Newfoundland and Labrador Pharmacy Board

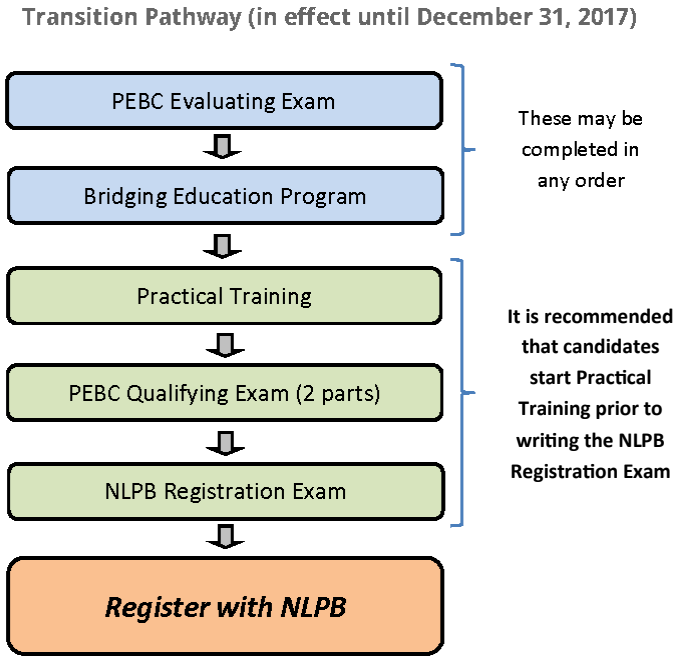
The Apothecary

Spring 2017

The Apothecary is the newsletter of the Newfoundland & Labrador Pharmacy Board.
It contains information on a wide variety of topics intended to enhance the practice of all pharmacists in the province of Newfoundland & Labrador.
All registrants are responsible for reviewing any and all information contained within including documents which are made available on the NLPB website via links throughout the newsletter.
The Apothecary is now circulated electronically and is available in hard copy format only upon specific request.

Pharmacy Technician Registration Bridging Path Ending This Year

As previously communicated through the NLPB website and in past issues of *The PostScript* and *The Apothecary*, the NL Pharmacy Board has been steadily working towards implementing Pharmacy Technician registration since first approving a transition plan in March 2010. This year, we reach an important milestone as we reach the end of the "Transition Path" to registration.



Candidates who have been working towards registration are reminded that, at this stage, they should be working towards completing the last components to registration, in particular,

- the PEBC Qualifying Exam;
- NLPB Practical Training Program; and
- NLPB Registration Exam.

For more information on these requirements, visit the **Pharmacy Technician Registration Information** or **Authorization & Registration Information for Registrants** pages of the NLPB website.

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The table below lists some upcoming deadlines and important dates:

April 1 & 2, 2017	PEBC Qualifying Exam Winter 2017 sitting – *the deadline to register for this exam has passed*
April 6, 2017	Deadline to Register for the Spring 2017 semester of the Pharmacy Technician Bridging Education Program
April 10, 2017	NLPB Registration Exam Sitting
April 23, 2017	PEBC Evaluating Exam Spring 2017 sitting – *the deadline to register for this exam has passed*
April 24, 2017	Pharmacy Technician Bridging Education Program Spring 2017 semester begins
June 9, 2017	Deadline to Register for the Summer 2017 sitting of the PEBC Qualifying Exam
June 12, 2017	NLPB Registration Exam Sitting
June 23, 2017	Deadline to Register for the Fall 2017 sitting of the PEBC Evaluating Exam – ***LAST NL SITTING***
August 7, 2017	NLPB Registration Exam Sitting
September 9 & 10, 2017	PEBC Qualifying Exam Summer 2017 sitting
October 14, 2017	PEBC Evaluating Exam Fall 2017 sitting – ***LAST NL SITTING***
October 16, 2017	NLPB Registration Exam Sitting
December 11, 2017	NLPB Registration Exam Sitting
December 31, 2017	**REGISTRATION DEADLINE FOR BRIDGING CANDIDATES**

While some candidates may have been confused by a recent announcement that PEBC had added an additional NL sitting of the Pharmacy Technician Evaluating Exam in Fall 2017, the registration deadline **HAS NOT** been **extended**. This additional sitting was added so that candidates who are unsuccessful on the Spring 2017 sitting have another opportunity to write the exam without having to leave the province.

Candidates who find themselves in a positon of not being able to complete the full process by December 31, 2017 may be able to appeal to the Board for a limited extension **ONLY IF** they have:

- completed the four Bridging courses;
- completed the PEBC Evaluating Examination (or equivalent); and
- completed or are currently completing the NLPB practical training program

The purpose of the special appeal is to ensure that candidates who are acting in good faith to complete the Pharmacy Technician registration process are not penalized due to circumstances that are out of their control. Candidates will need to demonstrate that they qualify for special consideration because of these circumstances. The Board is currently developing a process for handling this type of special appeal and will be providing more information in the coming months. To register for updates and to receive other pharmacy technician-related information, email your full name, email address, and workplace (if applicable) to inforx@nlpb.ca.

GROWING AWARENESS OF THE ROLE OF THE REGISTERED PHARMACY TECHNICIAN

When Colleen Squires decided to pursue a career in pharmacy, her main goal was to make a difference in the lives of the people living in her community. Colleen started as a pharmacy assistant and jumped at the opportunity to become a Registered Pharmacy Technician when it became available. After completing all of the requirements, including four bridging courses, several national and provincial exams and a practical training program, she became the fifth Registered Pharmacy Technician in Newfoundland and Labrador.

Colleen's day-to-day work varies and has recently expanded to include performing and being accountable for the "technical check" on any given prescription, both new and refills. In doing so, Colleen ensures that the prepared prescription contains the prescribed medication in the correct dosage amount and form, and is labelled accurately. Colleen can also help contribute to a more efficient workflow by performing prescription transfers between other pharmacies, taking verbal prescription orders from prescribers and providing technical information to patients, such as demonstrating the use of medical devices like an EpiPen or Aerochamber.

"A lot of people think we just look at the prescription and count out the pills, but really we look at what the medication is, what the ailment is, whether the patient is able to take it, considering interactions, allergies and compliance issues. We always look at the bigger picture," noted Colleen.

Back when Colleen started out, a person working in her career didn't need formal training, with many people often coming from a cashier role and being trained up to a pharmacy assistant. Some courses were offered, but at the end of the day all of the responsibility lay with the pharmacist.

Today, there are higher standards for all pharmacy roles and everyone is more accountable. Pharmacists remain accountable and responsible for the therapeutic and clinical appropriateness of all new and refill prescriptions, as well as all therapeutic consultation while Registered Pharmacy Technicians can take on accountability and responsibility for the technical aspects of those prescriptions. Colleen believes this raises the bar in pharmacy standards and strengthens the protection of patients. It also allows the Registered Pharmacy Technician to alleviate some of the workload from the pharmacist, in turn allowing pharmacists to focus on the clinical side of the practice and, ultimately, increasing the availability of and access to healthcare services for patients.

As the nature of the profession continues to evolve, employees will need to adapt to the changes. She believes the Registered Pharmacy Technician, Pharmacist and Pharmacy Assistant are all part of a collaborative healthcare team and must continue to be proactive in clarifying what each position can and cannot do. If someone is uncertain about working within the expanded scope, Colleen notes that pharmacists still have the ultimate oversight. She is just glad the opportunity is there for those who are interested in having a greater role and accountability in the pharmacy profession.

