The Apothecary

Newfoundland and Labrador Pharmacy Board

Spring 2009

The Apothecary is the newsletter of the Newfoundland & Labrador Pharmacy Board. It contains important regulatory information that all pharmacists in the province of Newfoundland & Labrador are expected to be aware of. Pharmacists are responsible for 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.

Linked in this issue...

Continuing Professional Development Standards of Pharmacy Practice Now Approved for Circulation

As communicated in a recent Memo to Pharmacists, the final draft of the revised Standards of Pharmacy Practice—Continuing Professional Development has now been approved by the Board for circulation. (See www.nlpb.ca/spg.html for the complete revised document.)

Changes pharmacists should be aware of include:

- The Standard no longer permits the carry-over of CEUs from one year to the next. However, pharmacists are permitted to claim CEUs for programs completed in December of one year in the following calendar year, as long as they were not used to fulfill the minimum professional development requirement in that previous year. Pharmacists who claim such programs will be expected to submit both year's Professional Development Logs.
- Due to the confusion surrounding the word "source", the committee has removed the requirement to complete programs from more than one source. Pharmacists are still encouraged to use multiple delivery formats and providers to fulfill their professional development requirements each year. This opens up new opportunities as well as enhancing the pharmacist's learning experience.
- As a result of feedback from pharmacists, both of the primary Continuing Professional Development forms have been updated:
  - ◊ The **Learning Portfolio Record Sheet** was updated to remove the word "source" and to streamline the form.
  - ◊ The **Professional Development Log** has been revised to eliminate the need for pharmacists to transfer the key learning ideas from the Learning Portfolio Record Sheets over to the Professional Development Log.

Pharmacists are strongly encouraged to make every effort to use these new forms. Both forms are available at www.nlpb.ca/cpd.html in two versions—one (pdf) for printing and completing by hand and one (MSWord) for saving and completing electronically before printing.

These Standards of Pharmacy Practice take effect immediately. Any questions or clarification should be directed to the Board office.

Are your pharmacy students registered?

*Pharmacy students who intend to work in **ANY** capacity in a pharmacy in Newfoundland and Labrador must first be registered with the NLPB and shall not identify themselves as anything other than a "Pharmacy Student". For more information, see the NLPB Policy—Registration as a Pharmacy Student, available at www.nlpb.ca/reg_&_lic.html*

Complaints and Discipline Resolution

Case #1

The Complaints Authorization Committee considered an allegation from a specialist physician regarding a prescription written for Lupron 22.5mg, to be injected IM every 3 months for one year. It was alleged that the prescription had been improperly labelled at the pharmacy with instructions "Use as directed"; that the patient had been receiving monthly injections of the drug; and that the prescription had been refilled monthly without the error being questioned by the pharmacist. The error was apparently detected when a request for renewal of the prescription and clarification of dosage was sent to the specialist from the pharmacy since the refills were depleted and the patient said he was supposed to get this injection every month.

The response from the pharmacist-in-charge indicated that the original prescription had been labelled by the pharmacy assistant as "*Use as directed*", "which is generally acceptable with Rx's for injectables to be administered by the physician in his clinic", and also indicated that the pharmacist who had checked the original prescription for accuracy was satisfied "especially since a 90 day interval was indicated on the hard copy of the Rx".

The pharmacist-in-charge indicated that the patient returned for refills each month for three months and took the drug to his local family physician for injection. She indicated that "Even though the Rx was refilled early, it was unknown to the pharmacist that the patient was going to his Dr. each month for his injection." She indicated that both she and another pharmacist at the pharmacy had refilled the prescription at various times.

The response also indicated that the original dispensing pharmacist had indicated to the prescribing specialist, when discussing this incident after the error had been discovered, that "we were refilling the Rx as requested by the patient and we have no control over what the patient does with that Rx once it leaves the store" and that the family physician indicated…"he was under the impression from the patient that he was supposed to get the injection each month" and that the prescribing specialist "had not in the following three months sent any follow up letters to indicate otherwise."

Decision of the panel:

The panel decided that there were reasonable grounds to believe that each of the three pharmacists involved at some point with this prescription had engaged in conduct deserving of sanction.

The panel directed that the allegation be considered as constituting a complaint and that letters of caution be sent to each of the pharmacists involved.

The panel directed that points that should be specifically noted in the letters of caution are:

- that "Take/Use as directed" is **NOT** generally acceptable with Rx's for injections to be administered by the physician in his clinic when specific directions have been indicated on the prescription, and particularly when the physician administering the injection is not the physician who ordered the prescription. The original dispensing pharmacist should not have permitted the instructions "Use as directed" to have been used in recording the prescription;
- that the pharmacists who authorized the refills should have questioned the requests for monthly refills of the prescription on three different occasions, particularly since the pharmacy's computer system indicated that the amount being dispensed represented 90 days supply and that the requested refill was between 55 - 63 days early in each case;
- that there was no evidence provided that any of the pharmacists had counseled the patient about the prescribed dosage of the drug prescribed; had ensured that administering physician was aware of the dosage prescribed by the prescriber; or had questioned the early refills or checked the original prescription to confirm the prescribed dosage;
- that the statement attributed to the dispensing pharmacist that

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> "we were refilling the Rx as requested by the patient and we have no control over what the patient does with the Rx once it leaves the store" is an inappropriate and unacceptable standard of pharmacy practice. There is an expectation that pharmacists will question early refills of prescriptions to determine the reason for such requests, ensure that the patient understands the prescribed dosage of the medication, and determine if there are any reasons why the medication is not being used as prescribed and take appropriate steps where possible to address such issues.

