



SASKATCHEWAN
COLLEGE OF
PHARMACISTS

Regulatory Bylaws

Including Drug Schedule III

March 4, 2011

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DRUG SCHEDULE III

Schedule III - Pharmacy Only Non-Prescription Drugs

Title

1 These bylaws may be referred to as *The Regulatory Bylaws of the Saskatchewan College of Pharmacists* or *SCP Regulatory Bylaws*.

Definitions

2 In these bylaws:

(a) “**Act**” means *The Pharmacy Act, 1996*

(b) “**College**” means the Saskatchewan College of Pharmacists

(c) “**Continuing professional development**” includes any continuing education, continuing professional development or competency assurance requirements, or any relevant program thereto that Council may prescribe from time to time as a condition for practising members to maintain or renew their licence.

(d) “**Mutual Recognition Agreement**” means an agreement made pursuant to the Agreement on Internal Trade in Canada whereby the signatory provincial and territorial pharmacy regulatory authorities agree to the conditions under which they will accept the qualifications of one another’s registered pharmacists for the purpose of facilitating the mobility of pharmacists amongst the signatory provinces and territories.

(e) “**Practice**” means providing direct patient care as a pharmacist, and includes, but is not limited to dispensing, compounding or selling drugs, advising patients, or supervising pharmacists who provide direct patient care, and “**practising**” has a similar meaning.

INTERNSHIP

3(1) Every person desirous of becoming an intern shall make application therefore to the Registrar-Treasurer on the prescribed form accompanied by certificates from two reputable citizens of the community, each of whom has known said applicant at least two years, certifying that the applicant is a person of good moral character and the applicable registration fee.

(2) After registration as an intern, the term of internship shall be:

(a) the successful completion of the Structured Practice Experiences Program of the College of Pharmacy and Nutrition at the University of Saskatchewan or its equivalent from an educational institution (in Canada), recognized by Council; or

(b) 1040 hours under the direction and personal supervision of a practising pharmacist which may be served at any time following completion of the first year of study in the pharmacy curriculum from an educational institution (in Canada), recognized by Council.

(3) To receive internship credit, the intern shall work a minimum of 20 hours per week and a maximum of 40 hours per week, of which at least one half of the hours worked per week must be served in the dispensary.

(4) Time served by an intern under articles of internship shall not be counted as part of his period of service unless it is served under the supervision of a pharmacist, licensed under a Pharmacy Act of a province of Canada, in a pharmacy which maintains a dispensary for the dispensing of prescriptions, and where prescriptions accepted by the pharmacy for dispensing are compounded on the premises; or in the dispensary of a hospital, and in conformity with subsection (2).

(5) An intern who fails to continue the course in the College of Pharmacy and Nutrition at the University of Saskatchewan and who remains out of the College for more than one academic year shall have no status as an intern except that Council may, upon satisfactory proof of extenuating circumstances, approve an extension of the internship period.

(6) An intern who has registered as a pharmacist in any jurisdiction relinquishes the right to be an intern with the College. He shall have no status as an intern and all rights and privileges as an intern are removed.

(7) A pharmacist shall be deemed eligible to train an intern if, in addition to compliance with the provisions of the *Act* and the Standards of Practice, the Council is satisfied that the amount of prescription work is sufficient to provide adequate practical experience for the intern and that the intern will receive such practical experience.

- (8) An intern under the immediate supervision and in the presence of a licensed pharmacist may dispense any prescription, recipe or formula, or may compound any drug or medicine.
- (9) The supervision of practical training of interns shall be exercised by the Council, and complaints in respect thereof may be made to the Registrar-Treasurer.
- (10) Before commencing employment as an intern, that person shall notify the Registrar-Treasurer of the name of his preceptor and the place of employment and shall notify the Registrar-Treasurer of any subsequent change of internship employment.
- (11) Pursuant to subsection 17(1) of the *Act*, a student enrolled in a pharmacy degree program in a province other than Saskatchewan and which is accepted by Council, may register as an intern in Saskatchewan provided that the student:
- (a) submits a statement from the head of the program to confirm his enrolment in the pharmacy degree program and the year of the program he has completed;
 - (b) submits a statement from the provincial licensing body to confirm:
 - (i) his status as an intern; and
 - (ii) that he is of good moral character; and
 - (c) completes the required application form and submits the required fee.

MEMBERSHIP REGISTRATION

4(1) Any person who wishes to become a member must register by meeting the requirements of the *Act* and bylaws, or otherwise by meeting the requirements of Council, in a manner or according to the procedures specified by the Registrar-Treasurer including completing the required forms and payment of the prescribed fees. Once registered, the name of the member is entered into the register and remains on the register until removed due to resignation, termination of membership for non-payment of fees or a decision of the Discipline Committee.

Any person who wishes to become a member, must be a Canadian citizen, landed immigrant, hold a valid employment visa or valid Canadian work permit.

- (2) When the name of a member has been removed from the register due to non-payment of fees and the person wishes to be reinstated as a member, the person must register with the College within one membership year of the date of termination by meeting the requirements of the *Act* and bylaws, including, without limitation, subsection (1) of section 12, completing the required forms and paying the prescribed fees.
- (3) University of Saskatchewan Graduates
- (a) any person having been granted the degree of Bachelor of Science in Pharmacy from the University of Saskatchewan prior to January 1, 1998, may register as a member upon completing the internship requirement pursuant to subsections (2) and (3) of section 3, completing the prescribed form and paying the prescribed fees;
 - (b) any person having been granted the degree of Bachelor of Science in Pharmacy from the University of Saskatchewan in 2003 and thereafter, may register as a conditional practising member upon completing the internship requirement pursuant to subsections (2) and (3) of section 3, completing the prescribed form, paying the prescribed fees and providing evidence of meeting the language proficiency requirements as set by Council until such time as he provides evidence of holding a Certificate of Qualification from the Pharmacy Examining Board of Canada;
 - (c) application for registration as a member must be made within one year after the applicant has obtained the degree referred to in paragraphs (a) and (b), but under extenuating circumstances Council may extend this time limit according to the terms and conditions prescribed by Council;
 - (d) any person having been granted the degree of Bachelor of Science in Pharmacy from the University of Saskatchewan in 2000, 2001, or 2002 may register as a member until May 30, 2003, upon completing the internship requirement pursuant to subsection (2) and (3) of section 3, completing the prescribed form, paying the prescribed fees, providing evidence of holding a Certificate of Qualification from the Pharmacy Examining Board of Canada, and providing evidence of meeting the fluency requirements as set by Council.
- (4) A person who is, or has been, registered as a practising member, or its equivalent, with another Canadian

Canadian pharmacy regulatory authority that is a signatory to the Mutual Recognition Agreement, will be accepted for registration in the College as a practising member subject to:

- (a) providing a statement, certificate or other satisfactory evidence that he is a member in good standing in the category of membership being applied for and disclosing whether or not he has been convicted of an offence against any legislation affecting the practice of pharmacy;
- (b) providing evidence that he has participated in, and successfully met the standards set out in the continuing professional development program of that pharmacy regulatory authority;
- (c) successfully completing the jurisprudence examination of the College on the legislation governing the practice of pharmacy in Saskatchewan;
- (d) declaring all other jurisdictions of membership, or licensure and the category of membership or licensure in those jurisdictions;
- (e) providing a recent photograph signed by the candidate and an official from the current pharmacy regulatory authority;
- (f) meeting the language proficiency requirement as set by Council; and
- (g) completing the prescribed forms and paying the prescribed fees.

(5) A person who is, or has been, registered as a non-practising member, or its equivalent, with another Canadian pharmacy regulatory authority that is a signatory to the Mutual Recognition Agreement, will be accepted for registration in the College as a non-practising member subject to:

- (a) providing a statement, certificate or other satisfactory evidence that he is a member in good standing in the category of membership being applied for and that he has never been convicted of an offence against any legislation affecting the practice of pharmacy;
- (b) declaring all other jurisdictions of membership, or licensure and the category of membership or licensure in those jurisdictions;
- (c) providing a recent photograph signed by the candidate and an official from the current provincial pharmacy regulatory authority;
- (d) meeting the language proficiency requirement as set by Council; and
- (e) completing the prescribed forms and paying the prescribed fees.

(6) A person who is registered as a practising member, or its equivalent, with a pharmacy regulatory authority that is not a signatory to the Mutual Recognition Agreement must comply with the following in order to be registered as a practising member:

- (a) hold a Certificate of Qualification from the Pharmacy Examining Board of Canada;
- (b) provide evidence of meeting the language proficiency requirements as set by the Council;
- (c) declare all other jurisdictions of membership, or licensure and the category of membership or licensure in those jurisdictions;
- (d) provide a statement from the pharmacy regulatory authority that issued the applicant's most recent registration, membership or licence, which states:
 - date of birth;
 - academic qualifications including the educational institution from which the applicant obtained a minimum of a Baccalaureate Degree in Pharmacy and the year of graduation;
 - internship time served with, or under the supervision of a pharmacist;
 - that the applicant is currently in good standing as a pharmacist; and
 - that the applicant is a competent pharmacist of good moral character and has never been convicted of an offence against any statute relating to the practice of pharmacy;

- (e) provide a photograph of the applicant, signed by the applicant, and verified by the Registrar or Secretary of the pharmacy regulatory authority;
 - (f) provide an original Birth Certificate, or certified true copy;
 - (g) if the applicant has been actively practising as a pharmacist:
 - (i) in a jurisdiction other than Canada, or for a period of 2000 hours or less in the past three years in Canada, successfully complete a period of appraisal training under the immediate supervision of a practising member in Saskatchewan. The length of training depends upon the competence of the applicant and may not be less than one month, nor exceed two years. The applicant must submit the prescribed application and fee for Appraisal Training Registration. Upon completion of the training, the supervisor must provide a written recommendation (completion of Certification of Appraisal Training), that the training has been fulfilled. Then, the applicant must successfully complete a 2-week assessment conducted by a practising member in Saskatchewan assigned by the College. Prior to beginning the assessment the candidate must submit the prescribed Assessment Fee. Upon completion of the assessment the assessor must provide a written statement of the candidate's practice performance; or
 - (ii) for a period exceeding 2000 hours in the past three years in Canada, the applicant must successfully complete a 2-week assessment conducted by a practising member in Saskatchewan assigned by the College. Prior to beginning the assessment the candidate must submit the prescribed assessment fee. Upon completion of the assessment the assessor must provide a written statement of the candidate's practice performance;
 - (h) successfully complete a jurisprudence examination on the legislation affecting the practice of pharmacy in Saskatchewan upon payment of the prescribed fee; and
 - (i) complete the prescribed forms and pay the prescribed fee.
- (7) A person who is, or has been registered as a non-practising member, or its equivalent, with a pharmacy regulatory authority that is not a signatory to the Mutual Recognition Agreement must comply with the requirements prescribed by Council to be registered as a member.

MEMBERSHIPS AND LICENCES

Memberships

Practising Member

- 5(1) Any member who wishes to practise must be registered as a practising member. He shall be granted a licence to practise and may use the title "**licensed pharmacist**".
- (2) Practising members must participate in continuing professional development, may nominate, vote and hold office, participate in the programs and services offered by the College, and must maintain malpractice insurance as prescribed by Council.