Colleen Squires is a Registered Pharmacy Technician currently working at Shoppers Drug Mart in Gander and is the first Pharmacy Technician to serve on the Newfoundland and Labrador Pharmacy Board.

Defining Each Role - Pharmacy Technicians and Pharmacy Assistants

The following table has been developed to help clarify the role of pharmacy technicians versus the role of pharmacy assistants. It should be noted that this table does not exist in isolation - registrants should also review the Standards of Pharmacy Operation as well as the various Standards of Practice.

Pharmacists are expected to ensure the appropriateness of drug therapy, monitor on-going therapy, and educate and consult with patients. The pharmacist remains solely responsible for assessing patients, determining whether or not it is appropriate to fill the prescription, and providing patient consultation. ***No prescription, regardless of whether it is for a new medication or a refill of on-going therapy, can be released to a patient without the pharmacist performing these functions.***

Pharmacy Technicians can take responsibility for and perform tasks under the *oversight* of a pharmacist - when providing *oversight*, the pharmacist ensures that appropriate procedures are in place to ensure the safety and integrity of the dispensing or compounding process.

Pharmacy Assistants can perform tasks under the *direct supervision* of a pharmacist or pharmacy technician - when providing *direct supervision*, the pharmacist or pharmacy technician must be present when the activity is being performed and be able to observe, and promptly intervene and stop or change the actions of the individual being supervised.

Pharmacy Services and Competencies	**Pharmacy Technician** *(under oversight)*	**Pharmacy Assistant** *(under direct supervision)*
perform call back services	No	No
perform medication reconciliation	No	No
perform medication reviews	No	No
witness ingestion of buprenorphine or methadone	No	No
direct patients to the location of non-prescription medications	Yes	Yes
assist patients with non-prescription drug selection and education	No	No
accept accountability, liability, and regulatory responsibility for actions	Yes	No
protect patient confidentiality	Yes	Yes
gather and document information required to create a patient record	Yes	Yes
obtain patient consent, when required	Yes	Yes
answer questions from patients that require therapeutic knowledge, clinical analysis or assessment	No	No
resolve drug-related problems	No	No
refer questions from patients, or actual or potential drug therapy problems, to a pharmacist	Yes	Yes
accept written prescriptions or refill requests from the patient or the patient's representative	Yes	Yes
determine that written prescriptions are current, authentic, and complete	Yes	Yes

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Pharmacy Services and Competencies	**Pharmacy Technician** *(under oversight)*	**Pharmacy Assistant** *(under direct supervision)*
receive verbal prescriptions from prescribers	Yes	No
transfer and receive prescriptions from pharmacists or pharmacy technicians	Yes	No
determine that it is appropriate to fill a new or refill prescription	No	No
confirm that the pharmacist has assessed the new or refill prescription and determined that it is appropriate to fill	Yes	Yes
calculate, convert, and document the result of dosage or compounding calculations	Yes	Yes
input patient, third-party insurance, and prescription information into computerized practice management systems and generate a label	Yes	Yes
select the necessary product	Yes	Yes
ensure integrity and stability of products including expiry dates	Yes	Yes
count, measure, weigh, pour and/or reconstitute medications	Yes	Yes
perform compounding in accordance with a written formula and preparation process	Yes	Yes
select the appropriate prescription container	Yes	Yes
label container, including relevant auxiliary labels	Yes	Yes
perform the final check of a new or refill prescription to ensure that each step in the dispensing process has been completed properly by verifying that: o the drug, dosage form, strength, manufacturer and quantity dispensed are correct according to the prescription; and o the prescription label is accurate according to the prescription and contains the information required under the Standards of Pharmacy Operation and under federal and provincial legislation	Yes	No
release a prescription to a patient or their agent after ensuring that the patient or their agent has received or been offered counselling by the pharmacist	Yes	Yes
provide assistance and instruction to patients choosing drug administration devices, monitoring devices and health aids	Yes	No
provide appropriate patient information materials as specified by the pharmacist	Yes	Yes
document activities completed in the dispensing process to create a clear audit trail	Yes	Yes
perform patient assessment for compliance packaging	No	No
perform compliance packaging	Yes	Yes
fill unit dose carts from a fill list	Yes	Yes
check filled unit dose carts	Yes	No
check and restock emergency boxes, cardiac arrest kits, nursing unit cupboards and carts and night cupboard supplies from an approved list	Yes	Yes
ensure the cleanliness, functionality, and integrity of compounding, packaging, dispensing and storage equipment	Yes	Yes

Update on Strategic Plan

On February 17, 2017, the NLPB Staff and Board Members met to determine the Board's Strategic Goals for the upcoming two years. The day started out with an evaluation of the Board's current Mission, Vision and Core Values. All three were reaffirmed with no revisions:

Mission

The Newfoundland and Labrador Pharmacy Board protects the people of the province by governing the profession of pharmacy to ensure quality and ethical care.

Vision

Advancing pharmacy care for a safe and healthy community.

Core Values

The Newfoundland and Labrador Pharmacy Board's activities and decisions are based on the following values:

Accountability

Collaboration

Integrity

Transparency

After reviewing the progress made on the Board's prior goals along with the wide variety of issues and challenges currently facing the Board and the pharmacy profession, the following Goals were determined:

Strategic Goals 2017-2019

1. Expand Quality Assurance Programs to Ensure Patient Safety
2. Enable Expanded Scopes in Pharmacy Practice
3. Support Evolving Pharmacy Practice
4. Develop a Strategic Communications Plan

Over the next couple of months, the Board and Staff will identify and implement the tasks and actions necessary to ensure achievement of these goals.

Online Drug Information Resources

Finding Reliable Drug Information When You Need It - Opioid Equianalgesic Dosing Resources

It is a common occurrence in all pharmacy practice settings to be called upon to use our expertise to help manage our patient's pain. Whether it is changing to a medication for one that our patient can afford, or switching opioid classes due to inadequate response, it is imperative that pharmacists know what resources are available to ensure that this change is done safely. Presented here are some useful resources and a sample calculation to help with your next opioid conversion.

Guidelines and Practice Tools

There are many resources available with a variety of tools intended to support the safe use and conversion of opioids. Here are just a few that you can use in your practice.

Resource #1: *Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain*

These Canadian Guidelines are produced by the National Pain Center at McMaster University. They are a comprehensive overview of non-cancer pain management. The current guidelines are from 2010, but a 2017 update will soon be released.

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Resource #2: Government of Ontario Document: *Opioid Advice: Switching Opioids Safely to Prevent Overdose for Outpatients Prescribed Opioids for Chronic Pain*

Sometimes perusing full length guidelines is not practical. Having concise resources that provide just the information you need can be helpful. The Government of Ontario along with the Center for Addiction and Mental Health (CAMH) has developed a useful and concise resource that comes with management strategies, opioid conversion charts, safety considerations, advice for family members, conversion tools, and links to other relevant resources and guidelines.

Resource #3: Canadian Pharmacist's Letter (membership required)

Canadian Pharmacist's Letter released a Detail-Document in 2012 titled "*Opioid Conversion Algorithm*" with a useful algorithm that provides direction on opioid conversion. This document also includes case examples with sample calculations that provide a useful educational review.