The panel directed that a report of this complaint, on a no names basis, be included in the next edition of the Apothecary, so that ALL pharmacists are reminded by this incident of their responsibilities with respect to labelling of prescriptions, properly counselling patients on the proper use of the medication prescribed and monitoring compliance with the use of prescriptions.

Case #2

The Complaints Authorizations Committee considered an allegation made by a patient concerning a prescription for Hydromorph Contin. It was alleged that Hydromorph Contin 3mg had been dispensed instead of the 6mg strength prescribed and indicated on the prescription label; that as a result of this error she went into opioid withdrawal and required admission to hospital; that she had also been given heart medication prescribed for another person; and that untrained technicians were involved with the filling of her prescriptions.

The response from the pharmacist-in-charge indicated that one of the contributing factors to the error was that the prescribing physician had ordered a 5mg dosage. Since the product only comes in 3mg and 6mg strengths, both the 3mg and 6mg tablets had been kept on the dispensary counter awaiting clarification of the dosage from the prescribing physician.

The pharmacist-in-charge's response also spoke to the training obtained by assistants employed in the pharmacy, the checking procedures used at the pharmacy, and the changes that have been made since this incident occurred, including:

- a triple check is performed on every prescription;
- pharmacy assistants and the pharmacist sign-off on their involvement at each step of the process,
- a way of identifying new prescriptions has been implemented so that pharmacists on duty will counsel the patient about these prescriptions;
- when new prescriptions are delivered, the required patient counselling is done by telephone;
- delivery logs, which are now kept for a minimum of 2 years, have been revised to show whether the prescription was delivered or picked up, and *Continued on page 4)* whether the delivery was a prescription or OTC;
- that all pharmacy staff have been trained in these procedures and that a formal policy and procedure manual is being written.

Decision of the panel:

The panel decided that there were reasonable grounds to believe that the respondent had engaged in conduct deserving of sanction.

The panel directed that the allegation be considered as constituting a complaint and that a letter of caution be sent to the Pharmacist-in-Charge.

The panel directed that points that should be specifically noted in the letter of caution are:

- that counselling and checking procedures at the pharmacy (including documentation of such counselling and checking) needs to be improved;
- that counselling must take place on every new prescription and should take place on refills. Checking the prescription bottle or package at the time of counselling is a very important step that every pharmacist should be doing to help prevent medication errors;
- that a written policy and procedure for checking

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prescriptions that every pharmacist at the pharmacy has signed and implemented must be sent to the NLPB office for review within 3 months of this notice;

- that NLPB will provide the pharmacist-in-charge with information programs that are available, including:
  - ◊ NAPRA's *Ensuring Dispensing Accuracy and Minimizing Medication Errors*
  - ◊ NB Pharmaceutical Society's *Medication Errors Prevention and Reduction Guidelines*
  - ◊ Ontario College of Pharmacists' *Preventing Dispensing Errors and A Pharmacist's Accountability in Response to a Dispensing Error*, and
  - ◊ a copy of the Summer 2006 *Apothecary* article (Institute for Safe Medication Practices)

The panel directed that a report on this complaint, on a no names basis, be included in the next edition of the Apothecary so that ALL pharmacists are reminded by this incident of their responsibilities to review checking procedures, to counsel patients on original and repeat fillings of prescriptions, and to generally review policies and procedures in their pharmacy to ensure error prevention as much as possible.

Case #3

A hearing of an adjudication tribunal of the Disciplinary Panel considered two similar letters of allegation against Labrador PharmaChoice which were forwarded to it by the Complaints Authorization Committee.

The complaints alleged that Mr. Brendan Mullins, the pharmacist-in-charge of Labrador PharmaChoice in Happy Valley-Goose Bay had violated the Board's Guidelines on Advertising in an "advertorial" that appeared in *The Labradorian* on November 26, 2007 announcing the opening of Labrador PharmaChoice. It was alleged that the ad included information that was false and deceptive, defamatory and misleading. It was also alleged that statements in the ad were of personal opinion not verifiable by fact, deprecated another pharmacy and were likely to demean the integrity or dignity of the profession or bring the profession into disrepute.

A hearing of an adjudication tribunal of the disciplinary panel was held to determine whether the conduct of Mr. Mullins in this matter constituted a violation of:

1) subsection 12(1)(b)(ii) of the Pharmacy Regulations, which reads:

12. *(1) All pharmacists who are designated and named on a business licence as the pharmacist-in-charge of that pharmacy*

(b) shall be responsible for

(ii) prohibiting an owner or other person who is not a pharmacist from directing, influencing, controlling or participating in the management or operation of a pharmacy for which the pharmacist-in-charge is responsible under the Act and these regulations,

2) subsection 17(1) of the *Pharmacy Regulations*, which reads:

17. *(1) A pharmacist shall not advertise, or permit a person to advertise on behalf of a pharmacy which that pharmacist operates, using information that*

(a) is false, misleading, fraudulent, deceptive, ambiguous or confusing, or likely to mislead or deceive the public due to partial disclosure of relevant facts;

(b) is not relevant to the public's ability to make an informed choice;

(c) is not verifiable by facts independent of personal feelings, beliefs, opinions or interpretations;

(d) makes comparisons either directly or indirectly with another pharmacy or pharmacist or would be reasonably regarded as suggestive of uniqueness or superiority over another pharmacy or pharmacist; or

(e) as a result of its content, method or frequency of dissemination is such as to be reasonably regarded by pharmacists as likely to demean the integrity or dignity of the profession or bring the profession into disrepute.