Conditional Practising Member

- 6(1) Any member who wishes to practice under a "**conditional**" practising membership is subject to the following:
- (a) is not eligible to be named as the practising member who will have the management of a pharmacy; nor can he be a director of a corporation holding a pharmacy permit;
 - (b) is not eligible to nominate, vote or hold office with the College; and
 - (c) is not eligible to have signing authority for the purchase of Controlled Substances, Narcotics, or Targeted Substances.
- (2) A "**conditional**" practising membership is valid to June 30 of the year following the completion of the curriculum leading to the degree of Bachelor of Science in Pharmacy (BSP) or until such time as the member provides evidence of holding a Certificate of Qualification from the Pharmacy Examining Board of Canada.
- (3) A conditional practising licence will be issued in a manner or according to the procedures specified by the Registrar-Treasurer including completing the required forms and paying of the prescribed fees.

- (4) To appeal the one-year term of a conditional practising membership the member must receive Council approval, in accordance with the terms and conditions prescribed by Council.
- (5) While holding a conditional practising licence the member must be under the supervision of a practising Saskatchewan pharmacist.
- (6) The member holding a conditional practising licence must notify the College when he has been granted the Certificate of Qualification from the Pharmacy Examining Board of Canada, requesting the removal of the conditional restriction on the practising licence in a manner or according to the procedures specified by the Registrar-Treasurer.

Non-Practising Member

- 7(1) Any member who has voluntarily ceased to practice may be registered as a non-practising member. He shall not be granted a licence to practise, but may use the title “**pharmacist**”.
- (2) Non-practising members may participate in continuing professional development. They may also nominate, vote and hold office and participate in the programs and services offered by the College.

Associate Member

- 8(1) To retain his name on the register with limited involvement with the College, any member who has voluntarily ceased to practise may be registered as an associate member. He shall not be granted a licence to practise, but may use the title “**pharmacist**”.
- (2) Associate members cannot participate in continuing professional development, nominate, vote and hold office. They may participate in the programs and services offered by the College as determined by Council.

Retired Register

- 9(1) A member, who has permanently ceased to practice pharmacy, may request the Registrar-Treasurer to place him on the Retired Register.
- (2) A member who is eligible for the Retired Register but fails to request a transfer to said Register shall be liable for the prevailing fees.
- (3) A member on the Retired Register may only return to active practice upon a resolution of Council.
- (4) A member on the Retired Register may not nominate nor be nominated to Council, nor vote in elections or general meetings.
- (5) A member on the Retired Register whose fees are in arrears shall be suspended from membership in the Saskatchewan College of Pharmacists.
- (6) Any member on the Retired Register may be designated as a “**Member Emeritus**” of the College and may use the designation “**Member Emeritus Saskatchewan College of Pharmacists**” or “**MESCP**” if:
 - (a) he has been a practising or non-practising member continually in good standing with the Saskatchewan College of Pharmacists or any other regulatory body for pharmacists for at least 25 years;
 - (b) he has not been found guilty of professional misconduct or professional incompetence;
 - (c) his name remains on the Retired Register; and
 - (d) his name is confirmed by the Awards Committee, or successor committee of the Saskatchewan College of Pharmacists.
- (7) Where a member is ineligible pursuant to paragraph (b) of subsection (6), Council may, upon receipt of a written request giving reasons, determine that the member is eligible to be designated as a “**Member Emeritus**”.

Honorary Life and Honorary Membership

Honorary Life Membership

10(1) Any member who, in the opinion of Council has distinguished himself in the practice of pharmacy or related fields and/or who has distinguished himself in service to his community may be awarded an honorary life membership in the College and shall not be required to pay further membership fees but must otherwise comply with the *Act* and bylaws.

Honorary Membership

10(2) Any person who, in the opinion of Council, has distinguished himself in association with the practice of pharmacy or related fields and/or who has distinguished himself in service of his community may be made an “**Honorary Member**” of the College. Such members may not be ranked as a pharmacist or practise. Honorary members may not nominate, nor be nominated to Council, nor vote in elections or general meetings. There shall be no fee for honorary members.

Migration from One Membership Category to Another

11(1) When renewing his membership, the member will choose the membership category on the prescribed form and pay the corresponding fee prior to June 1.

(2) Members wishing to convert from non-practising to practising membership must provide evidence of current practice knowledge and demonstrate that he meets the standards of practice by:

(a) providing evidence of continuous participation while a non-practising member in continuing professional development; or

(b) undergoing a clinical knowledge examination and a performance review. If the member has been actively practising as a pharmacist:

(i) in Canada for a period of 2000 hours or less in the past three years, the performance review shall consist of successfully completing a period of appraisal training under the immediate supervision of a practising member in Saskatchewan. The length of training depends upon the competence of the member and may not be less than one month, nor exceed two years. The member must submit the prescribed application and fee for Appraisal Training Registration. Upon completion of the training, the supervisor must provide a written recommendation (completion of Certification of Appraisal Training), that the training has been fulfilled; then the member must successfully complete a 2-week assessment conducted by a practising member in Saskatchewan assigned by the College. Prior to beginning the assessment the member must submit the prescribed Assessment Fee. Upon completion of the assessment, the assessor must provide a written statement of the candidate’s practice performance. Upon approval by the College of the assessment, the member must successfully complete the jurisprudence examination of the College on the legislation governing the practice of pharmacy in Saskatchewan; or

(ii) in Canada for a period exceeding 2000 hours in the past three years, the performance review shall consist of successfully completing a 2-week assessment conducted by a practising member in Saskatchewan assigned by the College. Prior to beginning the assessment the member must submit the prescribed Assessment Fee. Upon completion of the assessment the assessor must provide a written statement of the candidate’s practice performance. Upon approval by the College of the assessment, the member must successfully complete the jurisprudence examination of the College on the legislation governing the practice of pharmacy in Saskatchewan.

(3) Conversion from associate to non-practising or practising membership is only permitted upon Council approval, payment of the prescribed fee, and according to the terms and conditions prescribed by Council.

(4) Conversion from practising to non-practising membership is permitted upon advising the office of the Registrar-Treasurer by completing the prescribed form and paying the prescribed fee.

Reinstatement

12(1) Any person whose membership has been allowed to lapse for a period of one membership year or less and who is otherwise eligible for membership may, upon application and upon the payment of the prescribed membership fees and reinstatement fee, have his name re-entered in the register of members, subject to meeting the requirements in these bylaws for the membership category applied for.

(2) Any person whose membership has been allowed to lapse for a period of more than one membership year may only be reinstated as a member upon Council approval, meeting the requirements in these bylaws for the membership category applied for, and according to any other terms and conditions prescribed by Council.

Licences

13(1) No licence shall be issued until the prescribed application form(s), the practising membership fee, together with any surcharge applicable thereto, and all arrears of the applicant, shall have been remitted to the office of the Registrar-Treasurer and the applicant shall have successfully complied with the continuing professional development requirements prescribed by Council.

(2) The name of any member whose annual fee or surcharge applicable thereto is unpaid after June 30, in any year, shall be removed from the register and he shall lose the privileges conferred upon him by the *Act* but he may, subject to subsections (1) and (2) of section 12 be reinstated upon payment of the prescribed membership and reinstatement fees.

(3) Every applicant for a practising membership will apply therefore to the Registrar-Treasurer in writing, giving the following information:

- (a) whether he is an owner or manager, or a staff pharmacist;
- (b) the address to which Notices are to be sent;
- (c) the address of the pharmacy, location or site in which he will practise his profession;
- (d) a statement showing his accomplishments in continuing professional development during the twelve-month period prior to July 1 of the membership year for which a licence is required. To be eligible for practising membership without a surcharge, subject to meeting other licensing requirements, continuing professional development requirements must be met on or before June 1st in each year; and
- (e) any other information that the Registrar-Treasurer needs to be satisfied that the applicant meets the requirements of the *Act* and bylaws.

(4) Malpractice Insurance

(a) in this subsection:

(i) **'acceptable malpractice insurance'** means personal insurance that:

- (1) insures a practising member against liability claims relating to the performance, or alleged performance, of professional services.
- (2) provides a limit for each claim of a minimum of two million dollars;
- (3) is either:
 - (a) of an 'occurrence type' provided through membership in the Pharmacists' Association of Saskatchewan (formerly the Representative Board of Saskatchewan Pharmacists) from time to time or is reasonably comparable to the insurance provided through membership in the Pharmacists' Association of Saskatchewan (formerly the Representative Board of Saskatchewan Pharmacists); or
 - (b) of a 'claims made type', in which case it also provides for an extended reporting period providing liability protection for claims made within a minimum period of not less than two years after the practising member ceases to be a practising member; and
- (4) has a maximum deductible of \$5,000.00 per claim; and
- (5) includes as a term that the College will be notified by the insurer in the event of any cancellation or amendment to the coverage afforded to the practising member thereunder; and
- (6) is underwritten by an insurer registered to do business in Saskatchewan.

- (ii) **'claims made'** means the malpractice insurance policy responds if it is in place at the time in which a claim for damages or other relief is made against a member;
 - (ii) **'occurrence'** means that the malpractice insurance policy responds if it was in place at the time in which the incident that is the subject of the professional liability claim occurred;
 - (iii) **'personal'** means insurance held by the individual member or in respect to which the individual member is a named insured;
- (b) subject to the provisions of paragraph (c), every member must hold and continuously maintain acceptable malpractice insurance;
- (c) notwithstanding paragraph (b), a member who is a Crown servant, within the meaning of the Treasury Board Policy on the Indemnification of and Legal Assistance for Crown Servants, is not obligated to hold and continuously maintain acceptable malpractice insurance, provided that the member:
- (i) at all time restricts his or her practice to the scope of duties and employment as a Crown servant; and
 - (ii) completes a declaration in a form approved by the Registrar-Treasurer;
 - (1) declaring that he or she will limit his or her professional pharmacy practice to the scope of duties and employment as a Crown servant; and
 - (2) confirming the continuing applicability of the Treasury Board Policy on the Indemnification of and Legal Assistance for Crown Servants; and
 - (3) undertaking to advise the College of any change in the scope of his or her practice, or the status or terms and conditions of Treasury Board Policy on the Indemnification of and Legal Assistance for Crown Servants;
- (d) the Registrar-Treasurer shall not grant or renew a licence to practise as a pharmacist until he receives either:
- (i) a certificate in the form of Form 1 from the applicant for the licence that the applicant has in place acceptable malpractice insurance; or
 - (ii) an undertaking from the applicant in a form satisfactory to the Registrar-Treasurer, as well as such evidence of the compliance therewith that the Registrar-Treasurer may request, that satisfies the Registrar-Treasurer that the applicant holds and will continuously maintain acceptable malpractice insurance;
- (e) if at any time a member fails to continuously maintain acceptable malpractice insurance or otherwise ceases to be insured pursuant to a policy providing acceptable malpractice insurance the member shall immediately report that fact to the Registrar-Treasurer;
- (f) where a member fails to continuously maintain acceptable malpractice insurance or otherwise ceases to be insured pursuant to a policy providing acceptable malpractice insurance as specified in this bylaw, the Registrar-Treasurer shall suspend the member's membership and licence until such time as the Registrar-Treasurer receives satisfactory evidence that the member has obtained and maintains such insurance;
- (g) it is professional misconduct for a member to:
- (i) provide false or misleading information to the Registrar-Treasurer in connection with the matters contemplated in this Bylaw;
 - (ii) except in the circumstances described in paragraph (c), practise, or continue to practise, pharmacy without first obtaining, and continuously maintaining, acceptable malpractice insurance;
 - (iii) breach an undertaking given to the Registrar-Treasurer pursuant to paragraph (d); or
 - (iv) fail to immediately notify the Registrar-Treasurer if for any reason the member fails to continuously maintain acceptable malpractice insurance or otherwise ceases to be insured pursuant to a policy providing acceptable malpractice insurance or indemnified pursuant to Treasury Board Policy on the Indemnification of and Legal Assistance for Crown Servants.

