use date; 3 concerns of adverse events (landmarking, etc.); and incorrect doses and drugs being given.

Registrar's Report

The Registrar provided Council with an external environmental scan which included:

- Information on COVID-19
 - ▶ The Disease Control Regulations were amended to extend non-traditional immunizers until March 31, 2022, and to allow those immunizers to provide influenza immunizations.
 - ▶ The number of pharmacies offering COVID immunization has decreased and less than half of permitted pharmacies are offering pediatric immunizations.

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- External Environmental Updates
 - ▶ The Ministry of Health has approved amendments to [The Housing and Special-Care Homes Amendment Regulations](#), 2021.
 - ▶ The National Association of Regulatory Authorities (NAPRA) continues to work on the Principles of Professionalism as a guiding document for the profession; has completed an update to the Model Standards of Practice for pharmacists and pharmacy technicians; has met with Health Canada to discuss the new section 56 exemption to the *Controlled Drugs and Substances Act* (CDSA); and continues to work with the provinces on a Cross Jurisdictional Framework.
 - ▶ SCPP continues to monitor concerns of pharmacist shortages in the USA, Canada and Saskatchewan.
 - ▶ SCPP has increased monitoring of CDSA drugs during SCPP Quality Improvement Reviews (QIRs) after US pharmacies were found guilty of contributing to opioid deaths.
 - ▶ SCPP has received several formal complaints about the use of the abbreviated title Dr. and has confirmed this title is protected under *The Medical Professionals Act*. The College will be providing formal communication to members.
- Council approved three documents which were updated and modernized to support Part M of the bylaws:
 - ▶ Laboratory Tests and Medical Devices - Accessing, Ordering, Performing, Using or Interpreting
 - ▶ Performing Tests for Drug Therapy Management
 - ▶ Sale and Distribution of Medical Testing Devices and Other Diagnostic Products
- Council approved an updated Code of Ethics, modernized to reflect more inclusive language.
- Annual Safety Assessment Questionnaire (SAQ)
 - ▶ Assistant Registrar Jeannette Sandiford presented the results of the second SAQ, conducted in the spring of 2021. The SAQ is a validated instrument that explores the safety culture with work environments, and along with MedSCIM data, is a key measuring tool in the College's strategic plan.

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Year-end Strategic Plan Progress Report

The College continues to make progress on its five-year strategic plan and has met many milestones and deliverables during 2020 and 2021, despite the pandemic. The College also delivered many significant projects and work that, while not on the strategic plan, still required prioritization of office resources and completion throughout 2021. This is over and above the work that occurred over the last two years with respect to COVID and supporting the needs of the public through regulation.

Other Business

- Council considered recommendations from the Nominating Committee to use competencies, attributes, skills and experience (CASE) matrices, questionnaires, and rubrics for appointment to the Complaints and Discipline Committees, which are committees of Council.
- College staff, the Registration and Licensing Policies Committee, and the Appraisal and Assessment Program Working Group have completed a significant project in relaunching the [Appraisal Assessment Program](#) for International Pharmacy Graduates (IPGs). Over the last two years, this program has been systematically refreshed, modernized, and improved. [See the article](#) in this edition of SCOPe for more details.





- ▶ The SAQ covers six domains: Teamwork; Safety Culture; Job Satisfaction; Stress Recognition; Perception of Management; and Working Conditions.
- ▶ A total of 340 responses were gathered with a response rate increase of seven percentage points from 2019.
- ▶ Continuing the trend from 2018, the results of the SAQ demonstrates that all respondents, regardless of pharmacy type or years of work experience, agree that pharmacy management supports their daily efforts and does not knowingly compromise patient safety.
- ▶ Some challenges re-identified by the SAQ are perception of pharmacy morale, which tends to differ amongst respondents from different types of pharmacies.
- ▶ In addition, although respondents trust management and believe that patient safety is never knowingly or purposely compromised, there is a need for management to address staffing levels to be better aligned with the workload and to ensure training and supervision of new pharmacy personnel.

- ▶ New or recent pharmacy graduates feel their input could be better received, especially in terms of patient care, and may benefit from a comprehensive pharmacy orientation/team-building program. SCPP's [Orientation to Practice Guide](#) could also be better utilized.
- ▶ Overall, the average scores for almost all domains improved from 2018, except Stress Recognition.
- ▶ COVID may have accelerated the optimization of staff scheduling resulting in successful teamwork outcomes but may have also dampened the ability of pharmacy professionals to recognize stressors that could compromise staff wellness and patient safety.
- ▶ The full report can be found [here](#)
- Competency Assurance Update
 - ▶ Consultant Nancy Winslade provided an update to the work of the Competency Assurance Task Force.
 - ▶ [See CAPtivate](#) in this edition of SCOPe for more details.
- Council continues to discuss inducements and encourages members to provide written examples of patient harm to the College.
- Council received a preliminary compliance plan from the College's Compounding Inspector. A reminder to members that the deadline for compliance with the NAPRA Compounding Standards is approaching, Aug. 31, 2022. A survey will be sent to members early in 2022 to gauge overall readiness.