Canadian Pharmacist's Letter also has a helpful detail-document titled "*Equianalgesic Dosing for Opioids for Pain Management*" that includes a very comprehensive chart on the various dosage forms including extended release, controlled release, and immediate release oral products. This document also includes dosing conversion from oral to parenteral products.

Sample Opioid Conversion Calculation

Pharmacists are well trained in pharmaceutical calculations and we should all be comfortable with doing the calculations required to recommend the appropriate dose of the new opioid to be initiated.

Case: J.C. is a 32-year-old female with severe rheumatoid arthritis. She has been taking Oxycodone CR 120mg twice daily for the past six months. Her new insurance plan will not cover Oxycodone CR, but it will cover MS Contin. To what dose of MS Contin should she be switched?

Total Oxycodone CR daily dose: 120mg/dose x 2 doses/day = 240mg daily

Use an equianalgesic chart to calculate the dose of the new opioid: 240mg oxycodone X 1.5 = 360mg morphine

Adjust dose for incomplete cross tolerance: 360mg x 50% = 180mg total daily morphine dose

MS Contin is dosed every 12 hours, to calculate the single dose strength, divide total daily dose by 2 doses per day: 180mg morphine/day ÷ 2 doses/day = 90mg morphine/dose.

Online Dosing Calculators

While conversion calculators are not meant to be a means to replace pharmacist's manual calculations, they are a valuable asset to double-check our calculations.

Calculator #1: Lexicomp

Most pharmacists are familiar with Lexicomp online, but you may not be aware that they have an opioid agonist conversion tool available on their site. You can access this tool under the calculators tab, titled "Opioid Agonist Conversion". Remember, this tool does the equianalgesic conversion. To get to the dose you want to recommend for your patient, you still need to consider cross tolerance and dose adjust accordingly.

Calculator #2: Practical Pain Management website

This is another easy-to-use tool, created by three pain experts in the United States. This tool is helpful for calculating the appropriate starting dose for an opioid-naïve patient, or for calculating the dose for an opioid conversion.

Prepared by Pharmacy Clerkship Students, Jessica Chambers and Tyler Smith
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NEWFOUNDLAND & LABRADOR PHARMACY BOARD SYMPOSIUM

MAY 6, 2017

SCHEDULE OF EVENTS	
8:00-9:00 am	Check-In (with Continental Breakfast)
9:00-10:45 am	Professional Development Program – Personal Health Information Act – a Primer *Speaker: Janet O'Reilly, Access and Privacy Analyst, Office of the Privacy Commissioner*
10:45-11:00 am	Break
11:00 am-12:00 noon	Professional Development Program – Current Issues – Exempted Codeine and Naloxone *Speaker: NLPB Staff*
12:00-1:30 pm	Awards Luncheon
1:30-2:15 pm	Open Forum
2:15-3:00 pm	Annual General Meeting

LOCATION & REGISTRATION INFORMATION

The Symposium will take place at the ***Hampton Inn & Suites by Hilton***, on Stavanger Drive in St. John's. The Hampton Inn & Suites provides amenities that include free hot breakfast, complimentary 24-hour airport shuttle, and access to a fitness center & salt water pool. To book a room at the special reduced rate of $129 per night, call 709-738-4888 and reference the group name "NL Pharmacy."

To register for the day, visit www.nlpb.ca, log in using your username and password and click the blue "Events" button located at the top of the Member Home screen. Once there, click on "View Upcoming Events" and then "NL Pharmacy Board Symposium" to complete the registration process.

Postscript Recap

Since the last issue of The Apothecary, the Board has posted several issues of The Postscript. A summary of some key articles is provided below. Please visit the **NLPB Newsletters page** of the NLPB website to view past issues in their entirety.

January 2017

⇒ Is an Electronic Signature on a Prescription Acceptable?
⇒ Regulations Now Posted on NLPB Website
⇒ Conditional Licence Update
⇒ 2017 Registrations Statistics

February 2017

⇒ Verifying a Practitioner's Authority to Prescribe
⇒ Draft Canadian Opioid Guidelines Open for Comment

March 2017

⇒ March is Pharmacy Awareness Month!
⇒ 2017 Safe Use and Handling of Oral Anti-Cancer Drugs (OACDs) in Community Pharmacy: A Pan-Canadian Consensus Guideline
⇒ Naloxone Nasal Spray Now Schedule II

Looking for a Receipt?

Did you know you can view and print your invoices and receipts at any time? Under **My Profile**, click **Renewal/Other Invoices** to see a list of invoices. Click the invoice number you want to view. You can print it right from your browser by clicking on the printer icon.

The Apothecary

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Newfoundland and Labrador Pharmacy Board

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Zone 3 ..... Shawn Vallis
Zone 4 ..... Henry White
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Zone 7 (At Large) ..... Taggarty Norris, Chad Parsons
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..... Shirlene Murphy
Government-appointed ..... Ruby Chaytor
..... Gerri Thompson
MUPS Representative *(observer)* ..... Caitlyn Walsh

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Past Chair ..... Donald Anthony

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Summer 2017

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The 4 R's of Documentation

RELIABLE

Documentation is a fundamental component of a pharmacy professional's responsibilities. Pharmacists and pharmacy technicians must know and understand when and how to document their actions related to dispensing and therapeutic activities.

For all prescriptions, both new and refill, documentation should reliably demonstrate that each prescription has been reviewed for both clinical and technical aspects before it is dispensed to the patient. Each completed prescription record must contain the signature, or some other identifying mechanism, from the registrants and any other staff members involved in the dispensing process. Where a technician and pharmacist are working collaboratively, the documentation must reflect each registrant's responsibilities. There is no set manner for how this must be achieved, as workflow may vary depending on the nature of the practice. Pharmacists-in-charge are encouraged to emphasize consistency by establishing operational processes for documentation on both the patient record and the prescription hard copy.

RETRIEVABLE AND USEABLE

Continuity of care is extremely important for patient safety, whether between different healthcare settings, or between different pharmacy professionals within the same pharmacy. In order to achieve effective and efficient communication, documentation must be clear and available.

Pharmacy professionals should document information in a manner that is timely, readily retrievable, and easily accessible by staff. Pharmacies are encouraged to have a standardized process in place to maintain patient-specific, and not only transaction-specific, records.

The ease of retrieval of patient records, including those that may be stored off-site, must be balanced with the need to maintain confidentiality. The pharmacy's record keeping system must be secure enough to protect personal health information against unauthorized access, use, disclosure, theft, or loss.

ROBUST

A thorough and complete patient record will demonstrate accountability for a pharmacy professional's decisions and actions. Pharmacists should exercise professional judgment when determining the appropriate amount of documentation. There should be sufficient information to effectively manage a patient's drug therapy, monitor their progress, and ensure continuity of care. The exact content and level of detail will vary depending on the situation, but should generally include:

(Continued on page 2)

- Patient information gathered, such as allergies, medical conditions, changes in health, monitoring information, and relevant patient characteristics or circumstances
- Medication indications, where available and relevant, to facilitate monitoring, future assessment, and continuity of care
- Documentation of communications with other healthcare providers

RETAINED

In accordance with the Standards of Pharmacy Operation, documentation may be maintained electronically, as scanned originals. The scanned records would be retained for the ten years required by the Standards, while the associated paper files could be destroyed after three years. Any patient records that are not scanned would need to be retained for the full ten years.