(5) When a practising member is suspended, his licence to practise as a pharmacist shall be suspended during that period. He shall return his licence to the office of the Registrar-Treasurer, and any permit issued in his name shall be invalidated but may be amended upon application.

14 Upon being satisfied that the requirements of the *Act* and bylaws have been met, the Registrar-Treasurer shall issue a certificate to each person who has paid his registration fee, shall issue a membership card to each member who has paid his membership fee, and shall issue a licence to each member who pays the practising membership fee and who has completed the requirements in continuing professional development as prescribed by Council. The seal of the College shall be placed upon each licence, and all the said licences shall expire on the 30th day of June in each year.

15 Any member or intern requiring a duplicate copy of his certificate, membership card or licence, may, on the production of satisfactory evidence to the Registrar-Treasurer that the original thereof has been lost or stolen, obtain the same upon payment of an amount as may be set from time to time to cover the costs of preparing a replacement.

MEDICAL PRACTITIONERS

Registration, Licence and Permit

16(1) Any medical practitioner desiring to become registered as a pharmacist, shall make application in writing to the Registrar-Treasurer, accompanied by the necessary fee, and submit therewith a certificate from the Registrar of the College of Physicians and Surgeons of Saskatchewan, that he is in good standing as a medical practitioner and before carrying on business he shall make application for, and receive the necessary proprietary pharmacy permit and licence.

(2) A medical practitioner who is registered and carrying on business as a pharmacist shall be required to observe the provisions of the *Act* and bylaws thereto and shall personally be present and in charge of the pharmacy or have another pharmacist present and in charge of the pharmacy whenever it is open for business.

(3) No medical practitioner shall be granted a licence to carry on a business as a pharmacist if there is a proprietary pharmacy carrying on business within 32 kilometres.

(4) If eligible for a proprietary pharmacy permit, the medical practitioner must live in the community for which the permit is to be granted.

(5) **Locum Tenens:**

(a) the Registrar-Treasurer of the Saskatchewan College of Pharmacists may, on the request of any medical practitioner duly qualified as a member of the Saskatchewan College of Pharmacists in good standing and holding a valid and subsisting licence and resident and engaged in the active practice of his profession as a pharmacist in Saskatchewan, and on it being certified to the Registrar-Treasurer by any such member that he wishes to engage the services of another medical practitioner as locum tenens during his proposed temporary absence from his practice, and on application by the person on whose behalf the request is made, register such medical practitioner as a member of the College and pharmacist for a period not exceeding 60 days;

(b) the application of the proposed locum tenens shall be made to the Registrar-Treasurer on a form to be supplied by the Registrar-Treasurer and shall be accompanied by the prescribed registration fee. At or before the expiry date of the period for which a registration has been issued, the Registrar-Treasurer may, on written request of the holder of the registration and on payment of a further registration fee renew the registration for a further period not exceeding 60 days, provided the holder of the registration is in good standing on the records of the College and the Registrar-Treasurer is of the opinion that it is under all the circumstances just and expedient to renew the registration. Such registrations may be renewed for up to one year from the first registration;

(c) the applicant for the registration shall furnish proper evidence of his qualifications and comply with all other requirements prescribed for admission to the College as far as same are applicable;

(d) with his application for registration the applicant shall sign an undertaking to engage in practice only as a bona fide locum tenens for a medical practitioner duly qualified as a member of the Saskatchewan College of Pharmacists and to pay the prescribed fee forthwith and complete his registration before commencing practice as a pharmacist;

(e) the holder of this registration and licence shall be subject to the jurisdiction of the Council as if he were a fully registered member and pharmacist; notwithstanding that the period fixed for registration may

not have expired, the Registrar-Treasurer may cancel the registration if the holder ceases to act as a locum tenens, and upon such cancellation all rights of the holder shall cease.

CODE OF ETHICS

17(1) Saskatchewan College of Pharmacists Code of Ethics

I _____ do hereby subscribe to the following Code of Ethics and do acknowledge that observance thereof is essential to the proper practice of pharmacy.

THE PRACTICE OF PHARMACY IS A PROFESSION DEDICATED TO THE SERVICE OF PUBLIC HEALTH.

1. A pharmacist shall hold the health and safety of the public to be of first consideration in the practice of his profession rendering to each patient the full measure of his ability as an essential health care practitioner.
2. A pharmacist shall maintain a high standard of professional competence throughout his practice, through continuation of his education and professional experience.
3. A pharmacist shall observe the law, particularly those affecting the practice of pharmacy; uphold the dignity of the Profession; strive for its betterment; maintain a high standard of ethics; and report to the proper authority, without fear or favour, any unethical or illegal conduct which may be encountered within the Profession.
4. A pharmacist shall not engage in any practice, the conditions of which might cause him to compromise acceptable standards of the Profession.
5. A pharmacist shall protect the patient's right of confidentiality.
6. A pharmacist shall co-operate with other health care practitioners to ensure delivery of the highest level of pharmaceutical services to the public.
7. A pharmacist shall be responsible in setting a value on services rendered.
8. A pharmacist shall be governed in advertising practices by highly professional integrity.
9. A pharmacist shall associate with, participate in, and financially support organizations for the betterment of the Profession of pharmacy.
10. A pharmacist shall be a willing, sincere, and diligent preceptor in the training and education of future pharmacists and others.

- (2) The Code of Ethics shall be displayed at all times in a conspicuous location in the member's place of practice.

PROPRIETARY PHARMACIES

Permits

18(1) The Registrar-Treasurer shall issue a permit to the proprietor for each pharmacy that has met the requirements of the *Act* and bylaws. The seal of the College shall be placed upon each permit, and all the said permits shall expire on the 30th day of November in each year. No permit shall be issued until the prescribed application form(s), the annual or other applicable fee, together with any surcharge applicable thereto, and all arrears of the applicant, shall have been remitted to the office of the Registrar-Treasurer.

(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 the 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 further express 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 outside of the Province of Saskatchewan.

(3) The name of any pharmacy whose annual fee or surcharge applicable thereto is unpaid after November 30, in any year, shall be removed from the register and the proprietor shall lose the privileges conferred upon him by the *Act* to operate the pharmacy but he may, subject to the bylaws be reinstated upon payment of the prescribed surcharge, permit and reinstatement fee.

(4) Every applicant for a proprietary pharmacy permit will apply therefore to the Registrar-Treasurer in writing, giving the following information:

- (a) the name and address of the owner of the pharmacy;
- (b) the name of the pharmacy and the address at which the pharmacy will operate;
- (c) the name of the practising member who will have the management of the pharmacy;
- (d) the names of all practising members employed in the pharmacy, or whom it is proposed to employ in the said pharmacy;
- (e) where the proprietor is a corporation, the corporation's name and official address of the head office, and the names of all Directors of the Corporation; and
- (f) any other information that the Registrar-Treasurer needs to be satisfied that the pharmacy meets the requirements of the *Act* and bylaws.

(5) An applicant for a proprietary pharmacy permit must satisfy the Registrar-Treasurer that the pharmacy complies with the following standards:

The dispensary must be accessible to the public in person and by telephone except that it must be so designed as to discourage entrance by other than authorized persons. It must be well lighted; cleanliness and neatness must be maintained to a standard satisfactory to the health authorities of the community and the Registrar-Treasurer or his designate. There must be suitable space for office, library and customer waiting area.

(6) Where the application is for a new proprietary pharmacy permit, the applicant may, at the discretion of the Registrar, be subject to a pre-opening inspection to determine that the requirements for granting the permit have been met. Where the first inspection reveals that those requirements have not been met and the Registrar determines a second or more pre-opening inspection is needed, the applicant shall pay the applicable fee or fees. The Registrar shall not grant the permit until such fee or fees are paid in full.

(7) Any proprietor requiring a duplicate copy of his permit, may, on the production of satisfactory evidence to the Registrar-Treasurer that the original thereof has been lost or stolen, obtain the same upon payment of an amount as may be set from time to time to cover the costs of preparing a replacement.

19 Every proprietor shall be held responsible for ensuring that each pharmacist in practice in his employ is registered as a practising member.

Pharmacist in Charge

20 Council may from time to time require satisfactory evidence that during all times that the pharmacy is open for business for the sale of drugs, there will be therein a licensed pharmacist in charge of the management and conduct of the business carried on therein.

21 At the discretion of the Registrar, a licensed pharmacist may be named as pharmacy manager in more than one pharmacy.

CONDITIONS OF SALE FOR DRUGS AND RELATED REQUIREMENTS FOR PHARMACISTS AND PHARMACIES

Delineation of the Pharmacy from the Remainder of the Premises

22(1) In this section:

- (a) "**cosmetic**", means as defined in *The Food and Drugs Act (Canada)*, includes any substance or mixture of substances manufactured, sold or represented for use in cleaning, improving or altering the complexion, skin, hair or teeth, and includes deodorants and perfumes;
- (b) "**dispensing-only pharmacy**" means a pharmacy wherein the practice of pharmacy is limited to dispensing prescriptions and providing associated professional services and products, and which does not contain a conventional front store;
- (c) "**food**" as defined in *The Food and Drugs Act (Canada)*, includes any article manufactured, sold, or represented for use as food or drink for man, chewing gum, and any ingredient that may be mixed with food for any purpose whatever;
- (d) "**pharmacy**" means the area in the premises in which the pharmacy is located, and which includes the dispensary and all shelves, displays or fixtures bearing drugs and other items for sale as permitted in this section and which shelves, displays or fixtures are in an area in the vicinity of the dispensary so that they are under the audio and visual control of the pharmacist;
- (e) "**prohibited drug**" means any drug designated as such in subsection (6).