COMPASS Report

The COMPASS Continuous Quality Improvement Program (CQI) has been operational for almost three years. The COMPASS Report to Council included information on the type and number of incidents reported with comparative statistics of prescriptions filled to incidents reported. Incidents reported have been as low as 18.4/100,000 in October 2020 and as high as 37/100,000 in March 2021. Pharmacies reported an average of four incidents per month. A checklist has been developed to assist CQI coordinators.

Field Operations Report

Field Operations continue to complete both virtual and on-site Quality Improvement Reviews (QIRs) with pharmacy managers. The top safety issues identified are:

- CQI plan deficiencies – lack of developed or documented plans, and lack of monitoring and updating QI plans.

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- Controlled Drugs and Substances Act (CDSA) issues – pharmacy professionals are not performing regular counts, not completing destruction, not completing loss/ theft reporting forms, and are stocking low-dose codeine products in package sizes greater than 50 solid dosage units or 100 mls, in contravention of the bylaws.
- Incident reporting is not always including the causal or contributing factors or a system-based solution for the incident.
- Pharmaceutical Information Program (PIP) Data Quality – failed transaction reports are not being reviewed or resolved daily, and regular PIP audits are not being completed to ensure no unauthorized PIP access occurs.
- Prescribing – Pharmacist Assessment Records (PARs) are missing information and Minor Ailment prescribing follow up is not being documented.
- Fridge temperatures are not appropriately monitored to ensure vaccines and medications are being stored appropriately.

MedSCIM Results

Medication Safety Cultural Indicator Matrix (MedSCIM) results have improved in terms of completeness and maturity (e.g., moving from blame and shame to reviewing how the error occurred and adopting system improvements to prevent re-occurrence).

MedSCIM assessments are being completed as part of the Field Operations Quality Improvement Reviews (QIRs). Below are the results from the QIRs completed from Sept. 1, 2021 to Oct. 31, 2021. The MedSCIM assessments involve looking at the narratives of medication incidents reported and assessing the report for completeness and maturity. As a comparison, the MedSCIM results are also

provided for June 1, 2021 to Aug. 31, 2021. However, a direct comparison cannot be made between these two results as different pharmacies are being assessed during each time-frame.

The information above indicates that the majority of reports, for both time-frames, continue to fall into the yellow zone- 56.8% for Sept. 1 – Oct. 31, 2021, and 54.5% for June 1 – Aug. 31, 2021, which means that reports are predominantly semi-complete, with the maturity either reactive or calculative. The % of reports that are falling into the green zone, is virtually unchanged with 37.5% for Sept. 1 - Oct. 31, 2021 and 37.1% for June 1 – Aug. 31, 2021. However, there has been a decrease in reports that are falling into the red zone, with 5.7% for Sept. 1 – Oct. 31, 2021 vs 8.4% for June 1, 2020 – Aug. 31, 2021.

From a practical standpoint, 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.

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MedSCIM Results (Sept. 1 – Oct. 31, 2021) ■ 5.7 % ■ 56.8 % ■ 37.5 %

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	1	27	49	34
	Level 2 - Report semi-complete	0	91	53	30
	Level 3 - Report not complete	0	13	2	1

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MedSCIM Results (June 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

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

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

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

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

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

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

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



Complaints Committee Report

The College has received 67 formal complaints as of mid-December 2021, which is an unprecedented amount. This number does not include other calls of concern and issues relating to errors with COVID immunizations, which have also increased in volume in 2021.

In February of 2021 the Committee began to meet every two months to assist with the volume of complaints and enable complaints to be reviewed and resolved in a timelier manner.

While a formal complaint file resulting in an ADR may be closed, the ADR continues to be monitored by the College. The College is currently monitoring 13 ADRs with 2 pending completion.

The majority of complaints dealt with issues of bylaws/standards/guidelines/ethical infractions or communication/unprofessional behavior.



Year	Potential Complaints	Complaints	Section 33 Suspensions
November 2021	245	67	1
November 2020	75	49	4
November 2019	40	37	3

Reminder ► Compounding Compliance Deadline

SCPP bylaws and policies require all pharmacies to provide a minimum of Level A compounding to the public and pharmacy managers must therefore prepare their pharmacies accordingly.

SCPP Council extended the deadline for compliance with the NAPRA Model Standards for Pharmacy Compounding until Aug. 31, 2022.