This article contains excerpts from an article originally published in the Spring 2017 issue of the Ontario College of Pharmacists' quarterly publication, Pharmacy Connection.

Using Continuous Quality Improvement to Help Prevent Medication Errors

It is generally acknowledged that all pharmacy environments are susceptible to medication errors due to the human element inherent in pharmacy practice.[1] A *near miss* is defined as a dispensing discrepancy that does not reach the patient.[1] A *medication error* is a situation in which the patient actually receives an erroneous medication. Because near misses and medication errors cannot be eliminated completely, an open process of evaluation and discussion of unsafe practices and incidents is required to prevent and handle errors.[1] Section 3 of NAPRA's *Model Standards of Practice for Canadian Pharmacists* outlines the expectations of pharmacists with regard to quality and safety.[2] Under the NLPB *Code of Ethics* registrants are expected to hold the health and safety of patients as their primary consideration and to take all reasonable steps to prevent harm to patients.[3]

A systems approach to quality assurance aims to prevent medication incidents by:

- Identifying environmental factors and practices that could potentially be unsafe;
- Determining risk reduction strategies that include improvements to the practice environment and systems;
- Identifying the root and contributory factors of critical incidents; and
- Developing action plans and measurement strategies to evaluate the effectiveness of the plans.[4]

What environmental factors increase the risk of medication incidents?

Environments in which errors are more likely to occur are characterized by:

- Disorganized work flow;
- Inadequate staffing or improper staff training;
- Fatigued and/or stressed staff;
- Frequent interruptions and distractions;
- Emphasis on volume of services over service quality;
- Poor physician handwriting; and
- Ineffective communication with patients.[1]

(Continued on page 3)

What are some common suggestions for practice changes to decrease the risk of errors?

Policies and Procedures	• Institute a policy for error evaluation and subsequent practice improvement • Ask sales representatives to make appointments rather than dropping in • Include well-defined roles and job descriptions for all dispensary functions in the pharmacy policy and procedure manual • Establish clear technical and clinical checking procedures for technicians and pharmacists
Human Resources	• Utilize pharmacy technicians to perform technical functions • Ensure adequate staff training • Encourage pharmacy staff to identify, document, and report all medication errors, near misses, and unsafe practices • Schedule regular staff meetings to discuss areas of concern (e.g. inadequate staff levels, noise/ clutter/workflow distractions) • Inform all staff of any near misses or medication errors that occur, and take a team-based approach to root-cause analysis (create a no-blame, no-shame culture)
Pharmacy Design	• Keep traffic flow within the dispensary to a minimum • Separate non-dispensing functions (e.g. stock control, filing) from prescription filling area • Ensure adequate storage space for supplies and equipment to minimize clutter • Ensure adequate counter space for filling and checking functions • Ensure pharmacy design enables the pharmacist to check profiles, perform clinical checks, and consult with patients without interruption
Dispensing Procedures	• Scan DIN electronically • Ensure accountability through identifying staff involved in each step of the dispensing process • Do not hesitate to question a prescription if it is not clear • Don't be rushed- take the time to do all the checks • Check the Pharmacy Network before dispensing each and every prescription • Be aware of sources of error such as look-alike / sound-alike drugs, narrow therapeutic index drugs • Implement independent-double checks of all prescriptions dispensed • Provide thorough patient counselling that includes asking the patient what the medication is for • Show patients the medication they are receiving to ensure they are receiving the medication they are expecting • Use multiple identifiers to verify patient identity

Why do we need Continuous Quality Improvement?

Continuous quality improvement (CQI) involves an ongoing and systematic evaluation of a pharmacy's work processes and the application of scientific methods to identify and address root causes of quality issues.[5] Regularly and systematically examining, monitoring, and improving pharmacy workflow and processes reduces inefficiencies, improves quality of care, and enhances the overall performance of the pharmacy.[5]

(Continued on page 4)

What are some examples of CQI programs?

Standardized or formal pharmacy CQI program components may include:[5]

- A local process implemented by pharmacy management that identifies issues related to medication errors, near misses, and unsafe practices, including formal documentation of quality improvements made as a result of regular incident reviews.
- Anonymous reporting of medication incidents to an independent, objective third-party organization that has expertise in medication incident analysis, and facilitates learning based on trends and patterns of medication incidents reported. For example, the ISMP Canada Community Pharmacy Incident Reporting (CPhIR) program, available at https://secure.ismp-canada.org/CPHIR/Reporting/login.php.[6]
- Routine completion of a medication safety self-assessment (e.g. annually) to proactively identify opportunities for improvement, and to monitor progress of the resulting action plans at regular staff meetings. For example, see https://www.ismp.org/self-assessments/ to view ISMP Self Assessments.[7]
- Failure Mode and Effects Analysis (FMEA), which is an ongoing quality improvement process that examines pharmacy processes, design, or workflow to determine points of potential failure and the possible effect *before any error actually happens*.[2,6] FMEA is "a *proactive* process used to look more carefully and systematically at vulnerable areas or processes".[6] For more information about FMEA see https://www.ismp.org/Tools/FMEA.asp. The Alberta College of Pharmacists (ACP) also has educational videos regarding FMEA which can be viewed at https://pharmacists.ab.ca/drug-error-management.

Stay tuned - the Winter issue of The Apothecary will provide information about how to handle medication errors and how to perform a root cause analysis.

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James J. O'Mara Pharmacy Museum Now Closed for the Season

Apothecary Hall is home to not only the NLPB offices, but also the James J. O'Mara Pharmacy Museum. Each year, during July and August, the museum is open daily to the public for tours and viewings. We have just wrapped up another successful summer season, thanks to our two summer students, Zak Layman and Julia Naterer.

While the museum most often attracts visitors who are pharmacists, doctors, nurses, chemists, and students, antique bottle collectors are also common to see. Of course, there are still many people who come in just to see the site and hear about the history of the practice. We have visitors come from all over the world with stories to share about ancestors, childhood memories, and cultural differences.

Oftentimes, as people enter the museum they are immediately fascinated by our beautiful oak fixtures that were handcrafted in England in 1879. These fixtures were used in two previous local pharmacies before being introduced to our location when the original fixtures were removed to expand the display area and make it easier for people to walk around throughout the museum. Grooves worn in the floor near the back of the room signify where the old dispensary counter once stood.

Typically after our fixtures are noticed, attention is drawn to our ceiling. This ceiling is original to the building and is hand-pressed in tin.

As visitors begin to observe closer, they'll notice a large variety of medicines, tablets, commercialised products, mortar and pestles, scales, and other artifacts on display. We have over 1100 bottles in the museum! Most of the artifacts are not original to the building but have been donated over the years by pharmacists, pharmacy and hospital owners and local citizens.

One of the most interesting pieces we have on display is our show globes. A show globe is a brass structure that cradles a glass vessel containing colourful liquid. These vessels have been a symbol of pharmacy dating back to the 17th century and marked the apothecary in much the same way as a barber's pole would mark a barber shop. In that era, people who were illiterate needed such symbols to locate these medical practitioners.