(2) Inclusions within the pharmacy and conditions of sale of drugs:

- (a) drugs, and information related thereto or related to any health subject, must be located within the pharmacy;
- (b) Schedule I and Schedule II drugs must, at all times, be kept or stored in a secure location in the pharmacy, such as the dispensary, that is not accessible to the public. While Schedule II drugs may be sold without a prescription, the pharmacist must be involved in the sale of Schedule II drugs, which includes arriving at the decision to sell the drug;
- (c) Schedule III drugs may be located in the area of the pharmacy that is accessible to the public and which provides an opportunity for self-selection of the drug by the public. The pharmacist must be available, accessible and approachable to assist the public with selecting the drug;
- (d) substances, other than drugs, but represented to be sold for medicinal purposes, and other health related items such as, but not limited to, vitamins, minerals, first-aid supplies, sickroom supplies, surgical appliances and supplies, and animal health supplies may be included within the pharmacy;
- (e) non health-related items, such as, but not limited to, cosmetics, cards, gifts, magazines, tobacco products, paper goods, and toys, shall not be included within the pharmacy;
- (f) health foods may be included within the pharmacy at the discretion of the manager of the pharmacy;
- (g) the area which is, or may in the future be known as the "Patient Counselling Area" shall be included within the pharmacy;

(3) Delineation of the Pharmacy:

The pharmacy, except in dispensing-only pharmacies, shall be delineated from the remainder of the premises in the following manner:

- (a) by the display, on the boundary of the pharmacy, of one or more signs:
 - (i) entitled "Pharmacy" or "Professional Services Area", or such other term acceptable to the Registrar-Treasurer; and
 - (ii) which sign(s) shall be in a format acceptable to the Registrar-Treasurer including sufficient size, shape and colour to clearly distinguish the area of the pharmacy from the remainder of the premises.
- (b) by using one or more additional methods such as variations in flooring, ceiling, decor, fixtures, and lighting, or additional signs, or physical separation:

- (i) variations in flooring may be one or any of: flooring material or colour which differ from the remainder of the premises or raising or lowering the floor;
- (ii) variations in ceiling may be one or any of: ceiling material or colour which differ from the remainder of the premises or raising or lowering the ceiling;
- (iii) variations in decor may be one or any of: furniture, wall coverings, or painted walls which differ from the remainder of the premises;
- (iv) variations in fixtures may be one or any of: size or colour of fixtures which differ from the remainder of the premises or turning the fixtures to face a different direction;
- (v) variations in lighting may be one or any of: lighting fixtures which differ from the remainder of the premises or raising or lowering, the lighting fixtures or light intensity;
- (vi) additional signs may be displayed within the pharmacy which describe sections and product categories therein (i.e. "Cough and Cold", "Laxatives", First-Aid");
- (vii) physical separation may be walls or barriers which are constructed from opaque or transparent materials, or combinations thereof, and which surround the pharmacy in order to physically separate the pharmacy from the remainder of the premises. Such construction must conform to local building codes.

(4) The pharmacy shall be under the personal attendance and supervision of a pharmacist, unless it is capable of complete closure to the public and to non-professional staff at such times as there is no pharmacist on duty, in accordance with Subsection (8).

(5) The dispensary must be clearly defined and must be marked by a sign of suitable size which shall read "Dispensary" or "Prescriptions", or other such term acceptable to the Registrar-Treasurer. The dispensary plan must be submitted for approval by the Registrar-Treasurer, the actual area in which prescriptions are filled must not be less than 100 square feet. The dispensary shall be stocked with drugs and chemicals and related supplies adequate to provide a full prescription service.

(6) No pharmacist shall sell a prohibited drug, nor permit or allow the storage of a prohibited drug in a pharmacy under his management. A prohibited drug includes:

- (a) all Exempted Codeine Products offered for retail sale in a solid dosage form including tablets, capsules, gelcaps, and other similar dosage forms in a package size exceeding fifty (50) units, and in liquid preparations exceeding package sizes of one hundred (100) ml.

Exempted Codeine Products are defined in Section 36 of *The Narcotic Control Regulations* as those products containing codeine which the public may purchase without a prescription. Such products contain not more than 8 mg or its equivalent of codeine phosphate per solid dosage unit, or not more than 20 mg or its equivalent of codeine phosphate per 30 ml in a liquid preparation. In addition, such products must contain two or three additional medicinal ingredients other than a narcotic in therapeutic proportions. The outer package must also bear the full list of all the active ingredients along with a cautionary notification that the product contains codeine, and should not be administered to children except on the advice of a physician or dentist.

(7) When a person wishes to purchase an Exempted Codeine Product, only a pharmacist, or an intern under the immediate supervision of a pharmacist, may sell the Exempted Codeine Products. The pharmacist or intern must document the sale on the patient profile. Except for quantities stated otherwise and pursuant to that authorized by a prescription, the pharmacist, or intern under the immediate supervision of a pharmacist, may sell only one (1) consumer package of the Exempted Codeine Product per occasion.

(8) Lock and Leave:

- (a) in this subsection:

- (i) "**Lock and Leave**" means an approved physical enclosure which allows a period or periods of closure of the pharmacy from the remainder of the premises;
- (ii) "**Permit**" means a Lock and Leave Permit;
- (iii) "**Professional Services**" means those services such as, but not limited to, dispensing prescriptions, selling drugs, and the education, consultative and counselling functions associated thereto, which may only be performed by a licensed pharmacist;

- (b) where a permit holder proposes a "Lock and Leave" installation, he must firstly obtain approval of the Registrar-Treasurer by applying in writing, and which application shall specify physical layout of the closure facilities, the times which the entire premises is open to the public, the proposed times of operation of the "Lock and Leave", and the proposed times when professional services will be available;
- (c) the applicable fee must accompany the application and shall be non-refundable after the inspection of the facilities is completed;
- (d) the Registrar-Treasurer may approve a "Lock and Leave" installation where he is satisfied that the applicant complies with the following conditions:
 - (i) the times of operation of the "Lock and Leave" and the times when professional services are available shall be regular and consistent during the times when the remainder of the premises is open to the public. Professional services must be available for at least 50% of the time that the remainder of the premises is open to the public, or some lesser amount of time where the Registrar-Treasurer is satisfied that sufficient professional services will be provided in order to meet the needs of the public;
 - (ii) those "Lock and Leave" installations which have been approved prior to January 18, 1984, under former "Lock and Leave" guidelines are exempt from this condition, but must comply with the conditions regarding times of operation which were specified when the "Lock and Leave" was first approved, and must comply with the other conditions specified herein;
 - (iii) all drugs must be located within the "Lock and Leave". Substances other than drugs represented to be sold for medicinal purposes, and other health related items such as, but not limited to, vitamins, minerals, first aid supplies, sickroom supplies, surgical appliances and supplies, animal health supplies and other health care products traditionally associated with professional services may be located within the "Lock and Leave";
 - (iv) during the periods of closure or operation of the "Lock and Leave", the pharmacy shall not be accessible to the public or non-professional staff, and
 - (v) no drugs may be sold or offered for sale and non-professional staff may not perform any professional services;
 - (vi) The "Lock and Leave" physical enclosure which separates the pharmacy from the remainder of the premises must be:
 - (1) a wall, composed of transparent, semitransparent or opaque materials, or any combination thereof, at least six feet high with adequate doors to permit complete security during periods of closure, and to permit full access by the public to the pharmacy when professional services are available; or
 - (2) a sliding wall, in accordance with the height and material specifications under (a) above, which will completely surround and secure the pharmacy during periods of closure;
 - (3) Notwithstanding sub clauses (1) and (2), Council may approve a non-permanent barrier that permits complete security during periods of closure to those products restricted to a lock and leave enclosure offered for sale on shelves outside that enclosure;
- (e) where the Registrar-Treasurer does not approve a "Lock and Leave" installation because he is not satisfied that the conditions specified herein have been met, the applicant may appeal this decision to Council for approval of the application upon majority consent;
- (f) where an application for "Lock and Leave" is approved by the Registrar-Treasurer, or upon the majority consent of Council, the Registrar-Treasurer shall issue a permit in duplicate to the applicant, and which permit shall specify approval to operate the "Lock and Leave", and shall specify the times during which professional services will be provided;
- (g) the applicant shall post one copy of the permit issued under Paragraph (8) in a conspicuous area of the premises so that it is visible from the exterior of the premises, and the duplicate copy of the permit in a conspicuous area in the vicinity of the pharmacy;
- (h) where a permit holder proposes changes to the "Lock and Leave" installation with respect to the conditions specified herein, he shall firstly obtain the approval of the Registrar-Treasurer by applying in writing and which application shall specify the nature of the change.

- (9) Satellite Pharmacy:
- (a) "**Satellite Pharmacy**" means a pharmacy for which a permit has been issued to operate in rural Saskatchewan, in compliance with the guidelines as prescribed by Council.
- (10) Fixtures and Facilities:
- (a) the dispensing counter must have at least 20 square feet of working area to be utilized only for the compounding and dispensing of prescriptions;
- (b) there must be adequate shelf and storage space. Temperature in this area must be such that it is suitable for the storage of drugs and chemicals;
- (c) the dispensary must be equipped with a printing device, refrigerator and heat source (i.e. microwave), all in good working order;
- (d) narcotic and Controlled Drugs shall be secured in accordance with section 43 of *The Narcotic Control Regulations* (Canada), and section GO3.012 of *The Food and Drug Regulations* (Canada);
- (e) the dispensary must contain:
- (i) a sink, provided with hot and cold running water and sewage disposal, both of which comply with local building codes;
 - (ii) suitable container for waste disposal;
 - (iii) suitable prescription filing system and other provisions for record keeping approved by the Registrar-Treasurer or his designate;
 - (iv) readily accessible file in which is kept current copies of all Acts, bylaws and Regulations, guidelines, standards and policy statements issued by Council pertaining to the practice of pharmacy;
- (f) patient profiles (either manual or electronic) must be maintained on which shall be recorded the following minimum information:
- (i) name, and names of dependents if applicable;
 - (ii) address;
 - (iii) birth months and years;
 - (iv) Health Services Number;
 - (v) allergies and special information;
 - (vi) date;
 - (vii) prescription number;
 - (viii) identification of prescriber;
 - (ix) identification of pharmacist;
 - (x) name and strength of medication;
 - (xi) quantity;
 - (xii) directions;
 - (xiii) repeat identification;
- (g) compounding and dispensing equipment must include a Class A prescription balance, or its equivalent metric weights 10 mg to 50 g, counter or bulk scale capable of weighing 10 g to 1 kg, at least two graduates of metric measure, at least one mortar and pestle, and one metal and one non-metal spatula, stirring rod, funnel, ointment slab and pads. There must be sufficient quantity of expendable material such as bottles, caps, dropper bottles, ointment jars, tablet vials, labels, distilled or deionised water.

- (11) Reference Library Requirements:

Regulatory Bylaws of the Saskatchewan College of Pharmacists

Every pharmacy shall have a reference library consisting of electronic or printed versions (recommended resources are provided in the Policy Paper on Reference Library Requirements which is accessible in the Pharmacy Reference Manual which is updated from time to time) of:

- (a) Pharmacy Reference Manual containing current pharmacy related Federal and Provincial Acts and Regulations and Schedules;
- (b) a medical dictionary;
- (c) a Canadian drug compendium (i.e. CPS);
- (d) a drug interaction reference;
- (e) a non-prescription medication/therapy guide;
- (f) a drug therapy text;
- (g) professional journals – (Journals can be electronic (online), on PDA or in print);
- (h) a natural products reference;
- (i) a pregnancy and lactation reference.

The following are supportive references based on practice environment:

- (a) a paediatrics reference;
- (b) a geriatric reference;
- (c) websites;
- (d) a patient counselling reference.

(12) Prescription Labelling Requirements:

The following minimum information is to appear on all prescription labels:

- (a) name of Patient;
- (b) name of Prescriber;
- (c) prescription Number;
- (d) date on which the prescription (new or repeat) is filled;
- (e) name of the drug in the prescription, as follows:
 - (i) generic name followed by the strength and name, or accepted abbreviation, of the manufacturer: or
 - (ii) generic name followed by the strength and trade name: or
 - (iii) trade name followed by the strength: or
 - (iv) in situations where the trade name uniquely identifies the strengths of more than one drug in a fixed-ratio combination product, the trade name;
- (f) prescriber's directions must be clearly stated on all prescription labels so as to be clearly understood by the patient;
- (g) name, address, phone number of the pharmacy at which the prescription was dispensed.