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 Level C 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 Level C with AED certification is up to date.
- SPCPP will send reminder emails when First Aid/CPR certifications is 45 days or less from expiration date.
- These emails are system generated and will continue to be generated on a weekly basis until the updates have been completed.
- Please allow the Registration team 2-3 business days to update your profile.

Log in

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

The screenshot shows the 'APPLICATIONS' section of a member portal. Under the 'APPLICATIONS' header, there are several links: 'Advanced Method Training and Certification Application', 'Certificate of Standing Request', 'Criminal Record Check (CRC)' (with a note: 'Before filling out your CRC form, make sure to apply for your C-PRC at Sterling Backcheck'), 'Malpractice Insurance Form (if purchased)', and 'First Aid and CPR Expiration Update Form'. The 'First Aid and CPR Expiration Update Form' link is circled in red. Below this is the 'PHARMACIST PORTAL MENU' with links to 'Library' and '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.

The screenshot shows the 'CPR & FIRST AID UPDATE FORM' in the member portal. The form has a header with the SASKATCHEWAN COLLEGE OF PHARMACY PROFESSIONALS logo and navigation links. The form itself has sections for 'Current Information as Filed with SPCPP' (showing 'CPR Training Expiry Date: 05/05/2024' and 'First Aid Training Expiry Date: 06/01/2024') and 'Update your information below'. This section includes fields for 'Updated CPR Training Expiry Date', 'Upload CPR Document' (with a 'Browse' button), 'Updated First Aid Training Expiry Date', 'Upload First Aid Document' (with a 'Browse' button), 'Signature', and 'Submitted on'. At the bottom are 'Save' and 'Cancel' buttons.

CAPtivate

[Competency Assurance Program Updates]

The Competency Assurance Program (CAP) Task Force continues to work with consultant Nancy Winslade. The following updates were provided to the SCPP Council.

1. SCPP is aiming for a competency assurance program that supports the safe, quality practice of Saskatchewan pharmacy professionals.
2. Historically, competency has been defined as Epstein's 2002 definition "The habitual and judicious use of communications, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice for the benefit of the individual and community being served." This means Council is focusing on ensuring the quality of performance in daily practice.
3. Council has also been clear that they want to focus not only on assuring the quality of daily performance, but also on performance improvement.
4. There is substantial evidence that traditional Continuing Education (CE) is not effective at leading to practice change/performance improvement.
5. Traditional CEs look at competency as being what someone can do/demonstrate in a testing environment vs performance, which is what they actually do in practice. There may be many factors that can prevent a fully 'competent' pharmacy professional (as determined via knowledge tests, OSCEs or other tests) from performing, in daily

practice, to their full capabilities. Ensuring competency in a testing environment does nothing to identify or address these non-competency factors that are preventing quality performance.

6. The analysis of what is contributing to a low performance requires consideration of factors beyond competency. The Saskatchewan Health Authority and Health Quality Council both adopted LEAN and Kaizen techniques to address these types of analyses to improve quality.
7. SCPP is leading the profession in measuring several issues related to engagement through the ISMP Safety Attitudes Questionnaire.
8. SCPP has already started work on engagement via the professional autonomy framework which includes pharmacy manager training requirements. SCPP will continue this work while the Competency Assurance Task Force focuses on building out a revised Competency Assurance program that is truly supportive of practitioners. Plans for 2022 include engagement and consultation with members.



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.
- ▶ Updates presented to Council at the December 2021 meeting.

Opioid Agonist Therapy (OAT) Services in Pharmacies

Recently SCPP has received calls of concern from both OAT prescribers and other members of the team and patients about the lack of pharmacies who are providing OAT services in rural areas of Saskatchewan. OAT patients are often forced to hitchhike or rely on others for transportation if they do not own their own vehicle to obtain OAT services.

Starting with the 2021-22 licensure year Harm Reduction training, including training on OAT and the new standards, became mandatory for practicing members. Continuing education resources and Professional Practice - Training were made available for every pharmacy professional in Saskatchewan.

The education included information which dispels many of the myths regarding OAT services and OAT patients.



SCPP has OAT Standards available to help guide pharmacy practice.

If you would like more information on providing OAT services, please contact the SCPP office. We encourage all members to review the needs of their community, ensure their patients have access to services needed, and do their part in harm reduction.

Continuing Education Opportunities

Looking for something to do over the holidays? Need a few more continuing education credits?

CPDPP has recently completed an update and refresh of both the Prescriptive Authority Level 1 Basics and the Prescribing for Minor Ailments and Self-Care: Basics courses.