Tours can be arranged by special request and may be of particular interest to school groups, history buffs and photography enthusiasts. To pre-arrange a private tour of the museum now that the summer hours have ended, contact the NLPB office.

Volunteers are always welcome! If you are interested in helping out with museum-related activities, please email inforx@nlpb.ca.

Missing Our Emails? Not Getting Event Information?
Has Your Personal Information Changed?

You can update your address, phone number or email address at any time.
Under **My Profile**, click **Edit My Profile** and make the changes.
Scroll to the bottom and click **Save**. Quick and easy!

Focus on Code of Ethics - Conflict of Interest

As stated in the **NLPB Code of Ethics**:

> *6.7 Registrants recognize and avoid conflicts of interest that may arise in the course of their work. If conflicts of interest do arise, they should be disclosed and addressed in the best interest of the patient and public safety as soon as possible.*

Avoiding conflict of interest is essential to maintaining the public trust in the pharmacy profession and in each registrant's individual practice. But what exactly is a conflict of interest?

A conflict of interest arises when a registrant's personal interests conflict with the best interests of a patient or the registrant's professional responsibilities. A conflict of interest can be either real or perceived, meaning that a registrant who finds him or herself in a situation that gives the appearance of a conflict of interest still needs to address the situation even if there is no actual conflict or harm done.

Conflicts of interest can occur in any aspect of a registrant's practice. They might arise in clinical interactions, business practices, or in the decision-making of registrants in an administrative role. Two of the most common types of conflict of interest – financial and personal – have probably been encountered at some point or another by most registrants.

Financial conflict of interest occurs when an action taken or advice given by a registrant puts, or appears to put, his or her own financial gain ahead of the best interests of patients or the profession. For example, the following situations may create a conflict of interest:

- Advising a patient to purchase an OTC product or engaging in "upselling" when the product may not be in the best interests of the patient.
- Using your professional reputation to encourage patients to purchase a product that you sell.
- Counselling a patient to visit a particular healthcare professional who is your spouse or business partner.
- Offering an incentive to physicians to refer patients to your pharmacy.

Personal conflict of interest occurs when a registrant's personal knowledge, beliefs, or relationships interfere with the ability to make objective decisions or advise patients. For example, the following situations may create a conflict of interest:

- A religious or moral objection to contraception, abortion, or medical assistance in dying procedures may impact your ability to objectively counsel a patient about the use of certain medications.
- Counseling a family member or close friend, particularly when your personal feelings about what the patient should do may conflict with your professional opinion.
- Having knowledge or information about a patient from other circumstances or sources that puts you in a position where it is difficult to be objective about patient care.
- Serving on an Adjudication Tribunal when you have personal knowledge of the circumstances of the Complaint or have a personal relationship with a party or witness to the Complaint.

Ultimately, each unique situation will require consideration to determine if there is a real or perceived conflict of interest. Registrants who find themselves in a conflict of interest must disclose the conflict to the individuals or organizations involved and address it in the best interests of the patient, the profession, and public safety as soon as possible.

As with many of the decisions made by registrants in their practices, common sense and an understanding of the general principles will help ensure that the registrant does not act with a conflict of interest that could result in

(Continued on page 7)

harm to a patient, or an allegation of professional misconduct. Above all else, each registrant should work to uphold the code of ethics, in letter and in spirit, and to maintain high quality, ethical care to patients.

For an interesting case study on a conflict of interest that occurred in business practice, take a look at the article on page 28 of the Spring 2017 issue of the Ontario College of Pharmacists' quarterly publication, *Pharmacy Connection*. The pharmacist in that matter offered rental space to a physician's office at lower than market cost. There was no expectation for the physician to encourage patients to use the pharmacy, however, the arrangement was found to be a perceived conflict of interest and was sent to disciplinary proceedings.

Summary of Recent Adjudication Tribunal Decision

On June 20, 2017, a hearing of the Adjudication Tribunal of the Newfoundland and Labrador Pharmacy Board (the "Board") was held in the matter of a Complaint against pharmacist, Douglas Walsh, registration number 82-470 (the "Respondent"), former pharmacist at Shoppers Drug Mart, 390 Topsail Road, St. John's.

At the hearing, the Adjudication Tribunal considered and accepted an Admission Statement by the Respondent, an Agreed Statement of Facts, and a Joint Submission on disciplinary measures, all of which were agreed to by the Respondent and the Registrar of the Board.

In the Agreed Statement of Facts, the Respondent acknowledged that, between 2008 and 2015 at the above-noted pharmacy, he created 14 false patient profiles to obtain 629 false prescriptions for medications. The medications he obtained in this manner were all paid for and were for personal use. There is no indication that any of the medications were distributed to anyone other than the Respondent.

Once his activities were discovered, the Respondent was fully cooperative with the Board. He had voluntarily resigned from practice as a pharmacist in December 2015, prior to the Board's involvement, and expressed his intention not to practice again in the future. In the Admission Statement, the Respondent pleaded guilty and admitted that his actions violated section 35(c) of the *Pharmacy Act, 2012* (the "Act:"), By-Laws 94(a), (e), (g), (h), (l), (m), (p), and (q) of the *Newfoundland and Labrador Pharmacy Board Bylaws*, sections 6.1 and 6.3 of the NLPB *Code of Ethics*, and section 3.2 of the NLPB *Standards of Pharmacy Operation – Community Pharmacy*.

The Adjudication Tribunal accepted the Respondent's guilty plea and the Joint Submission on Penalty, and ordered as follows:

(1) The Respondent's certificate of registration as a pharmacist shall remain inactive until such time as he satisfies the Board that he is able to practice pharmacy in a safe and professional manner, having regard to the circumstances of this matter, and in keeping with all applicable legislation, By-Laws, and Standards of Pharmacy Operation and Standards of Practice;

(2) The Respondent shall be permitted to re-register as a pharmacist under the Act subject to the Act, Regulations and By-Laws, and all of the following conditions:

  (i) The Respondent will not be registered as a pharmacist and shall not return to practice in a patient care setting until he has produced from a physician of the Board's choosing acceptable certification in writing that he is medically fit to perform the duties required of a pharmacist practicing in a patient care setting;

  (ii) Upon any future re-registration, the Respondent is prohibited from being a pharmacist-in-charge as defined in the Act for a period of five years or such other time as the Board may permit; and

  (iii) Upon any future re-registration, the Respondent is prohibited from practicing as a sole practitioner in a licensed pharmacy and will be required to practice with another registrant of the Board, until such time as the Board may permit.

NLPB Symposium 2017 - Awards Recipients

At the 2nd Annual NLPB Symposium, this past May, a number of pharmacists were recognized for their commitment of time, energy, and leadership to the NLPB and the pharmacy profession.

Canadian Foundation for Pharmacy Past Chair Award

Chad Parsons

NLPB Recognition of Service Award

Jody Pomeroy

NLPB Certificate of Recognition

Barbara Thomas

NLPB Emerald Achievement Award
(35 years of registration)

Byron Allen	Susan Gladney-Martin	Christine Saunders
Pauline Bennett	Catherine Greening	Gary Skanes
Deborah Bourne	Kenneth Hand	Leonard Skanes
Mary Byrne	Gary Peckham	Elaine Tucker
Elizabeth Cater	Gerald Peckham	Scott Way

For more information on these awards and honours and to nominate a deserving registrant, please see the NLPB Awards and Honours Overview at: http://www.nlpb.ca/media/NLPB-Awards-and-Honours-Jan2017.pdf

Chad Parsons (L); Jeremy Parsons (R)

Colleen Squires (L); Jody Pomeroy (R)

Taggarty Norris (L); Barbara Thomas (R)

➡ ***SAVE THE DATE*** ⬅

NLPB Symposium 2018

Join us for the 3rd Annual NLPB Symposium, scheduled for Saturday, May 12, 2017 at the Comfort Inn, St. John's Airport (comfortinnstjohns.com).
Look for more information about the schedule of events and registration in your inbox in the coming months.