3) subsection 37(1)(c) of the Pharmacy Regulations, which reads:

37. *(1) The term unprofessional conduct or professional misconduct for the purpose of consideration of a complaint and the institution of disciplinary proceedings includes but is not limited to*

(c) breach of the Code of Advertising as outlined in section 17 of these regulations;

Decision of the disciplinary panel:

The tribunal found Mr. Mullins failed to establish the defense of

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due diligence and was guilty of the complaints and consequently guilty of conduct worthy of sanction. At a subsequent hearing to determine sanctions the tribunal was presented with a joint submission of proposed sanctions which had been agreed to by Mr. Mullins and the Secretary-Registrar. The tribunal accepted the proposed sanctions and ordered as follows:

- A formal reprimand is to be entered on Mr. Mullins' file.
- Mr. Mullins must attend at the Office of the Pharmacy Board within 6 months of the Order of the Adjudication Tribunal, at a time to be set by the Secretary-Registrar; to review with the Secretary-Registrar the responsibilities of a Pharmacist-in-Charge, pursuant to the *Pharmacy Act* and *Regulations*.
- There will be publication of a summary of the Decision and Order of the Adjudication Tribunal, on a named basis, in *The Apothecary*.
- That Mr. Mullins pay the costs of the investigation and hearing of the complaint, set at $12,500 within 60 days of the Order of the Adjudication Tribunal.

Case #4

The Complaints Authorization Committee met to consider an allegation from a patient regarding two instances where she had received notice that claims had been processed through her health insurance for prescriptions filled at East End Pharmasave. The patient indicated that this had occurred without her knowledge or request.

Mr. Lloyd Bennett, the pharmacist-in-charge of East End Pharmasave was notified of this allegation and asked to respond.

The CAC decided that there were reasonable grounds to believe the respondent had engaged in conduct deserving of sanction and that the allegation be considered a complaint. The panel instructed the Secretary-Registrar to file the complaint against the respondent and refer it to a hearing of the disciplinary panel.

On further investigation it appeared that some of the prescriptions in question were filled by Mr. Gerald Whalen and therefore a Notice of Allegation was forwarded to Mr. Whalen as well. Subsequent to a second CAC meeting, this complaint was also referred to the Discipline Panel.

Further investigation also determined that a prescription appeared to be refilled and dispensed without a valid prescription for these refills.

A hearing of an adjudication tribunal of the disciplinary panel was held to consider sanctions against Mr. Bennett and Mr. Whelan. At the hearing the tribunal was presented with a joint submission of proposed sanctions which had been agreed to by Mr. Bennett, Mr. Whelan and the Secretary-Registrar.

Decision of the disciplinary panel:

The tribunal accepted the proposed sanctions and ordered as follows:

- A formal reprimand is to be entered on the files of Mr. Bennett and Mr. Whalen.
- Any prescriptions which had been improperly charged to the patient's account or billed to her insurer and which have not been repaid are to be reimbursed to the appropriate party, by the respondents or East End Pharmasave, immediately.
- Both Mr. Bennett and Mr. Whalen must successfully complete the Board's registration examination within 3 months of the Order of the Adjudication Tribunal.
- There will be publication of a summary of the Decision and Order of the Adjudication Tribunal, on a named basis, in *The Apothecary*.
- The costs of the investigation and hearing of the complaints will be paid on a 60/40% basis by Mr. Bennett and Mr. Whalen respectively (Mr. Bennett being the Pharmacist-in-Charge of East End Pharmasave), such costs to be paid within 60 days of the Order of the Adjudication Tribunal, or such further time as may be agreed by the Pharmacy Board.

Newfoundland and Labrador Pharmacy Network Benefits Evaluations

In preparation for the launch of the Newfoundland and Labrador Pharmacy Network, the Centre for Health Information has engaged in four benefits evaluations to determine the impact of the Pharmacy Network on various aspects of medication use. These studies all have a pre/post study design and we are happy to say that the first phase of this study is nearly complete.

Two studies focused on the rates of adverse drug events in the community by completing emergency room chart reviews in both the adult and pediatric population. The third study evaluated expected impact of the Pharmacy Network on prescription drug abuse. These three studies are complete. The study team is now preparing manuscripts for peer review publications and preliminary findings will be shared at the upcoming PANL conference.

The fourth study examines the impact of the Pharmacy Network on appropriate use of medication among seniors. For those of you practicing in the St. John's area, your assistance was requested in helping us recruit seniors over 65 years of age to participate in this study. The Centre for Health Information would like to take this opportunity to thank-you for your cooperation in helping us meet our goal. We have now successfully finished recruitment for this study.

Over the next two to three months, the Centre will be completing the data collection portion of this study, which involves an in-home interview with the senior by a registered pharmacist. The information is kept confidential and the senior is assigned a study code. During the interview, the pharmacists will ask some basic demographic questions and then take a complete medication history. If the senior poses questions regarding their medications during the interview, the pharmacists will provide any necessary counselling.