(13) Safety Closure Containers:

Every pharmacist who dispenses a drug shall package the drug in a safety closure container that is certified and designated by one of: the Canadian Standards Association, the European Standard, or the Code of Federal Regulations (United States), as defined in *The Food and Drug Regulations* C.01.001(2)(b), except when:

- (a) the prescriber, the patient, or his responsible agent directs otherwise; or
- (b) in the professional judgment of the pharmacist, in the particular instance, it is advisable not to use a safety closure container; or
- (c) a safety closure container is not suitable because of the physical nature of the drug; or

(d) supplies of safety closure containers are not available.

(14) No pharmacist shall accept for return to stock or re-use any drug or preparation thereof previously dispensed, nor assume responsibility for any drug or preparation thereof which has been removed from his direct supervision for any period of time.

(15) Non-compliance with all the bylaws and Regulations governing the practice of pharmacy shall be deemed an infringement and shall be subject to investigation and to disciplinary action.

(16) Advertising:

(a) in this subsection:

(i) "**professional services**" means the procedures/functions involved in the preparation of a prescription from the time the pharmacist receives the prescription, until the pharmacist releases the final prescription package to the patient, as defined or described in the Standards of Practice for Saskatchewan Pharmacists, or other standards or guidelines as approved by Council;

(ii) "**purchaser**" means an individual or corporeal person who purchases professional services directly from a pharmacy;

(b) general prohibition

No pharmacist, or any firm, corporation, partnership, organization, or clinic operating a pharmacy, shall publish, display, distribute, or use or cause or permit, directly or indirectly, the publication, display, distribution or use of any advertisement, announcement or information related to professional services, which:

(i) as a result of its content or method or frequency of dissemination, may be reasonably regarded as likely to demean the integrity or dignity of the profession or bring the profession into disrepute;

(ii) includes information that:

(1) is false, misleading, fraudulent, deceptive, ambiguous or confusing or likely to mislead or deceive the public because, in context, it makes only partial disclosure of relevant facts;

(2) is not relevant to the public's ability to make an informed choice, or is not verifiable by facts or can only be verified by a person's personal feelings, beliefs, opinions or interpretations;

(iii) is likely to create expectations of favourable results or to appeal to the public's fears; or

(iv) makes any reference to the prices, fees or services of any other pharmacist or pharmacy or which would be reasonably regarded as making such reference;

(c) signs:

No pharmacist, or any firm, corporation, partnership, organization, or clinic operating a pharmacy shall have or display or cause to be displayed a sign or signs internal or external to the place of business advertising professional services which:

(i) are in a size and/or number not reasonably necessary to inform the public or provide the public with the ability to make an informed choice; or

(ii) are flamboyant, grandiose, sensational or otherwise demeaning to the integrity of the profession and which are not reasonably necessary to inform the public or to provide the public with the ability to make an informed choice;

(d) fee for professional services:

A pharmacist, or any firm, corporation, partnership, organization, or clinic operating a pharmacy may prominently post in or adjacent to the dispensary area a schedule of fees for professional services, on a sign provided by or approved by the Council, which shall contain:

(i) all prices and fees charged for professional services;

(ii) a statement as to which prices or fees are paid by the purchaser; and

(iii) a statement as to which prices or fees are not paid by the purchaser, and for those prices or fees which are paid by other than the purchaser, the name of the party who pays those prices or fees.

The fee for professional services may be published or displayed on the prescription label and/or prescription receipt;

- (e) no pharmacist, or any firm, corporation, partnership, organization or clinic operating a pharmacy shall supply or permit any other person to supply, to any practitioner for the purposes of advertising, prescription pads or any other matter bearing the name of a pharmacist and/or pharmacy and/or any message or slogan calculated to identify any particular pharmacist or pharmacy, for use by the practitioner in issuing a prescription to be dispensed by a pharmacist.

PRESCRIBING OF DRUGS

23(1) Definitions

(a) Terms which are defined under *The Pharmacy Act, 1996* have the same meaning in these Bylaws. In addition, the following words and phrases have the following meaning in these Bylaws:

(i) **“Collaborative Practice Agreement”** means either:

(1) an agreement between one or more licensed pharmacists and one or more Practitioners in a collaborative practice environment that outlines the competency-based functions performed by each health care provider and acknowledges shared risk and responsibilities for patient outcomes; or

(2) a bylaw or policy of a Public Health Care Institution, or agreement between one or more licensed pharmacists and a Public Health Care Institution, that outlines the competency-based functions performed by licensed pharmacists and other health care providers employed by, or practicing in the Public Health Care Institution, and acknowledges shared risk and responsibilities for patient outcomes,

(ii) **“Collaborative Practice Environment”** means a relationship between the licensed pharmacist and other practitioner(s) involved in the care of the patient is such that the practitioner(s) can reasonably rely upon the basic skills of the licensed pharmacist to prescribe in the best interests of the patient,

(iii) **“Level I Prescribing Authority”** means the ability of a licensed pharmacist to prescribe drugs in the circumstances enumerated in sub-section 3 of these Bylaws, and is derived from the existence of a Collaborative Practice Environment;

(iv) **“Level II Prescribing Authority”** means the ability of a licensed pharmacist to prescribe drugs in the circumstances enumerated in sub-section 4 of these Bylaws;

(v) **“Pharmacist Assessment Record”** means the clinical record completed, or caused to be completed, by one or more licensed pharmacists for the purpose of documenting the information described in paragraph (b) of sub-section (2);

(vi) **“Pharmaceutical Information Program”** means the Province of Saskatchewan’s centralized electronic registry of patient medication records, gathered pursuant to section 3.3(2) of *The Prescription Drugs Act*,

(vii) **“Practitioner”** means any person within the definition of practitioner under *The Pharmacy Act, 1996* and *The Drug Schedules Regulations, 1997*;

(viii) **“Public Health Care Institution”** means a designated facility as defined in *The Facility Designation Regulations* pursuant to *The Regional Health Services Act*.

(2) Pharmacist Assessment Record and Pharmaceutical Information Program

(a) a licensed pharmacist who prescribes a drug pursuant to the authority of these Bylaws must record, or cause to be recorded, a record of such prescription in a Pharmacist Assessment Record in accordance with this Bylaw;

(b) the Pharmacist Assessment Record for each drug prescribed under the authority of these Bylaws must include:

(i) the date of the prescription;

(ii) the name and address of the person for whose benefit the drug is given;

(iii) the proper name, common name or brand name of the prescribed drug, and the quantity thereof;

- (iv) the drug's strength, where appropriate;
 - (v) the dosage;
 - (vi) the amount prescribed;
 - (vii) relevant patient information including any drug-related problems and action plans and explicit instructions for patient usage of the drug;
 - (viii) his name; and
 - (ix) the rationale of the prescribing licensed pharmacist for the prescription;
- (c) a licensed pharmacist who prescribes a drug under the authority of these Bylaws must:
- (i) provide, or cause to be provided, the Pharmacist Assessment Record associated with that prescription to the patient's primary practitioner:
 - (1) immediately, if in the judgment of the licensed pharmacist, the practitioner immediately requires the record to provide safe care to the patient; or
 - (2) as soon as reasonably possible, in all other cases; and
 - (ii) except as provided in paragraph (d) of sub-section (10), within the limitations of the Pharmaceutical Information Program, record, or cause to be recorded, the prescription(s) in the Pharmaceutical Information Program, as soon as reasonably possible.
- (3) Level I Prescribing Authority
- (a) a licensed pharmacist has Level I Prescribing Authority in respect of an individual patient if a collaborative practice environment exists between the licensed pharmacist and a practitioner who is responsible for the care of the individual patient;
 - (b) a collaborative practice environment exists for the purposes of paragraph (a) when the relationship between the licensed pharmacist and other practitioner(s) involved in the care of the patient is such that the practitioner(s) can reasonably rely upon the basic skills of the licensed pharmacist to prescribe in the best interests of the patient, communicate those decisions to the practitioner(s), and refer the patient to the practitioner(s) or other health care providers as appropriate;
 - (c) the existence of a collaborative practice environment is a question of fact, but a collaborative practice environment is presumed to exist between a licensed pharmacist and a practitioner when a licensed pharmacist exercises prescribing authority under these Bylaws;
 - (d) a collaborative practice environment does not exist in respect to an individual patient in any circumstance where:
 - (i) in a Public Health Care Institution, in circumstances that may exist as may be prescribed in the bylaw, policy or agreement that constitutes the Collaborative Practice Agreement;
 - (ii) in all other cases, a practitioner has communicated to the licensed pharmacist, either orally or in writing that:
 - 1. no collaborative practice environment exists between the practitioner and the licensed pharmacist, in respect to a particular patient or generally in respect to a class of patients of the practitioner to which the individual patient belongs; or
 - 2. the licensed pharmacist is not to exercise Level I Prescribing Authority in respect to an individual patient or a class of patients of the practitioner to which the individual patient belongs.
- (4) Level II Prescribing Authority
- (a) a licensed pharmacist has Level II Prescribing Authority as provided for in a Collaborative Practice Agreement;
 - (b) a Collaborative Practice Agreement must:
 - (i) be in writing and:
 - (1) in the case of a bylaw or policy of Public Health Care Institution, or agreement between one or more licensed pharmacists and a Public Health Care Institution, be made or entered into by such institution in accordance with the applicable authority for making bylaws, policies or agreements, as the case may be; and

- (2) in all other cases, be executed by or on behalf of each of the practitioner and licensed pharmacist who is a party thereto and if executed by a person other than a practitioner or licensed pharmacist who is party thereto, the person executing the agreement must have the legal authority to bind the practitioner or licensed pharmacist, as the case may be;
- (ii) describe the scope of the authority of the licensed pharmacist who is, or pharmacists who are, party thereto to prescribe drugs in accordance with the Bylaws; and
- (iii) confirm the existence of a collaborative practice environment;
- (c) for the purposes of paragraph (b), a Collaborative Practice Agreement may stipulate:
- (i) conditions, limitations or qualifications to the authority of a licensed pharmacist to exercise Level II Prescribing Authority including, without limitation:
- (1) the ability to prescribe an appropriate drug to the patient, after the practitioner has provided a diagnosis of the patient, and to adjust the dosage regimen or dosage form, as required;
- (2) the ability to make therapeutic substitution of drugs prescribed by the practitioner, if such therapeutic substitution is proper in the judgment of the licensed pharmacist; and
- (3) the ability to alter the dosage and/or dosage regimen of drugs prescribed by the practitioner, if such alteration is proper in the judgment of the licensed pharmacist; and
- (ii) that the authority of a licensed pharmacist to exercise Level II Prescribing Authority is dependant upon the presence or absence of circumstances that are stipulated, defined or described in the Collaborative Practice Agreement, which circumstances may include:
- (1) the urgency of the situation;
- (2) the disease state or condition;
- (3) the applicable patient groups;
- (4) the drug that is to be prescribed;
- (5) the specialized training of the licensed pharmacist; or
- (6) any other circumstances to which the parties to the Collaborative Practice Agreement may agree;
- (d) notwithstanding paragraph (c) of this subsection (4), a Collaborative Practice Agreement shall not limit the authority of a licensed pharmacist to prescribe emergency contraceptives;
- (e) notwithstanding the existence or terms of any Collaborative Practice Agreement, a licensed pharmacist may not exercise Level II Prescribing Authority unless the licensed pharmacist has successfully completed the training requirements as determined by Council.
- (5) Continuing Existing Prescriptions
- (a) a licensed pharmacist with Level I Prescribing Authority, if requested to do so by a patient, may prescribe an additional quantity of a drug previously prescribed to the patient by a practitioner, the additional quantity not to exceed the lesser of:
- (i) the quantity equivalent to the amount last dispensed to the patient by a licensed pharmacist; or
- (ii) one hundred (100) days' supply of the drug, at the frequency and dosage level last dispensed by the licensed pharmacist;
- (b) except as provided in paragraph (d) of sub-section (10), a licensed pharmacist may only prescribe a drug pursuant to the authority conferred pursuant to paragraph (a) if the licensed pharmacist has first assessed the patient's medication history in the Pharmaceutical Information Program and is satisfied that:
- (i) the patient's medication history indicates chronic and stabilized use of the relevant drug; and