Postscript Recap

Since the last issue of The Apothecary, the Board has posted several issues of The Postscript. A summary of some key articles is provided below. Please visit the **NLPB Newsletters page** of the NLPB website to view past issues in their entirety.

April 2017

⇒ Ethical Decision-Making: Putting Patients' Interests First

⇒ Application Process for the Installation of Lock and Leave Enclosures

May 2017

⇒ Welcoming Natalie Payne

⇒ Changes to the Provincial Drug Schedules

⇒ REMINDER: Buprenorphine-Naloxone Dispensing Requirements

June 2017

⇒ Professional Development Sources for Pharmacy Technicians

⇒ Returning to Work

⇒ Patient Consultation Area Requirements

July 2017

⇒ Cannabis for Medical and Non-Medical Purposes

⇒ Update on Pharmacy Technician Appeals Process

August 2017

⇒ The Sale of Exempted Codeine Products in Community Pharmacies

⇒ Mandatory Patient Profile Information

⇒ Message from the Francophone Health Network

Sept 2017

⇒ The Pharmacists' Role in Provision of Take-Home Naloxone Kits

⇒ Professional Practice Webinars

⇒ EARLY NOTICE – December Holiday Hours

The Apothecary

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Elected Members
Zone 1 ..... Jeremy Parsons
Zone 2 ..... Ray Gulliver
Zone 3 ..... Shawn Vallis
Zone 4 ..... Henry White
Zone 5 (Hospital Pharmacist) ..... Brittany Churchill
Zone 6 (Pharmacy Technician) ..... Colleen Squires
Zone 7 (At Large) ..... Taggarty Norris, Chad Parsons
Dean, MUN School of Pharmacy ..... Lisa Bishop
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Board-appointed ..... Donald Anthony
..... Shirlene Murphy
Government-appointed ..... Ruby Chaytor
..... Gerri Thompson
MUPS Representative *(observer)* ..... Ian Scott

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Newfoundland and Labrador Pharmacy Board

The Apothecary

Fall 2017

The Apothecary is the newsletter of the Newfoundland & Labrador Pharmacy Board.
It contains information on a wide variety of topics intended to enhance the practice of all pharmacists in the province of Newfoundland & Labrador.
All registrants are responsible for reviewing any and all information contained within including documents which are made available on the NLPB website via links throughout the newsletter.
The Apothecary is now circulated electronically and is available in hard copy format only upon specific request.

Holiday Hours for NLPB Office

Please note that, in recognition of the Christmas and New Year holiday season, the Board office will be closed from Monday, December 25th through to Monday, January 1st, reopening on Tuesday, January 2, 2018.

If you need assistance during this time, please email inforx@nlpb.ca.

➡ ***SAVE THE DATE*** ⬅

NLPB Symposium 2018

Join us for the 3rd Annual NLPB Symposium, scheduled for **Saturday, May 12, 2018** at the Comfort Inn, St. John's Airport (comfortinnstjohns.com).
Look for more information about the schedule of events and registration in your inbox in the coming months.

Why is Professional Liability Insurance so Important?

During an audit conducted in 2017, the Board identified a number of registrants who inadvertently missed the renewal deadline for their professional liability insurance policies. When balancing a demanding workplace with family commitments, it can be easy to miss what seems like a minor administrative deadline. Unfortunately, professional liability insurance is one administrative deadline that cannot be missed.

The Legal Requirements

Sections 14-17 of the *Pharmacy Act, 2012* and sections 8-9 of the *Pharmacy Regulations, 2014* require all registrants – pharmacists, pharmacy technicians, interns, and students – to maintain a professional liability insurance policy. This policy must be "in a form and amount satisfactory to the board." The Board's specific requirements can be found in the document, *Professional Liability Insurance Requirements for Registration*, available on the Authorization & Registration Information For Registrants page of the NLPB website. Section 94(c) of the Board's Bylaws also includes "practicing pharmacy while not covered by a policy of professional liability insurance acceptable to the board" in the definition of Professional Misconduct.

The Practical Concerns

Having sufficient professional liability insurance coverage is essential to protect both you and your patients. Even the most skilled and diligent practitioners make mistakes from time to time. Consider a hectic day in the pharmacy where there are many distractions and it is difficult to focus, or a question you casually answer for a friend at a party without knowing that person's full medication history. Fortunately, most mistakes are caught before medications go out the door and do not result in harm. But once in a while, the worst case scenario happens and a medication error occurs or patient counselling goes wrong.

When a patient is harmed by a mistake made or advice given by his or her practitioner, that patient may be entitled to damages (a financial award from the practitioner) to compensate for medical expenses incurred as a result of the mistake or lost wages if the patient loses work. In some circumstances, these damage awards can be significant, particularly if a patient requires significant medical care for a long period of time, or is unable to return to work in his or her previous career. The patient may also be entitled to additional damages for pain and suffering, which are generally granted by a court to the patient suffering as a result of the mistake. If a patient dies after a medication error, his or her family may also be entitled to cost recovery for expenses and damages.

Having an active professional liability insurance policy helps ensure that your patient will get the support and resources he or she needs to prevent any further undue suffering after a mistake has occurred. It is your professional liability insurance that pays the damages awarded to the patient, and generally also pays for a lawyer to handle any court matters. You will likely have only minimal involvement in the legal and financial processes, which greatly reduces the stress on both you and your employer.

However, if you do not have an active professional liability insurance policy when such a mistake occurs, you may be held personally liable for any financial damages that result from the mistake. This means that you may be personally responsible for paying your patient's related medical bills for the rest of his or her life, compensating for his or her lost wages, and paying for lawyers to handle the court matters. If you don't have the finances in your bank account to pay these bills, you may lose your investments, vehicles, or even

(Continued on page 3)

your home. In addition, the pharmacy you work for may also be held liable for damages that result from your mistake. In the worst case, your injured patient may suffer even further if you do not have appropriate insurance and you or your pharmacy cannot cover the cost of the damages they are entitled to.

What Can I Do To Make Sure This Doesn't Happen To Me or My Patients?

- Set a recurring reminder in your calendar for one month before your policy expires to make sure you remember to renew on time.
- Do not rely solely on reminders from your insurer or the Board – we all know e-mails sometimes get lost, missed, or sent to junk mail. While reminders are a helpful trigger, ensuring your policy is up to date is your responsibility and relying on another organization to remind you might not be enough to protect you or your patients.
- Ask your administrative support person to put it in his or her calendar (but again, don't rely 100% on someone else to remind you).
- Add professional liability insurance status to your Staff Meeting standing agenda and check in with your whole staff on a regular basis to make sure no one misses their policy renewal date.
- If you do miss your renewal date, contact your insurer immediately upon discovering the lapse and make sure that they back-date your renewal to the day your policy expired.