If you, or any of your customers, have any questions about the studies, please feel free to contact either Jennifer Donnan (jennifer.donnan@nlchi.nl.ca; 752-6025) or Kayla Collins(kayla.collins@nlchi.nl.ca; 752-6045) at the Centre for Health Information.

Retirement of Hugh O'Neil Conroy

Each year a number of pharmacists retire from practice and particularly notable is the retirement at the end of 2008 of Hugh O'Neil Conroy. Hugh Conroy was the longest practising pharmacist in the province, having been initially licensed in 1944, and has retired after a distinguished career of 64 years as a practising pharmacist.

After serving a four year apprenticeship at McMurdo's Drug Store in St. John's he attended the Maritime School of Pharmacy at Dalhousie University, graduating in 1946. After returning to the province from Halifax, besides being a practising community pharmacist, he also took on the role of a pharmacy instructor in the apprenticeship program conducted at that time by the Newfoundland Pharmacy Board. He served the profession in this capacity from 1946 to 1966. (From 1957 to 1964, while he operated a pharmacy in Placentia, he commuted weekly to St. John's to hold pharmacy classes and participate as a member of the Council of the Nfld. Pharmaceutical Association.)

Mr. Conroy was Registrar of the Newfoundland Pharmacy Board from 1952 to 1954 and was associated with the preparation of the 1954 *Pharmaceutical Association Act,* which saw the merging of the Newfoundland Pharmaceutical Society and the Newfoundland Pharmacy Board into the Newfoundland Pharmaceutical Association, and with the 1970 revision of that Act. He was made an Honorary Life Member of the NPhA in 1992

"Life long learner" is an apt description of Hugh Conroy. He was notably always among the first to sign up when continuing education programs were offered to the NPhA membership and he was a regular participant at CE functions. After a long and distinguished career of service to the public and our profession we wish him a well deserved retirement. He continues registration with our Board as an Honorary Non-practising Pharmacist.

Frequently-Asked Questions

Recently we had a question from a pharmacist regarding ***whether or not a person registered as non-practicing is required to be a member of PANL and/or obtain the required amount of liability insurance.***

The requirement for pharmacists to be a member of "the association" (i.e. PANL) is found in section 18(3) of the *Pharmacy Act*:

18. *(3) It is a condition of the issuing of a certificate of registration under this section that the person to whom the certificate is issued be a member of the association or within one month of the date of issuing the certificate become a member of the association, and the failure of that person to comply with this condition makes the certificate void from that date.*

The "certificate of registration" referred to is the annual certificate that certifies that a pharmacist is eligible to practice pharmacy in our province. Pharmacists who register with the Board as "*non-practicing*" are not issued this certificate; consequently they are not required to become members of PANL.

Since "non-practicing" pharmacists are not issued this certificate, they are not required to meet the provisions in section 21 of the Act, including the requirement for professional liability insurance:

21. *(2) An application for registration under subsection (1) shall be approved where the applicant…*

(b.1) provides proof that he or she has obtained professional liability insurance coverage in a form and amount satisfactory to the board;...

We would caution any pharmacist who registers as non-practicing of the following prohibitions in section 23(1) of the *Pharmacy Act*:

23. *(1) A person other than a pharmacist with a certificate shall not*

(a) represent or hold himself or herself out as or as being entitled to use the title or designation of pharmacist;

(b) carry on the practice of pharmacy in the province;

(c) conduct a business or operation for selling drugs except as expressly permitted under this Act; or

(d) hold himself or herself out, conduct himself or herself in a manner or wear or use clothing or a sign, emblem, title or advertisement which may reasonably lead the public to infer that he or she is registered as a pharmacist and qualified to practice pharmacy under this Act.

Therefore non-practicing pharmacists should not engage in any activity, or offer any pharmacy advice, counselling or opinion that might be construed as "practicing pharmacy" or leave the public open to improper pharmacy care, and themselves open to potential liability.

New NLPB Employee—Professional Affairs Coordinator

Melanie Healey has recently joined the staff at the NLPB as Professional Affairs Coordinator. This is a professional 2-year 4/5 time contractual position, reporting to the Secretary-Registrar.

The primary role of Melanie's position will be to provide coordination and support to the activities of the Board relating to professional practice, policy and legislative issues including support of the Professional Practice and Legislative committees.

She will also be responsible for scanning the professional practice environment on a local, national and international level to identify issues of importance relating to professional practice and assisting the Board in establishing priorities for action.

Melanie received her Bachelor of Science (Pharmacy) degree from MUN in 1996 and has worked in a variety of practice settings including community and academia as well as with the former Newfoundland Pharmaceutical Association as Professional Relations Assistant and Interim Executive Director (Advocacy Board). Recently, she has been providing consultancy services to both the NLPB and the NLCHI Pharmacy Network project. Melanie also continues to practice in the community as a relief pharmacist.

Please feel free to contact Melanie to offer your comments or suggestions in these areas at (709) 753-5877 or mhealey@nlpb.ca.

Reminders

ALL changes in a pharmacist's employment MUST be reported to the NLPB Office AT LEAST 7 days before the change is to take place, using the appropriate form (available at www.nlpb.ca/forms.html) and including the appropriate fee.

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As NLPB mailings are now being done almost entirely electronically, pharmacists are responsible for ensuring that the NLPB Office has their CORRECT E-MAIL ADDRESS on file at all times.