- (ii) the patient's remaining supply of the drug will not be sufficient for the patient to maintain the prescribed frequency and dosage levels until the date of his or her next appointment with a practitioner;
 - (c) if a patient is unable to access his or her supply of drugs, a licensed pharmacist with Level I Prescribing Authority, if requested to do so by a patient, may prescribe an additional quantity of a drug previously prescribed to the patient by a practitioner, the additional quantity not to exceed the amount necessary to supply the patient with sufficient drug, at the frequency and dosage level previously prescribed by the practitioner, to meet the reasonable needs of the patient, until such time as the patient, with the exercise of reasonable diligence, would be able to access his or her currently inaccessible supply;
 - (d) except as provided in paragraph (d) of sub-section (10), a licensed pharmacist may only prescribe a drug pursuant to the authority conferred pursuant to paragraph (c) if the licensed pharmacist has assessed the patient's medication history in the Pharmaceutical Information Record and is satisfied that:
 - (i) the patient's medication history indicates chronic and stabilized use of the relevant drug; and
 - (ii) the patient's supply of the drug is currently inaccessible to the patient, due to distance or other reasons;
 - (e) in an emergency situation, a licensed pharmacist with Level I Prescribing Authority may prescribe a quantity of drug sufficient to meet the reasonable needs of the patient until such time as the patient, with the exercise of reasonable diligence, would be able to consult a practitioner;
 - (f) except as provided in paragraph (d) of sub-section (10), a licensed pharmacist may only prescribe a drug pursuant to the authority conferred pursuant to paragraph (e) if:
 - (i) the licensed pharmacist has assessed the patient's medication history in the Pharmaceutical Information Program, including, though not limited to, evaluating the patient's previous use of and current supply of the drug, and is satisfied that the patient is stabilized on the drug, regardless of the drug being used acutely, sporadically or on an as-needed basis;
 - (ii) within the previous six (6) months, the drug has been prescribed to the patient by a practitioner or has been properly dispensed to the patient under the authority of a prescription made by a practitioner; and
 - (iii) the licensed pharmacist has taken steps to ensure that the patient is in an emergency situation;
 - (g) a licensed pharmacist's ability to prescribe drugs in emergency situations and to continue existing prescriptions is not limited by:
 - (i) the drug being classified as a Schedule I drug; or
 - (ii) there being no recent diagnosis by a practitioner on which to base this new or continued prescription;
 - (h) if a drug is prescribed in emergency circumstances pursuant to paragraph (e), the licensed pharmacist must:
 - (i) provide an immediate referral of the patient to a practitioner; and
 - (ii) notify the practitioner to whom the patient has been referred to of the drug provided.
- (6) Insufficient Information
- (a) if a prescription lacks legally necessary information without which the drug cannot be dispensed, a licensed pharmacist with Level I Prescribing Authority may insert the missing information, if the licensed pharmacist is satisfied that the prescribing practitioner's intent is clear and that the medically necessary information was unintentionally omitted;
 - (b) if a licensed pharmacist inserts information under the authority of paragraph (a), the licensed pharmacist must notify the practitioner of the information which was inserted and the drug which was dispensed.

- (7) Increasing Suitability of Drug Prescribed by a practitioner
- (a) a licensed pharmacist with Level I Prescribing Authority may alter the dosage form of any drug in Schedule I, Schedule II or Schedule III or any unscheduled drug which has been properly prescribed by a practitioner if the licensed pharmacist determines, acting reasonably, that another dosage form would be more beneficial to the patient, but is not permitted to alter the dosage amount of a drug in Schedule I without additional authority, in the form of a Collaborative Practice Agreement or otherwise;
 - (b) nothing in paragraph (a) prevents a licensed pharmacist with Level II Prescribing Authority from prescribing drugs in accordance with a Collaborative Practice Agreement.
- (8) Drug Reconciliation
- (a) a licensed pharmacist with Level I Prescribing Authority may prescribe a drug for a patient if the patient:
 - (i) has been recently discharged from a hospital, or licensed special-care or personal care home, without obtaining a continuing prescription for a drug which had been prescribed while the patient was in hospital, or licensed special-care home or personal care home ; or
 - (ii) has been admitted to a hospital, or licensed special-care home or personal care home;
 - (b) a licensed pharmacist may only prescribe drugs pursuant to the authority conferred pursuant to paragraph (a) if the Pharmacist reasonably determines, after the making of inquires that are reasonable in the circumstances, that:
 - (i) the patient requires the drug so as not to suffer harm;
 - (ii) there is no practitioner reasonably available to issue a prescription for the drug; and
 - (iii) one of the following conditions is met:
 - (1) in the case of clause (i) of paragraph (a), in the licensed pharmacist's judgment the prescription for the drug was unintentionally omitted by the practitioner; or
 - (2) in the case of clause (ii) of paragraph (a), subsequent to the patient being admitted to hospital, or licensed special-care home or personal care home, it is determined by the licensed pharmacist that the patient ought to be receiving the drug.
- (9) Minor Ailments Prescribing
- (a) a licensed pharmacist with Level I Prescribing Authority may prescribe a drug that is in Schedule I, Schedule II or Schedule III or an unscheduled drug for self-care, if such a drug is indicated for self-care under the protocols as may be determined by Council from time to time;
 - (b) a licensed pharmacist may only prescribe a drug pursuant to the authority conferred pursuant to paragraph (a) if the licensed pharmacist reasonably determines, after the making of inquires that are reasonable in the circumstances, that:
 - (i) the patient has performed a self-assessment and the self-assessment is reasonable and the drug requested or indicated is appropriate for the treatment of the patient's self-assessed condition; or
 - (ii) the drug is appropriate to a patient's self-care treatment.
- (10) General Provisions
- (a) except as provided in paragraph (d) and notwithstanding any other provision of this Bylaw no licensed pharmacist may:
 - (i) prescribe a drug unless prior to exercising such authority the licensed pharmacist has reviewed the patient's medication history in the Pharmaceutical Information Program;
 - (ii) prescribe a supply of a drug that will exceed one hundred (100) days' supply of that drug, at the dosage level and frequency prescribed by the licensed pharmacist; or
 - (iii) prescribe a drug in circumstances where the most previous prescription for that drug, or a therapeutic substitution for a drug, was issued by a licensed pharmacist;
 - (b) a licensed pharmacist may only prescribe a drug pursuant to the authority conferred pursuant to this Bylaw if:

- (i) the licensed pharmacist reasonably believes that the prescription decision of the licensed pharmacist has been consented to, in accordance with the following:
 - (1) in the context of services provided within a Public Health Care Institution, the licensed pharmacist reasonably believes that that prescription decision of the licensed pharmacist has been consented to in accordance with the bylaws or policies of the Public Health Care Institution regarding consent; or
 - (2) in the context of a practice outside of a Public Health Care Institution, the licensed pharmacist reasonably believes, after the making of inquiries that are reasonable in the circumstances, that the prescription decision of the licensed pharmacist has been consented to:
 - 1. by the patient, if the licensed pharmacist has a reasonable basis to believe that the person has the capacity to make an informed health care decision;
 - 2. by a person appointed as the patient's personal guardian or the patient's co-decision-maker pursuant to *The Adult Guardianship and Co-Decision-Making Act*;
 - 3. by the patient's parent or legal guardian, if the licensed pharmacist has a reasonable basis to believe that the person does not have the capacity to make an informed health care decision by reason of the patient's infancy; or
 - 4. by the patient's spouse, if the patient does not have the capacity to make an informed health care decision and that no person has been appointed as the patient's co-decision-maker or personal guardian has been appointed;
- (ii) the licensed pharmacist has successfully completed the training requirements as stipulated by Council; and
- (iii) for prescribing authority other than that stipulated in paragraph (a) of subsection (9), the licensed pharmacist reasonably believes, after the making of inquiries that are reasonable in the circumstances, that there exists an active relationship between the practitioner and the patient;
- (c) nothing in these Bylaws permits a licensed pharmacist to delegate the licensed pharmacist's prescribing authority;
- (d) where the licensed pharmacist is unable to access the patient's medication history in the Pharmaceutical Information Program and is unable to make a record therein because the patient is not a resident of Saskatchewan, the licensed pharmacist may prescribe a drug to the patient in accordance with these bylaws upon the making of inquiries that are reasonable in the circumstances into the patient's medication history.

Schedule I Drugs

- 24(1) Except as provided otherwise in subsection (10) and in the *Narcotic Control Regulations* or the *Food and Drug Regulations (Canada)*, no pharmacist shall sell a substance containing a Schedule I drug unless: the sale is made pursuant to a verbal or written prescription received by the pharmacist; and where the prescription has been transferred to the pharmacist under subsection (4), the requirements of subsection (5) have been complied with.
- (2) Where the prescription for a Schedule I drug is written, the pharmacist selling the drug shall retain the prescription for at least two years from the date of filling. Where the prescription for a Schedule I drug is verbal, the pharmacist to whom the prescription is communicated by the practitioner shall forthwith reduce the prescription to writing and the pharmacist selling the drug shall retain that written record of the prescription for a period of at least two years from the date of filling.
- (3) The pharmacist reducing a verbal prescription to writing shall indicate on the written record of the prescription:
- (a) the date and number of the prescription;
 - (b) the name and address of the person for whose benefit the prescription is given;
 - (c) the proper name, common name or brand name of the specified drug and the quantity thereof;
 - (d) his name and the name of the practitioner who issued the prescription; and