Self-Declarations - Are Yours Accurate and Up-to-Date?

As part of the annual registration renewal process, all registrants are required to respond to a number of self-declarations. Self-declarations are a way for the Board to monitor registrant compliance with the legislation and standards without requiring registrants to submit evidence of compliance every year. In order to balance the efficiency of self-declarations with accountability, the Board conducts compliance audits of self-declarations.

Self-declarations are required by all registrants, as well as those in the role of pharmacist-in-charge, and those with additional authorizations. It is important to remember that when you make a self-declaration, you are not only declaring that it is correct at the time of renewal, but also that it will remain correct throughout the year. For example, when you declare your CPR training is up to date, you are not only declaring that it is current on the date of renewal, but also that you will maintain it throughout the up-coming year.

This year the Board is aware of several registrants who have lapsed in various self-declarations including maintaining professional liability insurance, maintaining PANL membership, having current CPR and First Aid training, hours worked at the pharmacy as pharmacist-in-charge, and others. Providing false information in the self-declaration process or lapsing in maintenance throughout the year can result in allegations of professional misconduct or temporary loss of the certificate to practice pharmacy or engage in expanded scopes of practice.

In order to ensure that your self-declarations are accurate and up to date, remember the following:

- Each registrant is required to complete his or her own self-declarations. This activity cannot be passed on to another individual such as a co-worker or assistant.
- Track the expiry dates of your policies, memberships, and certificates.
- Set reminders of expiry dates that will jog your memory well in advance.
- Review your self-declarations throughout the year to ensure they are still valid.

Drug Information Resources for Opioid Dependence Treatment

It's been almost a year since buprenorphine-naloxone (Suboxone®) became an open benefit under the NL Prescription Drug Program (NLPDP), with the goal of increasing access to treatment options available to those affected by opioid use disorder. Currently, while 370 NL pharmacists (of a total of 741) participate in opioid dependence treatment (ODT) services, only 57 community pharmacies offer this service to the public (about 25% of pharmacies in the province). Furthermore, these numbers can be misleading as they do not reflect the number of pharmacies that are currently accepting new patients. In light of the opioid crisis, there is an increasing demand for pharmacies to offer ODT services. Pharmacists play a key role in provision of addiction services that goes beyond the dispensing of medication; pharmacists interact with patients on a daily basis and are often key supports to patients throughout their recovery. The purpose of this article is to share some of the resources available to assist pharmacists in helping patients with opioid use disorder.

Recognizing inappropriate or inadequate pain treatment

In 2017, a new **Canadian Guideline for Opioids for Chronic Non-Cancer Pain** was developed at the National Pain Centre at McMaster University. This guideline is useful for assessing patients' opioid use as well as for forming recommendations on dose optimization, rotation, tapering and special patient populations.

Assessing symptoms of opioid withdrawal

Pharmacists are familiar with providing drug information when counselling patients about opioid prescriptions; however, it can be difficult for pharmacists to assess pain and opioid withdrawal when following up with patients. A **study of a pharmacist-physician team model in Alberta** illustrates the impact pharmacists can have in the assessment and management of pain (Slipp and Burnham, 2017).

To assess the control of pain related to treatment with opioids, pharmacists can start by asking patients to rank their pain level from 0 to 10. In addition, a tool called **SAFER-OPIOIDS** (Murphy et al., 2013) provides a more comprehensive assessment of opioid use that may be helpful when completing patient assessments.

A useful tool to assess withdrawal is the **Clinical Opiate Withdrawal Scale (COWS)**. This tool is often used to assess withdrawal from opioids during buprenorphine-naloxone induction, but it can be useful to quickly assess and review opioid withdrawal symptoms under other circumstances as well, such as when following up with patients who are tapering to lower doses of opioids.

Methadone vs. buprenorphine-naloxone

Patients may have questions about the differences between methadone and buprenorphine, such as, which is more effective or which is easier to discontinue. An **article** by Srivastava et al. (2017) may be helpful in answering these questions as it provides an overview of treatment options for specific patient populations. In addition, Table 2 in **A Guideline for the Clinical Management of Opioid Use Disorder** (BC Centre for Substance Use, 2017) provides a concise summary of the advantages and disadvantages of both methadone and buprenorphine-naloxone.

Buprenorphine-naloxone administration

Buprenorphine-naloxone administration can be time-consuming, especially for higher doses, because it can take the buccal tablets up to 10 minutes to dissolve. The purpose of witnessed dosing is to ensure that patients are getting the full benefit of the medication as well as to prevent diversion. However, the extent of diversion and use of illicit buprenorphine is not fully characterized (Yokell et al., 2011) and data on the benefits of supervised dosing versus unsupervised is also mixed (Saulle et al., 2017).

(Continued on page 5)

The **Buprenorphine/Naloxone for Opioid Dependence: Clinical Practice Guideline** (CAMH, 2012) provides guidance for administration of sublingual buprenorphine-naloxone, including:

- For patients with dry mouth, give some water to moisten mouth prior to administering tablets.
- For sublingual tablets that are supplied by the manufacturer in blister packages, remove the tablet from foil, but do not touch the tablet (skin contact to be avoided).
- For higher doses, tablets may be cut into half or quarters to reduce dissolution time, and then placed in clear plastic dispensing cup. Do not grind or crush tablets as they may coalesce into a single mass with a reduced surface area thereby reducing dissolution.
- Ask patient to place contents of cup under the tongue, and not to suck on tablets while they are dissolving.
- Suggest that patients keep their head tilted slightly forward to reduce saliva collecting at the throat and being swallowed.
- After approximately 1 minute, ask patient to show oral cavity for dissolution. A chalky residue may remain even after drug has been sufficiently absorbed.
- Advise patient to refrain from drinking fluids and eating for approximately 5 minutes to allow for sublingual absorption to be maximized.

Off-label use of buprenorphine-naloxone

The official approved use for buprenorphine-naloxone is to treat opioid dependence. The transdermal formulation of single entity buprenorphine is indicated to treat pain, but there is less literature for the sublingual form that is combined with naloxone. **Buprenorphine for Chronic Pain: A Review of the Clinical Effectiveness** (CADTH, 2017) provides a focused summary of the clinical effectiveness of buprenorphine for chronic pain, which may help with assessing the appropriateness of buprenorphine-naloxone prescriptions. An **article** by Chen, Chen, & Mao (2014) also discusses the role of buprenorphine-naloxone in pain management.

In addition, you may see buprenorphine-naloxone used for withdrawal management as well as for rotation and tapering of opioids. For further reading, see this **Cochrane Review**.

Both these off-label uses are also discussed in the new McMaster chronic non-cancer pain guidelines.

Learning opportunities

To build on knowledge about opioid use disorder and opioid agonist maintenance treatments, pharmacists may be interested in:

- The BC Centre on Substance Use (BCCSU) **Online Addition Medicine Diploma Program**
- Training programs provided by the manufacturer of Suboxone®; a 6-hr self-guided program and a 1-hr video review are available at **www.suboxonetrainingprogram.ca**
- The **Opioid Dependence Treatment Core Course**
- **Buprenorphine-Assisted Treatment of Opioid Dependence: An Online Course for Front-Line Clinicians**

There is an abundance of information available about this important pharmacy practice topic. This article is not intended to be fully comprehensive. If you have further questions about this or any other clinical issue, feel free to contact the Drug Information Centre at the School of Pharmacy - a free service for all your medication and treatment related questions.