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Pharmacists-in-charge are reminded that any loss or theft of narcotics, controlled drugs, targeted substances and/or precursors MUST be reported within 10 days using the appropriate Health Canada form (available at www.nlpb.ca/forms.html). One copy of this form should be kept at the pharmacy, one sent to the NLPB Office and one sent to Health Canada.

NLPB Strategic Plan 2009—2011

Following the December 2008 Newfoundland and Labrador Pharmacy Board Meeting, Board members and other invited stakeholders participated in a Strategic Planning session, facilitated by Lynn Morrissey, with the goal of setting the priorities for the Board for the next 3 years. A wide variety of issues were identified including those relating to the Pharmacy Network, the regulation of Technicians and the pursuit of Medication Management Authority for pharmacists. The complete document is available to all pharmacists on our website at www.nlpb.ca/about_us.html (under Board Documents). A summary by timeline is given below.

IMMEDIATE

- 1.4 Develop Standards of Practice for Pharmacy Network
- 1.5 Identify Mandate (Structure and Responsibilities) of Professional Practice Committee
- 2.1 Communicate and Consult with Pharmacists Regarding Changes Impacting the Profession
- 3.1 Develop and Implement an Evaluation Process for the Office
- 5.2 Develop and Implement a Process to Make the Public(s) Aware of the Impact of Regulatory Changes
- 5.3 Review the Revised Standard of Practice

ONE YEAR

- 1.1 Define the Role of Pharmacy Technicians
- 3.2 Develop and Implement an Evaluation Process for the Board Committees
- 4.5 Liaise with Key Stakeholders in Pharmacy Profession to Facilitate Dialogue on Common Language

ONE - THREE YEARS

- 1.2 Define and Pursue Medication Management Authority

THREE YEARS

- 1.3 Raise Awareness of Pharmacists & the Public on Patient Safety Issues
- 3.3 Develop and Implement an Evaluation Process for the Board
- 5.4 Evaluate the Outcomes of the Continuing Professional Development Process

ONGOING

- 2.2 Promote Pharmacists' Involvement in Board and NLPB Committees
- 4.1 Liaise and Interact with Government and Regional Health Authorities to Ensure the Involvement of the Board in all Relevant Health Issues
- 4.2 Collaborate with Other Provincial Regulatory Authorities, Advocacy Groups, Education Institutions and Student Organizations
- 4.3 Ensure a Process of Adequate and Timely Communication Regarding Public Health Issues
- 4.4 Endorse and Promote Research Activities to Enhance Practice and Policy
- 5.1 Revise Governing Documents as Required to Reflect Changes in Pharmacy Practice (e.g. Act & Regulations, Standards of Practice, By-Laws)

Service Desk: Ready to Assist You

During deployment of the Newfoundland and Labrador Pharmacy Network to community pharmacies in the coming months, pharmacists will have support through the Centre for Health Information's Service Desk. The Service Desk is already up and running, providing technical and service support to individuals using the Client Registry, Health Information Network (HIN), and to answer questions regarding Pharmacy Network conformance and the deployment processes to pharmacists.

The Service Desk provides a single point of contact for users who need technical and service support. It ensures that there is follow through with all requests for assistance, allows users to get status updates on their requests for help, and ensures issues have been resolved. **Users of the Pharmacy Network, such as community pharmacies, should only contact the Service Desk after consulting their software vendor to diagnose the problem.**

The Service Desk can be contacted for assistance to:

- Obtain general support for the Pharmacy Network and the Electronic Health Record
- Report any Pharmacy Network connectivity issues
- Add providers that are not in the Provider Registry or update existing records. For example, adding an out of province provider to the system or reactivating a provincial provider to process a patient's prescription
- Set up a username and password to access the Pharmacy Network after verification by the Centre for Health Information. Once pharmacies have the ability to connect, pharmacists are required to contact the Service Desk to get a username and password which will give them access to the Pharmacy Network
- Reset a password, in the event a pharmacist has forgotten his/her password to access the system

Users can contact the Service Desk via phone or email. Emergency issues should be communicated by phone and non-imperative issues can be communicated via email. To contact the Service Desk, please call 1-877-752-6006 or 709-752-6006 or email service@nlchi.nl.ca.

"The Service Desk is already up and running, providing technical and service support to individuals using the Client Registry, Health Information Network, and to answer questions regarding Pharmacy Network conformance and the deployment processes to pharmacists."

Updates to the NLPB Website

New!

- Canadian Adverse Reaction Newsletter January 2009
- MedEffect advisories
- NAPRA Notes February 2009
- NLPB Board Meeting Minutes for 2008
- NLPB Strategic Plan 2009-2011
- Requirements for Registration as a Pharmacist—for out-of-province applicants

Updated!

- Continuing Professional Development page
- Continuing Professional Development forms
- NLPB Pharmacy Binder (March)
- NLPB Standards of Pharmacy Practice—Continuing Professional Development
- Pharmacies and Pharmacists Registers (March)

Newfoundland and Labrador Pharmacy Board

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We're on the Web!!