- (e) the directions for use given with the prescription, including whether or not the practitioner authorized the refilling of the prescription and, if the prescription is to be refilled, the number of times it may be refilled.
- (4) A pharmacist may transfer to another pharmacist a prescription for a Schedule I drug.
- (5) A pharmacist to whom a prescription has been transferred under subsection (4) shall not sell a drug pursuant thereto until:
- (a) he has obtained from the pharmacist transferring the prescription his name and address, the number of authorized refills remaining and the date of the last refill; and
- (b) he has:
- (i) received a copy of the prescription as written by the practitioner or as reduced to writing as required by subsections (2) and (3) as the case may be; or
- (ii) where the prescription has been transferred to him verbally, reduced the prescription to writing indicating therein the information specified in subsection (3).
- (6) The pharmacist to whom a prescription for a Schedule I Drug is transferred under subsection (4) shall retain in his files for a period of two years the information and documents referred to in subsection (5).
- (7) A pharmacist who transfers a prescription under subsection (4):
- (a) shall enter on the original of the prescription and in the patient profile, the date of transfer; and
- (b) shall not make any further sales under the prescription nor transfer it to another pharmacist.
- (8) No pharmacist shall refill a prescription for a Schedule I drug unless the practitioner so directs and no pharmacist shall refill such a prescription more times than the number of times prescribed by the practitioner.
- (9) The pharmacist filling or refilling a prescription for a Schedule I drug shall enter on the original of the prescription or in a suitable record of prescriptions kept under the name of each patient:
- (a) the date of filling;
- (b) the date of each refill, if applicable;
- (c) the quantity of drug dispensed at the original filling and each refill; and
- (d) his name.
- (10) Sale of Schedule I Drugs without a Prescription:
- (a) a pharmacist may sell a Schedule I drug, without having received a prescription therefore, to: a drug manufacturer; a practitioner as defined in the *Act* who is authorized to prescribe the drug or use the drug in the practice of his profession; a drug wholesaler; a licensed pharmacist; or a publicly operated pharmacy upon receipt of a written order signed by a duly authorized representative and he shall retain the written order for the drug for a period of at least two years from the date of filling the order;
- (b) upon having received training as approved by Council, a pharmacist may prescribe and sell a Schedule I drug to a member of the public, in the absence of a prescription from a medical practitioner, when under emergency or urgent circumstances the pharmacist deems it to be in the best interests of the patient to provide a reasonable quantity of an oral contraceptive sufficient to meet the patient's needs and a diagnosis or assessment by a practitioner for emergency contraception is not required, as the pharmacist is able to assess the patient's needs for emergency contraception;
- (c) when a pharmacist:
- (i) sells a Schedule I drug pursuant to paragraph (b), he shall make a written record containing the following information:
- (1) the date and file reference number for the sale;
- (2) the name and address of the person for whose benefit the drug is given;
- (3) the proper name, common name or brand name of the specified drug and the quantity thereof;
- (4) his name;

- (5) the direction for use;
 - (6) the name of the medical practitioner if designated by the patient; and
 - (7) the reasons and circumstances under which the sale is made, or
- (ii) prescribes a Schedule I drug pursuant to paragraph (b), he shall make a written record containing the following information:
- (1) the date;
 - (2) the name and address of the person for whose benefit the drug is given;
 - (3) the proper name, common name or brand name of the specified drug and the quantity thereof;
 - (4) the drug's strength where appropriate;
 - (5) the dosage;
 - (6) the amount prescribed;
 - (7) explicit instructions for patient usage of the drug; and
 - (8) his name and signature, and he shall retain this written record for a period of at least two years from the date of selling the drug;
- (d) When a pharmacist prescribes and sells a Schedule I drug pursuant to paragraph (b), he shall, with consent of the patient, communicate his decision to the medical practitioner at the earliest possible opportunity.
- (11) Where a pharmacist advertises to the general public a Schedule I drug, the pharmacist shall not make any representation other than with respect to the brand name, proper name, common name, price and quantity of the drug.

DISCIPLINARY PROCESS - COMPLAINTS COMMITTEE PROCEDURES

25(1) Complaints Committee:

- (a) Council shall appoint a Complaints Committee in accordance with section 27 of the *Act*, which may include a public appointee;
 - (b) the Registrar or his/her designate, shall be the administrative secretary to the Complaints Committee and shall provide administrative support to the Complaints Committee;
 - (c) a majority of the Complaints Committee members constitutes a quorum. Council may, in order to achieve a quorum, add members to the Complaints Committee;
 - (d) a decision of a majority of the members of the Complaints Committee is a decision of the Complaints Committee;
 - (e) the Complaints Committee shall, by majority vote, appoint an elected Councillor as Chair of the Complaints Committee, and may appoint an Acting Chair by majority vote, if the Chair of the Complaints Committee is unable to act as Chair;
 - (f) unless the *Act* or bylaws state to the contrary, the Complaints Committee may set its own practice and procedures.
- (2) Meetings of the Complaints Committee:
- (a) the Complaints Committee administrative secretary shall prepare Minutes of the meetings of the Complaints Committee;
 - (b) meetings of the Complaints Committee are not open to the public.
- (3) Investigations of Complaints by Complaints Committee:
- (a) any person may deliver a complaint to the Saskatchewan College of Pharmacists against a member or proprietor;
 - (b) the Complaints Committee may choose to investigate anonymous complaints in special circumstances as determined to exist by the Complaints Committee;

- (c) the Complaints Committee may require that a complainant reduce their complaint to writing.
- (d) the administrative secretary to the Complaints Committee or his/her designate shall receive all complaints on behalf of the Complaints Committee;
- (e) the Chair of the Complaints Committee may initiate an investigation into a complaint prior to the next meeting of the Complaints Committee;
- (f) the Complaints Committee shall review the progress of investigations into complaints during its regular scheduled meetings;
- (g) the Complaints Committee Chair (directly or through the administrative secretary to the Complaints Committee or his/her designate) may request a comprehensive written response from the member or proprietor to each and every allegation in the complaint, in which case the member or proprietor shall also be advised that their written response will be submitted to the Complaints Committee for review and may be provided to the complainant for comment;
- (h) upon receipt of a complaint, the Complaints Committee Chair (through the administrative secretary to the Complaints Committee or his/her designate) shall notify the complainant, if any, in writing, that the complaint has been received and is being dealt with by the Complaints Committee, except where such notification would impede an effective investigation into the complaint;
- (i) the Complaints Committee may, in circumstances in which it considers appropriate, withhold disclosure of the identity of the complainant from the member or proprietor;
- (j) the Complaints Committee may delegate an investigation to a staff investigator or member of the Complaints Committee or both, and the said staff investigator or member of the Complaints Committee shall upon conclusion of the investigation provide a written report to the Complaints Committee;
- (k) at the conclusion of an investigation, the Complaints Committee Chair (directly or through the administrative secretary or his/her designate) shall notify the complainant, if any, as to the status of the complaint and in particular whether or not the Complaints Committee has recommended that the complaint proceed to a disciplinary hearing;
- (l) the Complaints Committee may at any time during the course of an investigation, with the consent of the member or proprietor who is the subject of the complaint, refer the complaint to any form of alternative dispute resolution, including, but not limited to, mediation. Upon conclusion of such alternative dispute resolution process, if the complaint has not been resolved, the committee shall:
 - (i) if the investigation has not been concluded, continue with the investigation; or
 - (ii) if the investigation has been concluded, make a written report to the Discipline Committee in accordance with subsection 28(2) of the Act;
- (m) the Complaints Committee may at any time during the course of an investigation, with the consent of the member or proprietor, who is the subject of the complaint, refer the complaint to any form of alternate remedies. Upon conclusion of such alternate remedies, if the complaint has not been withdrawn, the committee shall:
 - (i) if the investigation has not been concluded, continue with the investigation; or
 - (ii) if the investigation has been concluded, make a written report to the Discipline Committee in accordance with subsection 28(2) of the Act;
- (n) at the conclusion of an investigation into a complaint, the Complaints Committee shall vote on a motion as to whether it should be recommended that the complaint proceed to a disciplinary hearing or no further action be taken, pursuant to section 28(2) of the Act.

DISCIPLINARY PROCESS – DISCIPLINE COMMITTEE PROCEDURES

26(1) Discipline Committee:

- (a) Council shall appoint a Discipline Committee in accordance with section 31 of the Act, which shall include a public appointee in accordance with section 8(6) of the Act;
- (b) the Registrar or his/her designate, shall be the administrative secretary to the Discipline Committee and shall provide administrative support to the Discipline Committee;

- (c) a majority of the Discipline Committee members constitutes a quorum. Council may, in order to achieve a quorum, add members to the Discipline Committee;
 - (d) a decision of the majority of the members of the Discipline Committee is a decision of the Discipline Committee;
 - (e) the Discipline Committee shall by majority vote, appoint a Chair of the Discipline Committee, and may appoint an Acting Chair in the same manner if the Chair of the Discipline Committee is unable to act as Chair;
 - (f) subject to the *Act* and bylaws, the Discipline Committee may set its own practice and procedures.
- (2) Meetings of the Discipline Committee:
- (a) in this subsection, discipline meetings do not include disciplinary hearings;
 - (b) the Discipline Committee administrative secretary shall prepare Minutes of the meetings of the Discipline Committee;
 - (c) meetings of the Discipline Committee are not open to the public.
- (3) Disciplinary Hearings:
- (a) upon receipt of a recommendation from the Complaints Committee that the Discipline Committee hear and determine a formal complaint against a member or proprietor pursuant to section 28 of the *Act*, the Discipline Committee shall convene a disciplinary hearing;
 - (b) a disciplinary hearing shall be open to the public, unless the Discipline Committee determines otherwise pursuant to section 32(16) of the *Act*;
 - (c) subject to paragraph (d), no person in attendance at a disciplinary hearing may record or photograph any portion of the disciplinary hearing;
 - (d) the disciplinary hearing may be recorded in a manner which enables the production of a transcript of the hearing;
 - (e) if one or more members of the Discipline Committee withdraw from a disciplinary hearing, or are unable to hear and determine a complaint, the hearing may continue with the remaining Discipline Committee members provided that such members constitute a quorum of the Discipline Committee;
 - (f) where the Discipline Committee makes an order for the payment of a fine or costs, such order shall clearly state the time period in which the fine or costs must be paid.
- (4) Suspended Licence or Permit:
- (a) where the Discipline Committee orders the suspension of a member's licence or a proprietor's permit, the member or proprietor shall surrender his licence or permit to the Discipline Committee administrative secretary;
 - (b) where the Discipline Committee orders the suspension of a member's licence or a proprietor's permit, the Saskatchewan College of Pharmacists' register shall clearly indicate that the licence or permit is suspended, the effective date of the suspension, and a summary of the nature of any restrictions or conditions of the suspension;
 - (c) any person who makes inquiries as to whether or not a member or proprietor's licence/permit has been suspended shall be advised of the suspension and any conditions of the suspension.
- (5) Restricted Licence or Permit:
- (a) where the Discipline Committee orders the restriction of a member's licence or a proprietor's permit, the member or proprietor shall surrender his licence or permit to the Discipline Committee administrative secretary;
 - (b) where the Discipline Committee orders the restriction of a member's licence or a proprietor's permit, the Saskatchewan College of Pharmacists' register shall clearly indicate that the licence or permit is restricted, the effective date of the restriction, and a summary of the nature of any conditions of the restriction;

(c) the Discipline Committee administrative secretary shall replace the previous licence or permit with a restricted licence or permit, on which is clearly indicated the restriction, the effective date of the restriction, and the nature of the restriction;

(d) any person who makes inquiries as to whether or not a member or proprietor's licence/permit has been restricted shall be advised of the restriction and any conditions of the restriction.

(6) Appeals of Discipline Committee Orders and Decisions:

(a) upon receipt of a Notice of Appeal pursuant to section 41 of the *Act*, Council shall convene an appeal hearing;

(b) a decision of the majority of the members of Council, who sit on an appeal pursuant to section 41 of the *Act*, is a decision of Council;

(c) no member of Council shall sit on an appeal pursuant to section 41 of the *Act*, where he/she has had involvement in the complaints or discipline processes;

(d) the Council members who sit on an appeal pursuant to section 41 of the *Act* shall by majority vote appoint a Chair from amongst themselves who shall set the practice and procedures on hearing the appeal;

(e) an appeal to Council pursuant to section 41 of the *Act* may, at the discretion of Council, be open to the public;

(f) subject to paragraph (g), no person in attendance at an appeal to Council pursuant to section 41 of the *Act* may record or photograph any portion of the appeal hearing;

(g) the appeal to Council may be recorded in a manner which enables the production of a transcript of the hearing;

(h) if one or more members of Council withdraw from an appeal hearing pursuant to section 41 of the *Act*, or are unable to hear and determine the appeal, the appeal may continue with the remaining Council members provided that such members constitute a quorum;

(i) the Council shall, in writing, serve a copy of their decision on the member or the proprietor who was the subject of the appeal;

(j) the Council shall, in writing, notify the complainant, if any, of Council's decision following the appeal hearing.