Submitted by: Mike Chong, Memorial University Drug Information Centre
Email: druginfo@mun.ca, Phone: (709) 777-7584, Tweet: @MUNDrugInfo

Full reference list available upon request

PostScript Recap

Throughout the year, the NLPB publishes a number of important pharmacy practice-related articles in both The Apothecary and the monthly e-newsletter, The PostScript. Below are a few particularly relevant articles that were published in The PostScript over the past year. Please visit the **NLPB Newsletters** page of the NLPB website to view all past issues in their entirety. For answers to more Pharmacy Practice questions like this one, see the **Frequently-Asked Questions About Pharmacy Practice** page of the website.

Is an Electronic Signature on a Prescription Acceptable?

No, not at the moment. The Board supports the concept of e-prescribing, but at this time, requirements for securing patient confidentiality, verifying authenticity, and preventing diversion have not been defined.

A prescription generated via a prescriber's computer system or PDA and physically given to a patient for eventual processing at a pharmacy must comply with the federal regulations regarding prescriptions and must include a valid signature. Rubber stamps, pre-signed forms, signature images or other forms of signatures that are not distinct for each transaction do not fulfill federal requirements. A pharmacist considering a prescription with one of these forms of signature cannot confirm that this is the one and only copy of the order (as identical copies of the order could have been produced by photocopy). To ensure that the prescription document presented by the patient is the original copy of the order written by the prescriber, the signature must be original.

A prescription generated via a prescriber's computer system or PDA and faxed directly to a pharmacy for processing must comply with the NLPB Standards of Practice – Facsimile Transmission of Prescriptions and Personal Health Information. As with above, electronic "digitalized" signatures are not permitted since they are not distinct for each transaction. When prescriptions are transmitted by fax directly between a prescriber and a pharmacy, the prescription must still be manually signed prior to transmitting the prescription.

At this time, prescription authorization via email has not been approved by Health Canada.

Ethical Decision-Making: Putting Patients' Interests First

Recently, the NLPB has been alerted to several instances where pharmacists have acted inappropriately when faced with a prescription where the quantity prescribed was less than the full package size of the product. We have heard of situations where the pharmacist has refused to fill the prescription, falsely indicated to the patient that the product was back-ordered, contacted the original prescriber to revise the prescription, or adapted the prescription so that the quantity dispensed matched the package size.

Pharmacists are reminded that, as health care professionals, first and foremost, they are expected to place the health and well-being of their patients at the centre of their professional practice. Making clinical decisions or advising practitioners or patients based on business interests or financial benefit is a

(Continued on page 7)

direct violation of the Code of Ethics. Additionally, the Standards of Practice – Prescribing by Pharmacists specifically states:

- Prescribing decisions must be based on clinical suitability, cost-effectiveness and what is in the best interests of the patient. Prescribing decisions based on biased information or financial advantage may be regarded as constituting conduct deserving of sanction. (section 5.1 b) iv));
- A pharmacist may change the quantity of medication prescribed as long as doing so will not result in the patient receiving drug therapy for longer than the prescriber intended. (section 5.6 a) ii)); and
- The pharmacist must be reasonably satisfied that the original prescriber would not object to the adaptation (section 5.6 b) ii)).

Finally, in any situation where a prescription is adapted, pharmacists are also expected to:

- obtain informed consent from the patient;
- send notification describing the action taken to the original prescriber within one week; and
- provide a copy of the documentation to the patient for their records.

The Sale of Exempted Codeine Products in Community Pharmacies

In light of recent questions and discussions during practice site assessments, registrants are reminded that as per Section 3.1 of the *Standard of Practice for the Sale of Exempted Codeine Products in Community Pharmacies*, only a pharmacist may authorize the sale of an exempted-codeine product (ECP). Prior to authorizing the sale of an ECP, the pharmacist must personally consult with the patient to determine the appropriateness of the request. It is important that the patient assessment includes obtaining a complete medication history and checking the patient's Pharmacy Network profile. Patient assessments related to an ECP request cannot be delegated to any other member of the pharmacy team.

After assessing the patient, the onus is on the pharmacist to refuse the sale of an ECP, and refer the patient to another health care provider, if it is determined that:

- the condition or symptom(s) are chronic or serious in nature;
- the ECP will inadequately treat the medical or dental reason for use; or
- continued use of ECPs is not in the best interests of the patient.

If the sale of an ECP is authorized by the pharmacist, it must be fully documented in the patient's medication profile, and the electronic health record via the Pharmacy Network, in accordance with section 3.5 of the *Standards of Pharmacy Operation-Community Pharmacy*. It is critical that provision of an ECP to a patient is recorded accurately in the electronic health record using the patient's MCP number so that other health professionals involved in the patient's care can make informed decisions about the care they are providing.

Finally, while section 3.8 of the *Standards of Pharmacy Operation-Community Pharmacy* requires pharmacists to provide education and counselling to patients only on the original filling of a prescription, due to the issues associated with the inappropriate use of ECPs, pharmacists are expected to consult with and counsel patients on each and every sale of an ECP.

Professional Practice Webinars

Since June, the NLPB has delivered three webinars on several Professional Practice topics:

- ⇒ June 13, 2017 – Standards 101 – Security & Accountability of Narcotics & Controlled Drugs
- ⇒ August 8, 2017 – Current Issues – Buprenorphine-Naloxone for the Treatment of Opioid Dependence
- ⇒ October 10, 2017 – Frequently-Asked Questions – Professional Development Standards and Online Portal

Please visit the **Professional Practice Webinars** page of the NLPB website to view recordings of these webinars.

We have received very positive feedback on the webinars and intend to continue to deliver them in 2018, starting on January 16th and continuing on either the second or third Tuesday of every other month going forward. On the day of the webinar, we will go live from 9:00 to 10:00 am. If you are not able to join us for the live session, a recording of the event will be posted to the website shortly thereafter. We continue to welcome any feedback you may have on these or any other NLPB communications.

Looking for a Receipt?

Did you know you can view and print your invoices and receipts at any time? Under **My Profile**, click **Renewal/Other Invoices** to see a list of invoices. Click the invoice number you want to view. You can print it right from your browser by clicking on the printer icon.

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BOARD OF DIRECTORS

Elected Members
Zone 1 ..... Jeremy Parsons
Zone 2 ..... Ray Gulliver
Zone 3 ..... Shawn Vallis
Zone 4 ..... Henry White
Zone 5 (Hospital Pharmacist) ..... Brittany Churchill
Zone 6 (Pharmacy Technician) ..... Colleen Squires
Zone 7 (At Large) ..... Taggarty Norris, Chad Parsons
Dean, MUN School of Pharmacy ..... Lisa Bishop
Public Representatives
Board-appointed ..... Donald Anthony
..... Shirlene Murphy
Government-appointed ..... Ruby Chaytor
..... Gerri Thompson
MUPS Representative *(observer)* ..... Ian Scott

EXECUTIVE COMMITTEE

Chair ..... Taggarty Norris
Vice-Chair ..... Colleen Squires
Executive Member ..... Jeremy Parsons
Past Chair ..... Chad Parsons