The Prescriptive Authority Level 1 Basics course is a mandatory course for all practicing pharmacists in Saskatchewan, while the Minor Ailments and Self-Care: Basics course is only mandatory for those pharmacists practising in a patient self-care environment. But let's be honest- when was the last time you conducted a review and refreshed your knowledge of these? The Prescriptive Authority Level 1 Basics course includes updates and current information pertaining to prescriptive authority, emergency exemptions and practice changes.

The Minor Ailments and Self-Care: Basics course coincides with the recently updated medSask Minor Ailment and Self-Care Guidelines. In addition to other topics, this updated course addresses components of the guidelines, an overview of the prescribing process, as well as FAQs and troubleshooting tips. You will have the opportunity to work through a patient case for each of the following conditions: acne, insect bites and stings, and cold sores, and, apply what you have learned.

CPDPP is offering a free Billing in Community Pharmacy

course. New to practice in Saskatchewan? A recent grad? A seasoned veteran pharmacist? Moonlighting in community pharmacy? This course was designed with all of you in mind! Navigating a patient's options for prescription coverage in community pharmacy can be a daunting task. This course focuses on providing a basic understanding of the provincial coverage available in Saskatchewan, as well as available federal plans and third-party insurance plans.

This course will also address many frequently asked questions and scenarios that occur in everyday practice.

To register for any of these or other CPDPP courses, see the [CPDPP website](#) and click on the Continuing Education tab. Please note: The CPDPP office will be closed from Dec. 27 until Jan. 3. To ensure access to a course over the holidays, all registrations must be completed by Dec. 23.

Wishing you all some time to relax and recharge this holiday season! Thanks for all that you do!

The teams at CPDPP and medSask



Notes from the Field

Diabetic Drugs Duplicate Therapy

Dr. Tessa Laubscher, Diabetes Consultant with the Saskatoon Adult Diabetes Clinic, alerted medSask to a duplicate therapy issue she is seeing in practice.

GLP-1 agonists and DPP4 inhibitors both lower blood glucose levels through the incretin pathway, with GLP-1 agonist medications having higher glucose lowering potential and systemic benefits compared to DPP4 inhibitor medications.

There is no clinical indication for the concurrent use of GLP-1 agonist and DPP4 inhibitor medications, but frequently DPP4 inhibitors (either alone or in combination with metformin) continue to be dispensed when a GLP-1 agonist medication is started.

The combination of GLP-1 agonists and DPP4 inhibitors

creates an additional expense (> \$80 per month) without providing significant benefit. Please consider this when a patient taking a DPP4 inhibitor is started on a GLP-1 agonist and contact the prescriber when necessary to discontinue the DPP4 inhibitor.

Community pharmacists and pharmacy technicians can also run reports for these drugs to identify patients who are receiving both therapies. Another suggestion is to put a note/alert on the drug files.

Helpful Resources

- Diabetes Canada Clinical Practice guidelines: [Pharmacologic Glycemic Management of Type 2 Diabetes in Adults: 2020 Update](#)
- RxFiles: [Type 2 Diabetes Book](#)

Notice from medSask and RX Files



Prescription Transfers

There should be no interference in the patient's right to choose the pharmacy at which they have their prescriptions filled. A pharmacy professional cannot interfere with the patient's choice except under exceptional circumstances when harm may occur.

To clarify, interference would include a delay while the pharmacy professional "calls the patient" to determine what they could have done to retain the patient, offer any sort of incentive to rescind the transfer, or other techniques to retain the prescription(s).

There also must not be an unreasonable delay in transferring a prescription to another pharmacy professional as this compromises patient care as outlined in the 2017 SCPP Discipline Decision and Order [2017 SKCPPDC 2 \(CanLII\)](#) | [Saskatchewan College of Pharmacy Professionals v. Dewdney Drugs \(1986\) Ltd.](#) | [CanLII](#)

Information regarding prescription transfers was also provided in [SCOPE of December 2019](#).

It is unethical to refuse to transfer a prescription as per the [SCPP Code of Ethics](#).

In all requests for transfers, SCPP expects that pharmacy professionals will exercise professional judgement and use their critical thinking/cognitive skills to determine the best course of action for their patient. There must be interprofessional communication between the two pharmacy professionals involved in the transfer and documentation of the decisions made, such as contacting the prescriber, based on sound rationale and professional judgment.

In the rare instance that it is not in the patient's best interest to transfer a prescription, based upon patient safety, the reasons must be clearly documented on the patient's profile and explained to the patient and pharmacy professional requesting the transfer.

Below are some examples of when the pharmacist may have cause to refuse to transfer a prescription. In all cases, documentation of the rationale for refusing to transfer the prescription is required.