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BOARD STAFF

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BOARD MEMBERS

Elected Members

Zone 1 ..... Margot Priddle
Zone 2 ..... David Jenkins
Zone 3 ..... John Rideout
Zone 4 ..... Joanne Howlett
At Large ..... Keith Bailey, Brian Healy, Linda Hensman

Appointed Members

..... Don Mifflin
..... Eugene Toope

Observer

MUPS Representative ..... Megan Dawe

EXECUTIVE COMMITTEE

Chair ..... John Rideout
Vice-Chair ..... Joanne Howlett
Executive Member ..... David Jenkins
Past Chair ..... Don Mifflin

Quick Notes

On March 25, 2009, The Apothecary Hall Trust was a recipient of the ***Historic Sites Association Manning Award for Excellence in the Public Presentation of Historic Places***. This award is presented in recognition of the fine heritage work accomplished across the province by community-minded groups and organizations and honours the late Bill Manning, former Parks Canada Superintendent of Historic Sites for Newfoundland and Labrador. Manning realized that the preservation and presentation of our heritage requires the involvement of the people in these communities. Members of the Apothecary Hall Trust were on hand at the Sheraton Hotel Newfoundland to receive the award.

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Over the past year, several pharmacists have moved on from the Board as well as from a number of committees. We would like to take this opportunity to thank them for giving their time so generously to serve their profession over the past number of years:

- Board—Jerry Young
- Finance Committee—Margot Priddle
- Joint Committee on Structured Practice Experience—Darlene Mansfield
- Registration and Licensing Committee—Don Hillier (chair); Melanie Healey and Mike LeBlanc

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Tip!

Visit the ***Frequently-Asked Questions*** page on our website for quick answers to many common questions!!

The Apothecary

Summer 2009

Newfoundland and Labrador Pharmacy Board

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. Pharmacists 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.

2009 Board Election Now Complete

As communicated to pharmacists on June 9, 2009, this year's election of NLPB board members is now completed. This year, the election, which saw pharmacists nominating and electing members for Zone 1 and Zone 4, began on March 3, 2009 with a Call for Nominations. Nominations were subsequently received for Deborah Kelly and Heather Seeley in Zone 1 and for Joanne Howlett, Christina Tulk and Bert Warr, Jr. in Zone 4. Ballots were mailed to registered pharmacists in these zones and were counted on June 2, 2009 with Debbie Kelly elected in Zone 1 and Christina Tulk elected in Zone 4.

The elected members began their 3 year terms of office at the 2009 Annual General Meeting, which took place on June 7, 2009. Also at the AGM, John Rideout completed his term of office as Board Chair assuming the position of Past-Chair. Following the AGM, at a Special Meeting of the Board, a new Executive was elected with Keith Bailey elected Board Chair, Christina Tulk elected Vice Chair and Debbie Kelly elected Executive Member For a complete list of the current Board as well as the Executive Committee members, please see the back page of this *Apothecary*.

Message from the Chair of the Board

It is indeed my pleasure to take this opportunity to address pharmacists of the province as the new Chair of the NL Pharmacy Board. The progress we have made over the past year has been tremendous and I congratulate John Rideout on his leadership and the office team for their diligent efforts. The upcoming year promises to very exciting and, while the Board is responsible for the day to day practice of pharmacy, I believe that, using our strategic plan, we can chart a course for the future that will result in growth for both our professional practice and the quality of service to the public.

Certainly the Pharmacy Network, Medication Management and plans for technician regulation will be very prominent on the agenda this year and all these elements will be pillars to growing the profession. I encourage all pharmacists to get involved. We need collaboration and communication between the various stakeholders in pharmacy and individual pharmacists to move forward effectively. Continued Board communication and engagement will be high on this year's agenda.

To that end, I am more than available for feedback from pharmacists and will visit as many stores and hospital sites as I can over the year to talk to you. My cell number is (709) 689-0086 and my email kbailey@shoppersdrugtmart.ca . Contact me anytime!

Respectfully,
Keith Bailey

Complaints and Discipline Resolution

Case #1

The Complaints Authorization Committee (CAC) considered an allegation received from a patient that alleged he had been dispensed the incorrect dosage of prednisone and that this error had not been discovered for four consecutive months. The panel found that on the initial filling of the prescription, the pharmacist had dispensed the correct dosage of prednisone (5mg), but that the prescription had been mislabeled (as 50mg). Subsequent to this, the patient returned to the pharmacy for a refill, at which time, the prescription was refilled by another pharmacist in accordance with the record in the pharmacy computer. Because of the previously undetected error prednisone 50mg was dispensed instead of prednisone 5mg, resulting in the patient taking a dosage of the medication that was 10-fold higher than prescribed.

Decision of the panel:

The panel decided that there were reasonable grounds to believe that both pharmacists involved at some point with this prescription had engaged in conduct deserving of sanction. The panel directed that the allegation be considered as constituting a complaint and that letters of caution be sent to each of the pharmacists involved.

The panel directed specific points should be noted in the letters of caution including:

- ◊ that the counselling and checking procedures developed for the pharmacy as a result of this prescription error be implemented by all pharmacists and staff in the pharmacy.
- ◊ that counselling must take place on every new prescription and should take place on refills. Checking the prescription bottle or package at the time of counselling is a very important step that every pharmacist should be doing to help prevent medication errors.
- ◊ that a report on this complaint, on a no names basis, be placed in the next edition of *The Apothecary,* so that ALL pharmacists will be reminded by this incident of their responsibilities to review checking procedures, to counsel patients on original and repeat fillings of prescriptions, and to generally review polices and procedures in their pharmacy to ensure error prevention as much as possible.
- ◊ that a copy of the policy and procedure developed by the pharmacy be distributed as a guide to help other pharmacies develop policy and procedure for reducing medication errors (see attached)

Case #2

The CAC considered an allegation from a patient regarding an incident that had taken place at the pharmacy where it was alleged that the patient was treated discourteously by a pharmacist and other pharmacy staff with respect to third party insurance coverage and income tax receipts.