DISCIPLINARY PROCESS - RECORDS RETENTION

27(1) The College shall maintain a permanent record of all complaints, investigations and disciplinary proceedings, which record shall include:

(a) the written report of the Complaints Committee pursuant to section 28(2) of the *Act*;

(b) any agreements or other results from alternative dispute resolution processes pursued pursuant to paragraph (n) of subsection (3) of section 24 or alternate remedies pursued pursuant to paragraph (m) of subsection (3) of section 24;

(c) the formal record of the discipline hearings conducted pursuant to section 32 of the *Act*, including, without limitation, all and any reasons, judgments or orders of the discipline committee;

(d) such other documents or records as the Registrar-Treasurer considers appropriate.

(2) A copy of the documentation referred to in paragraphs (a), (b) or (c) of subsection (1), shall also be filed and held on the file of the member or proprietor who was the subject matter of the complaint, investigation and disciplinary proceeding, as the case may be, as well as such other documents or records that the Registrar-Treasurer considers are appropriately maintained on such file.

(3) The College shall not dispose of or destroy any document or other record within its possession or power relating to a complaint, investigation or discipline hearing until the later of:

(a) the expiration of the time for commencing a judicial review or an appeal from an action or decision of the Complaints Committee or Discipline Committee; or

(b) the completion of all proceedings by way of judicial review or appeal from an action or decision of the Complaints Committee or Discipline Committee.

- (4) The College may, upon the later of:
- (a) the expiration of the time for commencing a judicial review or an appeal from an action or decision of the Complaints Committee or Discipline Committee; or
 - (b) the completion of all proceedings by way of judicial review or appeal from an action or decision of the Complaints Committee or Discipline Committee, return any original document or other record which was obtained from any third party, including the member or proprietor whose conduct was the subject matter of the investigation or proceeding, provided always that it has maintained a copy of such documents and other records, in accordance with subsections (1) and (2).
- (5) The College may, at its option, retain any records maintained by it (whether pursuant to this section or otherwise) in electronic form, provided that the following requirements are met:
- (a) the applicable record must be retained in the format in which it was created, provided or received, or any format that does not materially change the record;
 - (b) the applicable record must be accessible so as to be useable for subsequent reference by any person who is entitled to have access to the record or who is authorized to require its production;
 - (c) where the applicable record was provided or received from a third party, the information (if any) that identifies the origin and destination of the record and the date and time when it was sent or received must also be retained;
 - (d) there must be reliable assurance as to the integrity of the applicable record from the time the record was first created, whether as a paper document or otherwise.

MISCELLANEOUS

28 Service of any notice or documents required by these bylaws may be affected by registered letter addressed to the last known place of abode or business of the person to be served as the same appears on the register.

29 Notice of any proposed amendments, alterations, or repealing of any of these bylaws at an Annual Meeting of the College shall be in writing, and delivered to the Registrar-Treasurer, 30 days prior to the date of the meeting. No motion of such amendment shall be considered at any meeting unless such notice has been duly given.

30 In all bylaws of the Saskatchewan College of Pharmacists the singular shall include the plural and the plural the singular and the masculine shall include the feminine.



SASKATCHEWAN
COLLEGE OF
PHARMACISTS

Drug Schedule III

March 4, 2011

SCHEDULE III – PHARMACY ONLY NON-PRESCRIPTION DRUGS

The following drugs can only be sold from a pharmacy. They may be sold (by a pharmacist) to the public without a prescription. These drugs may be located in the area of the pharmacy that is accessible to the public and which provides an opportunity for self-selection of the drug by the public. The pharmacist must be available, accessible and approachable to assist the public with selecting the drug.

Acetaminophen in sustained release formulations (in strengths of greater than 650 mg per unit or in package sizes of more than 50 units)

Acetylsalicylic acid and its salts (in products intended for oral adult use in strengths of 81 mg per dosage unit and 650 mg or greater per dosage unit, and in rectal preparations containing more than 150 mg per dosage unit)

Aloe Vera latex, its extracts and derivatives [except aloin] (dosage forms for systemic use containing more than 300 mg per dosage unit)

Aluminum oxide

Amylocaine and its salts (preparations for topical use on mucous membranes except lozenges)

Anetholtrithione

Antazoline and its salts

Antipyrine (for otic use)

Dec/06 Bacitracin and its salts and derivatives (for ophthalmic use)

Belladonna alkaloids, their salts and derivatives (for topical use)

Benzocaine and its salts (in products marketed for topical application on mucous membranes for teething)

Benzonatate

Berberis vulgaris (Barberry)

Bisacodyl and its salts

Brompheniramine and its salts (as a single entity for the treatment of allergies)

Bupivacaine and its salts (for topical use on mucous membranes except lozenges)

Calcium polycarbophil

Carbinoxamine and its salts

Casanthranol

Cerapon

Cetirizine Hydrochloride (in concentrations of 10 mg equivalent to 8.5 mg or less of cetirizine base per dosage unit) in products marketed for paediatric use (under 12 years of age)

Chlophedianol and its salts

Chlorprocaine and its salts (for topical use on mucous membranes except lozenges)

Chlorzoxazone and its salts

Cimetidine and its salts (in concentrations of 100 mg or less per dosage unit)

Clemastine and its salts

Clotrimazole and its salts (in preparations for intra-vaginal use)

Danthron

Regulatory Bylaws of the Saskatchewan College of Pharmacists
Drug Schedule

- Dehydrocholic acid and its salts
- Deoxycholic acid and its salts
- Mar/06 Desloratadine and its salts and preparations (in products marketed for paediatric use – under 12 years of age)
- Dexbrompheniramine and its salts
- Dexchlorpheniramine and its salts
- Dextromethorphan and its salts (except in oral dosage package sizes containing no more than 300 mg of dextromethorphan base).
- July/10 ~~Diclofenac diethylamine in preparations for topical use on the skin in concentrations of not more than the~~
Deleted ~~equivalent of 1% diclofenac~~
- Dimenhydrinate and its salts (for oral or rectal use) [Note: Pharmacists are advised that in areas where there is evidence of abuse or particular concern about abuse, dimenhydrinate products should not be located in a self-selection area of the pharmacy]
- Dimethothiazine
- Dec/06 Diphenhydramine and its salts and preparations (except for parenteral or topical use)
- Apr/10 Diphenhydramine and its salts and preparations (for topical use in concentrations of 2% or less) when sold in containers of greater than 300 mg of diphenhydramine hydrochloride
- Diphenylpyraline
- Doxylamine and its salts (except those sold for nausea and vomiting of pregnancy)
- Dyclonine and its salts (for topical use on mucous membranes except lozenges)
- Electrolyte solutions (for oral rehydration)
- Apr/06 Ephedrine and its salts in combination products (in preparations containing no more than 8 mg per unit dose, with a label recommending no more than 8mg/dose or 32mg/day and for use not more than 7 days and indicated for nasal congestion) [Note: Pharmacists are advised that in areas where there is evidence of abuse or particular concern about abuse, ephedrine products should not be located in a self-selection area of the pharmacy]
- Sep/08 Famotidine and its salts (when sold in concentrations of 20 mg or less per oral dosage unit and indicated for the treatment of heartburn, in package sizes containing more than 600 mg of famotidine)
- Aug/07 Fexofenadine HCl (in products marketed for paediatric use – under 12 years of age)
- Apr/10 Fluconazole when sold in a concentration of 150 mg single oral dosage unit and indicated for the treatment of vaginal candidiasis, in package sizes containing no more than 150 mg of fluconazole
- Fluoride and its salts (oral preparations containing 1mg or less of fluoride ion per dosage unit)
- Fractar
- Glyceroargentate
- Dec/06 Gramicidin and its salts and derivatives (for ophthalmic use)
- Haloprogin
- Heparin and its salts (for topical use)
- Hydrocortisone acetate (as a single ingredient in topical preparations in concentrations of 0.5% or less)
- Hydrocortisone (as a single ingredient in topical preparations in concentrations of 0.5% or less)
- Iodine and its salts and derivatives (for topical use)
- Isopropyl myristate in concentration of 50% (for use in the treatment of head lice)

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- Lactic acid (in preparations in concentrations of more than 10%)
- Lactulose
- Dec/06 Lidocaine and its salts (for otic use)
 - Lidocaine and Prilocaine (eutectic mixture)
 - Loratadine and its salts and preparations marketed for paediatric use (under 12 years of age).
 - Magnesium citrate (cathartics)
 - Magnesium salicylate (except oral dosage forms which also contain choline salicylate)
 - Meclizine and its salts (when sold in concentrations of 25 mg or less per dosage unit)
 - Mepivacaine and its salts (for topical use on mucous membranes except lozenges)
 - Methocarbamol (except for parenteral use)
 - Miconazole and its salts (for vaginal use)
 - Mineral tar (except shampoos with concentrations less than 5%)
 - Minoxidil (in solutions for topical use in concentrations of 2% or less)
- Dec/09 Naproxen sodium 220 mg tablet (when sold in products labelled with a recommended maximum daily dose of 440 mg, and in package sizes of up to 6,600mg)
 - Narcotine and its salts (Noscapine)
 - Nizatidine and its salts (when sold in an oral dosage form containing not more than the equivalent of 75 mg of nizatidine)
 - Noscapine
 - Nystatin and its salts and derivatives (in topical preparations for use on the skin)
 - Orphenadrine citrate
 - Oxethazine
 - Oxybuprocaine and its salts (for topical use on mucous membranes, except lozenges)
 - Phenyltoloxamine and its salts
- Dec/06 Polymyxin B and its salts and derivatives (for ophthalmic use)
 - Povidone - iodine (in topical preparations, except in concentrations of 5% or less)
 - Pramoxine and its salts (for topical use on mucous membranes, except lozenges)
 - Prilocaine and its salts (for topical use on mucous membranes, except lozenges)
 - Procaine and its salts (for topical use on mucous membranes, except lozenges)
 - Promethazine and its salts (for topical use)
 - Proparacaine and its salts (for topical use on mucous membranes, except lozenges)
- Apr/06 Pseudoephedrine and its salts and preparations in combination products [Note: Pharmacists are advised that in areas where there is evidence of abuse or particular concern about abuse, pseudoephedrine products should not be located in a self-selection area of the pharmacy]
- Sep/08 Ranitidine and its salts, when sold in concentrations of 150 mg or less per oral dosage unit and indicated for the treatment of heartburn, in package sizes containing more than 4500 mg of ranitidine
 - Sodium biphosphate (cathartics)
 - Sodium cromoglycate (in solutions for nasal or ophthalmic use in concentrations of 2% or less)

Sodium phosphate (cathartics)

Tetracaine and its salts (for topical use on mucous membranes, except lozenges)

Tioconazole and its salts (in preparations for intra-vaginal use)

Triethanolamine oleate

Triethanolamine salicylate (in concentrations greater than 20%)

Tripelennamine and its salts

Triprolidine

Tyrothricine

Vegetable tar (except shampoos in concentrations of 5% or less)