- The patient's decision-making capability or judgment was impaired at the time of the request (intoxicated, cognitive deficiencies, etc.). This would depend on whether the medication was high-risk, and a transfer could lead to patient harm. A safeguard measure would be to speak to the receiving pharmacy professional to discuss concerns and an agreed upon patient care plan and patient communication process.
- The patient would be harmed if they consumed the drug, and you have communicated this concern to the prescriber. The prescriber did not change the prescription and the patient requests that it be filled, which you decline, leading the patient to request a transfer. It is important that you document your concerns and discuss them with the pharmacy professional requesting the transfer.
- The usage patterns of the medication are a cause of concern; for example, overuse of a rescue inhaler for asthma (Ventolin®). You have discussed over/under usage of their medication with the patient, and they have then requested a transfer. All communication regarding interventions should be communicated to the transferring pharmacy.
- Higher risk medications such as opioid agonist therapy (OAT) or medications with an abuse potential when the practitioner is not aware of the transfer and/or has requested the medication be filled at a specific pharmacy. Steps will be required to ensure that the pharmacy professional requesting the transfer and the practitioner are notified to ensure the patient continues to receive appropriate care.
- Continuous monitoring and follow up of the prescribed medication are required. At the time of the transfer any monitoring or other health care concerns should be relayed to the pharmacy professional requesting the transfer. If the pharmacy professional requesting the transfer is unable to monitor or follow up with the practitioner, this may put the patient at risk of harm, and it would be appropriate not to transfer the prescription.
- The person requesting the transfer is not authorized under federal or provincial legislation.



Can Schedule III Over-the-Counter Drugs be Sold Online?

The Drug Schedule Regulations, 1997, SCPP bylaws, policies and standards do not allow schedule III drugs to be sold over the internet. Schedule III drugs must be sold in a pharmacy where a pharmacist is available to provide advice to the patient if requested.

Subsection 2(4) of *The Drug Schedule Regulations, 1997* states:

Drug schedules

2(4) Schedule III, entitled "Pharmacy Only Non-Prescription Drugs", consists of those drugs determined by the council pursuant to section 3.

Part I, Section (2) of the SCPP Regulatory Bylaws states;

Permit Restrictions, Terms and Conditions

2 Every proprietary pharmacy permit that is granted pursuant to the Act is granted subject to the proprietor and the pharmacy manager at all times complying with the Act and these bylaws, regulations, rules, and standards made there under, as well as the following additional restrictions, terms, and conditions:

(a) the proprietor shall not, without the written approval of the College, allow, or provide for, the shipment of drugs from the pharmacy, or the shipment of drugs ordered or procured by the pharmacy, to a location outside of Canada, or to another location in Canada where the proprietor has reason to believe that the drugs are likely to be shipped outside of Canada (by mail, courier, or otherwise) in circumstances where:

(i) the pharmacy's services associated with such shipment are; or

(ii) the sale of drugs associated with such shipment is in any way, directly or indirectly, advertised or otherwise promoted via e-mail, the Internet or via any other means or method accessible outside of Saskatchewan.

Subsection 2(4) of *The Drug Schedule Regulations, 1997*,

outlines where and under what circumstances medications can be sold. The regulations state:

Drug schedules

2(1) Three drug schedules are established as set forth in this section.

(2) Schedule I, entitled "Prescription Drugs," consists of the following:

(a) the drugs listed in the schedules to the Narcotic Control Regulations (Canada) other than a drug mentioned in section 36 of those regulations;

(b) the drugs listed in Schedule F of the Food and Drug Regulations (Canada) other than a drug listed in Part II of that Schedule:

(i) that is not in a form suitable for use by a human; or

(ii) for which the main product panel of both the inner label and the outer label clearly indicates that the drug is for veterinary use only;

(c) the drugs listed in the schedule to Part G of the Food and Drug Regulations (Canada); (d) those drugs determined by the council pursuant to section 3.

(3) Schedule II, entitled "Non-Prescription Restricted Access Drugs," consists of the following:

(a) pseudoephedrine, pseudoephedrine hydrochloride or pseudoephedrine sulphate, but only with respect to products in which pseudoephedrine, pseudoephedrine hydrochloride or pseudoephedrine sulphate is the single active ingredient;

(b) those drugs determined by the council pursuant to section 3.

(4) Schedule III, entitled "Pharmacy Only Non-Prescription Drugs," consists of those drugs determined by the council pursuant to section 3.





Discipline Matters

The Saskatchewan College of Pharmacy Professionals (the College) considers the primary purpose of an Alternative Dispute Resolution process to be the protection of the public and the pharmacy profession as a whole. The College 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 and has determined that a digest of Alternative Dispute Resolution processes will be published.

Agreement

Where there is evidence to support the allegation of professional incompetence, professional misconduct or proprietary misconduct the Chair of the Complaints Committee, on behalf of the Complaints Committee, shall determine whether there is an opportunity to use an Alternative Dispute Resolution to resolve the complaint. A resolution or remedy may result in Consensual Complaint Resolution Agreement (CCRA), which is one form of an Alternative Dispute Resolution (ADR).