Decision of the panel:

The panel ruled that there were not reasonable grounds to believe that the respondent had engaged in conduct deserving of sanction with respect to the practice of pharmacy and therefore the panel dismissed the allegation.

Case #3

An adjudication tribunal heard a complaint lodged by the Secretary-Registrar against pharmacist David Mclsaac, practicing at the Pharmacy Department of the G.B. Cross Memorial Hospital in Clarenville. The tribunal also considered a complaint lodged against Mr. Mclsaac by Mr. Gary Peckham, the Director of Pharmacy of Eastern Health.

As a result of the complaint by Mr. Peckham and upon the recommendation of the CAC, the Board suspended Mr. Mclsaac's licence to practice pending a hearing into the complaints.

Decision of the panel:

The adjudication tribunal agreed to accept a jointly submitted Agreement on Disposition from the Secretary-Registrar and Mr. Mclsaac that included a plea of guilty by Mr. Mclsaac with respect to all the allegations under consideration. The tribunal ruled that Mr. Mclsaac had committed a

(Continued on page 3)

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number of violations of the *Pharmacy Regulations*, including:

- ◊ *failing to abide by the terms, conditions or limitations of a licence;*
- ◊ *acting as a pharmacist while the ability to perform an action as a pharmacist is impaired by alcohol or by a drug;*
- ◊ *failing to maintain the standards of practice of the profession, including written standards; and*
- ◊ *conduct or an act relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful dishonorable or unprofessional"*

The order of the panel included the following conditions:

- ◊ that he be reprimanded by the Board.
- ◊ that he participate fully in a rehabilitation program for alcohol and/or drug dependency acceptable to the Board and continue to participate in such programs until notified otherwise by the Board.
- ◊ that he provide blood and/or urine samples on a random basis for screening to determine that he is alcohol and drug free.
- ◊ that, prior to reinstatement of his licence and his re-entry to practice, he provide the Board with written medical clearance from his attending physician that he is suitable to return to work, with no restrictions.
- ◊ that he advise the Secretary-Registrar, verbally or in writing, of every pharmacy where he practices, for any period of time.
- ◊ that he notify the pharmacist-in-charge of any pharmacy in which he practices of this order.
- ◊ that he cannot be designated as the pharmacist-in-charge of a pharmacy or be responsible for the general management and supervision of a pharmacy without the written consent of the Board.
- ◊ that violation of this order by him will result in an allegation being referred to the CAC.
- ◊ that the terms, conditions and restrictions on practice and all reporting requirements imposed by this order shall remain in effect until removed by notice in writing by the Board.
- ◊ that he agrees to pay to the Board the costs of the investigation and hearing related to this complaint and any costs to the Board associated with his participation in the rehabilitation program and the blood and/or urine screening.
- ◊ that there shall be publication of the Order of the Adjudication Tribunal in accordance with section 44 of the *Pharmacy Act*.

For Your Information...

A letter was received from a patient questioning the appropriateness of his pharmacist recording and labeling his Gravol purchases. The Secretary-Registrar determined that the pharmacist had not acted inappropriately and that this letter did not constitute an allegation. He did, however, respond to the patient in writing. Excerpts from his letter include the following:

"*All pharmacists...are required to adhere to the Act, Regulations, By-laws, Standards of Practice adopted by the Board and to normally follow Guidelines adopted by the Board. These are minimum expectations and most pharmacists in this province practice to an even higher standard than the minimum set by this board.*"

"*In the Guidelines for the Sale of Dimenhydrinate in Community Pharmacies, pharmacists are advised to limit and monitor the sale of dimenhydrinate-containing products in their pharmacies. In particular, one item refers to documentation in a patient's profile. While this statement refers primarily to the sale of quantities larger than 30 units, many pharmacists choose to document all sales in the patient's drug profile, particularly if the drug is being taken on a regular basis, even when there is no evidence of abuse. The Pharmacy Board considers this to be an appropriate practice.*

There is growing recognition that non-prescription...drugs can interact with prescription drugs that ...and that by adding non-prescription drugs that a patient may be taking regularly to the patient's drug profile such interactions may be detected more readily, leading to improved patient care and safety."