An ADR process, while not a discipline hearing, will result in an agreement between the College and the signatories of the agreement, which meets the public protection mandate. Should the member and/or proprietor not agree to participate in an ADR, the file is referred back to the Complaints Committee, which may result in referral to the Discipline Committee for a hearing. The [SCPP Regulatory Bylaws Part P.1 section 3\(12\) and \(13\)](#) state the ADR processes.

Consensual Complaint Resolution Agreement – Summary – Brina Mark and Moose Jaw Main Street Pharmacy Ltd.

The Complaint

- In April 2020, the Complaints Committee received a formal complaint alleging that Brina Mark was uncooperative and failed to meet the requirements of the Quality Improvement Review (QIR) requirements outlined by the Field Officer at the College.

- The subsequent investigation led to serious concerns regarding pharmacy management and compliance with current bylaws, policies and standards of practice.

The Agreement

Ms. Mark, pharmacy manager and proprietor, agreed to a CCRA in September 2021, which, while an alternative to the discipline process, meets the mandate of the College and provides general deterrence for the profession.

In summary, Ms. Mark and Moose Jaw Main Street Pharmacy Ltd. have agreed to the following provisions:

1. For three (3) years from the date of the Agreement's execution, Moose Jaw Main Street Pharmacy Ltd. shall co-operate with scheduled inspections by a College field officer. There will be a minimum of two (2) inspections per year.
2. Ms. Mark and/or the proprietor will pay the costs of inspections, fixed in the amount of \$2,000 per inspection.
3. Ms. Mark and/or the proprietor will rectify all deficiencies listed by the field officer.
4. Provisions for continuation of inspections, should there be a change of ownership, were included in the Agreement.
5. Ms. Mark was to find a local pharmacist mentor to ensure Ms. Mark is up to date with current practice and retain the mentor for a period of three (3) years. The Registrar may request reports on compliance with the CCRA from the mentor to ensure Ms. Mark is appropriately managing the pharmacy and adhering to SCPP legislation, standards, guideline and policies.
6. Ms. Mark was to secure services of another pharmacist to work at Moose Jaw Main Street Pharmacy regularly and on a permanent basis.

Continued on next page ►

Consensual Complaint Resolution Agreement – Summary – Bartholomew Altrogge and TLIMS Enterprises Inc. operating as The Medicine Shoppe #216

The Complaint

- In March 2021, the Complaints Committee received a formal complaint alleging that The Medicine Shoppe #216 had filled medications and billed the insurance plans for a patient that did not request nor receive these medications.

The Agreement

The Committee recommended an Agreement to:

- Provide the pharmacy manager a reminder on ethical practice through completion of an Ethics course;
- Provide documentation that pharmacy staff are up to date on relevant policies, standards and guidelines;
- Provide the complainant with an apology and an explanation of changes made to pharmacy practice;
- Provide confirmation to the Complaints Committee, through written explanation, of how the pharmacy has changed/improved processes to prevent further concerns of a similar nature.

Bart Altrogge, pharmacy manager and proprietor, agreed to a CCRA in September 2021, which, while an alternative to the discipline process, meets the mandate of the College and provides general deterrence for the profession.

In summary, Mr. Altrogge and TLIMS Enterprises Inc. have agreed to the following provisions:

1. Mr. Altrogge will complete the PROBE Ethics and Boundaries Program – Canada within six (6) months of signing the Agreement. Mr. Altrogge shall bear the costs associated and demonstrate successful completion with an unconditional pass.
2. Mr. Altrogge will provide a written apology and explanation of changes to the pharmacy's practice to address the concerns raised in the complaint to the complainant.
3. Mr. Altrogge will draft a written explanation to be reviewed by the Complaints Committee addressing how the concerns raised in the complaint were addressed by the pharmacy.
4. A list of documents was provided to Mr. Altrogge and all pharmacy staff with an expectation that all staff review the documents, and a signed confirmation as proof of completion be provided to the College.



Spotlight on PREVENTION

OTC Products, Medical Supplies and DPEBB Billing

SCPP has received several complaints related to inappropriate billing of over-the-counter (OTC) medications to the Drug Plan and Extended Benefits Branch (DPEBB) for coverage.

For clarity, here is a breakdown of when OTC medication (schedule II, III and unscheduled medication) and medical supplies are eligible for DPEBB coverage when prescribed by a pharmacist. To clarify, this article speaks only to DPEBB coverage for OTC medication and medical supplies when prescribed by a pharmacist.

The drug/medical supply **must** be covered by DPEBB, and the patient **must** qualify for DPEBB coverage (ex: Plan 1, Plan 2 or Saskatchewan Aids to Independent Living (SAIL)).

- Medical supplies/devices when prescribed by a pharmacist:
 - ▶ Insulin, blood-testing agents, urine-testing agents, syringes, needles, lancets and swabs used by diabetic patients **may** be covered by the DPEBB.
 - ▶ All other medical supplies (eg., ostomy, insulin pump, wound care supplies, etc.) are not eligible for coverage when prescribed by a pharmacist.

- ▶ A prescriptive authority fee **cannot** be billed for medical supplies/devices.
- When the medication is originally initiated by a physician or nurse practitioner:
 - ▶ The drug **may** be covered by DPEBB when the pharmacist is using their prescriptive authority to prescribe (interim supply, dosage form modification, etc.).
 - ▶ The same rules apply as per [Part K of the SCPP Regulatory Bylaws](#) with respect to a pharmacist prescribing OTC medication as when prescribing Schedule 1 medications, such as interval, quantity and documentation.
 - ▶ The prescriptive authority fee **cannot** be billed for OTC products.
- When a medication is initiated by a pharmacist through minor ailment prescribing:
 - ▶ The drug **may** be covered by DPEBB.
 - ▶ The drug **must** be within the minor ailment guideline's approved medications.
 - ▶ A minor ailment fee **cannot** be billed to DPEBB for OTC products.
- If the drug/medical supply is initiated by a pharmacist outside of #1, #2 or #3:
 - ▶ The drug/medical supply **will not** be covered by DPEBB.

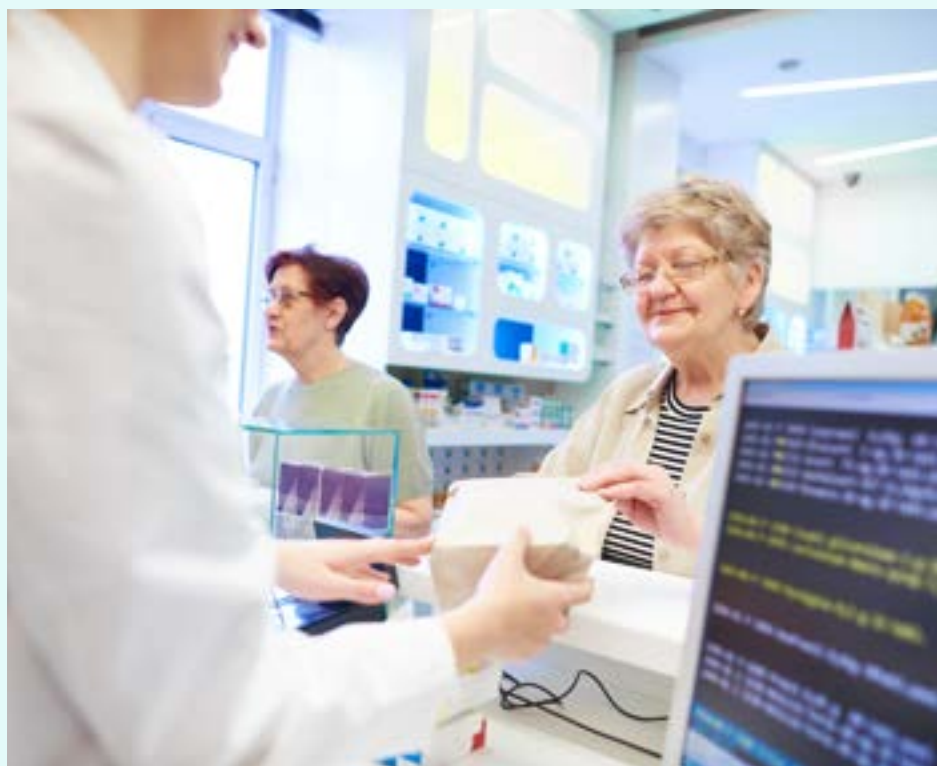
To summarize:

OTC medications **can only be billed to DPEBB** if initiated by a pharmacist when:

1. They are associated with a prescriptive authority, or
2. They are associated with minor ailment prescribing.

Medical supplies **can only be billed to DPEBB** if initiated by a pharmacist when:

3. They are insulin, blood-testing agents, urine-testing agents, syringes, needles, lancets and swabs used by diabetic patients.



Bylaw and Policy Updates

Section 56 Exemption Update

Health Canada has updated the section 56 exemption to enable transfers within Canada. See the exemption [here](#).

Please see the applicable updated documents below:

- [Section 56 Exemption \(Oct . 1, 2021 , to Sept . 30, 2026\) Communication](#)
- [Joint Statement on the Section 56 Exemption for CDSA Drugs](#)
- [Practice Changes for Community Pharmacy During COVID-19 Pandemic](#)



Reminder ► Sterile Compounding

A sterile environment is required for the production of compounded sterile products and the manipulation of sterile products. A sterile drug product that is transferred from vials or ampoules into sterile final containers with syringe and needle is classified as a sterile compound.

Pharmacies and pharmacists that are engaged in sterile compounding are required to meet and comply with the [NAPRA Model Standards for Pharmacy Compounding of Hazardous and Non-Hazardous Sterile Preparations](#). Pharmacists must possess the requisite knowledge and competencies to prepare sterile compounds.

Repackaging of sterile products, including the preparation of pre-filled syringes containing medications such as insulin, is also a sterile compounding activity.

Pharmacists who are asked to dispense pre-filled syringes and do not have the sterile compounding equipment and facilities in accordance with the NAPRA Standards, must refer the patients to a NAPRA compliant pharmacy with the necessary resources to prepare them safely.

Please see *Pre-Filled Syringes – Sterile Compounding Reminder* in College of Pharmacists of Manitoba's [Dec. 10 Friday Five](#).

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





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private
group open
to members,
interns, and
students. Get
up-to-the-
minute news
and alerts.**

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From the Desk of the Dean

The College of Pharmacy and Nutrition moved to a hybrid learning model this fall with Year 1 and 2 enjoying some in-person classes, while Year 3 remained entirely remote. Again, students, faculty and staff adapted well to this change. The university's Safe Return Transition Plan can be found on the COVID-19 response website. [Read more.](#)

Congratulations to everyone who received their degree at the Fall 2021 Convocation Ceremony! Dean Jane Alcorn shared her well wishes for our new graduates in a video as part of the virtual convocation ceremony.

- Dean Alcorn's Greetings to the Fall 2021 Graduates: [Watch the video.](#)
- Fall 2021 Convocation Website, including list of graduates and additional videos: [Read more.](#)



Kennedy Brown

Congratulations to second year pharmacy student Kennedy Brown on being selected as the Canada West Women's Hockey Player of the Week on Tuesday, Oct. 26. Kennedy was also recognized for her academic achievements in October by being named to the USPORTS Academic All-Canadian list. The list includes athletes that had at

least an 80 per cent average on a minimum of 18 credit units over the course of the 2020-2021 school year.

Nutrition student Memphis Long was the subject of the USask Undergraduate Research Initiative's student feature story and spoke about the benefits of participating in undergraduate research projects. [Read more.](#)

This year, Orange Shirt Day coincided with Canada's first-ever National Day for Truth and Reconciliation. The college's faculty and staff wore orange to recognize the residential school experience, to witness and honour the healing journey of the survivors and their families, and to commit to the ongoing process of reconciliation.

Faculty, staff, and students also participated in self-directed learning exercises, which were facilitated by the Indigenous Initiatives Committee and included a wide variety of online resources, print material, among others.



Orange Shirt Day at the College of Pharmacy and Nutrition

The MAC iOPS team has developed a new approach to chronic pain and safe opioid use with a pharmacist-led interprofessional team. [Read more.](#)

Effective Jan. 4, 2022, anyone accessing USask campuses and workplaces will need to show proof of receiving at least two doses of WHO-approved COVID-19 vaccines. Submitting rapid test results (or any other COVID test result) will no longer be an option for campus access as of Jan. 4 for those who are not vaccinated or choose not to disclose their vaccination status unless an approved accommodation exists. [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.

The college is planning to resume some of its regular alumni events in 2022, if it is deemed safe to do so. The planning process to restart these events has begun and details will be shared in upcoming communications.

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

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*
January 2022 Pharmacist Evaluating Examination	Jan. 12, 2022	Deadline passed.
	Jan. 13, 2022	
May 2022 Pharmacist Qualifying Examination	MCQ: May 24-28, 2022	Feb. 17, 2022
	OSCE: May 29, 2022	
June 2022 Pharmacist Evaluating Examination	June 22, 2022	March 11, 2022

Pharmacy Technician Schedule of Exams

Examination Name	Examination Date	Application Deadline Date*
April Pharmacy Technician Qualifying Examination	MCQ: April 5, 2022	Deadline passed.
	OSPE: April 2, 2022	

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



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



To our Council, our committee
volunteers, our members, and our
partner organizations...



Happy Holidays
&
a safe and joyful new year

from the  *Staff*
SASKATCHEWAN
COLLEGE OF PHARMACY
PROFESSIONALS



In keeping with the season's spirit of giving, a donation has been
made to a local charity in lieu of sending holiday cards.

Holiday Office Schedule

Closed noon Dec. 24 to Jan. 3. Regular office hours resume Tuesday, Jan. 4, 2022.