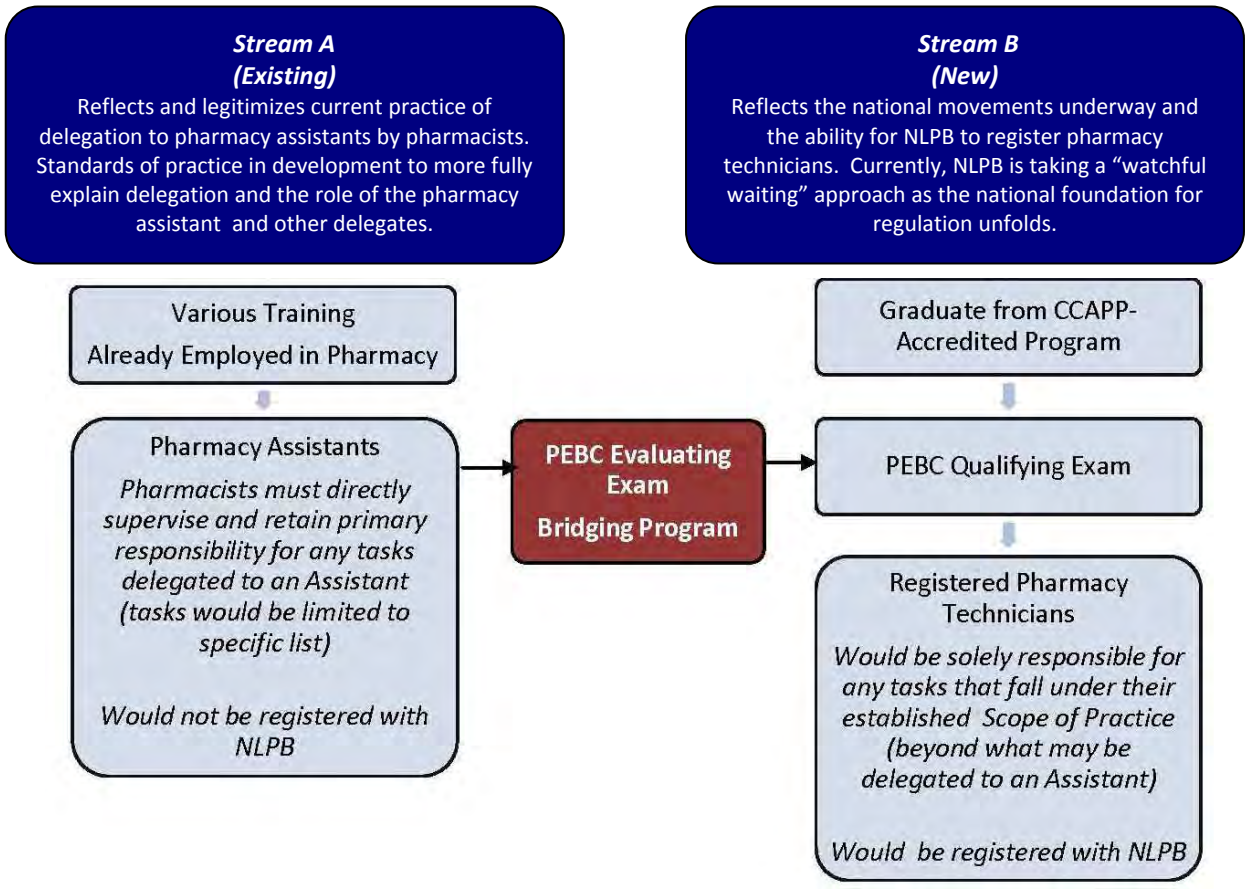
Delegation to Pharmacy Assistants and the Future of Technician Regulation

Background

Currently in this province, there is no definition in pharmacy legislation for the title of "Pharmacy Technician". Despite this, there are many persons employed as such in almost every pharmacy in the province. This has been accepted up to now, as it was considered a job title with no legal ramifications above and beyond the employer's job description for the position.

Over the past several years many provinces have made significant strides to regulate "Pharmacy Technicians". This work has included, for some, establishing "Pharmacy Technician" as a recognized, protected title, setting qualifications for use of this title and introducing a requirement for registration with the appropriate regulatory body. Further to this, some also intend to establish defined, protected responsibilities for "Pharmacy Technicians" as well as potentially requiring "Pharmacy Technicians" to retain liability insurance coverage and show proof of professional development

In NL, the intent is to develop Standards of Pharmacy Practice that will first recognize and build structure around the current practice of employing "pharmacy assistants" and will eventually enable either those assistants currently in the workforce or those entering the profession from an accredited program to become a registered "pharmacy technician". The diagram below outlines this process.



Persons currently working in a "Pharmacy Assistant" role in the province would fall into Stream A and could, if desired, progress to Stream B by completing an approved "Bridging Program" and the PEBC Evaluating Exam. Eventually, graduates from CCAPP-Accredited Pharmacy Technician programs would enter Stream B directly.

Frequently-Asked Questions on Pharmacy Technician Regulation

Why do things need to change?

The need for pharmacists to transition toward medication management and a patient-centered practice has been clearly identified. Pharmacists, now facing greater demands on their time, will need to shift their focus from the mechanics of dispensing and administrative tasks to a more cognitive-based practice. Delegation of technical tasks to pharmacy assistants and the further enabling of qualified Registered Pharmacy Technicians will help allow this.

Will current pharmacy assistants have to retrain? Is stream B mandatory?

No. Pharmacies that wish to continue to operate "as is" may continue to do so and assistants currently working may go to work tomorrow doing the activities described in the standards of practice. The Board is very cognizant of the need to balance the future with present practice and the varied needs of each practice site.

What about those "technicians" already trained and in the workplace? Will they be "grandfathered"?

No, there will be no grandfathering. The training and experience of individuals who currently work in pharmacies is quite varied. This poses a challenge since the Board needs to ensure individuals applying for licensure have the defined competency to practice safely and effectively within the scope of their profession. Those already in the workplace who wish to become a Registered Pharmacy Technician will be subjected to the same evaluation and assessment measures required for registration as those who are new to the profession. With that in mind, it is anticipated a bridging education program will be available for a limited time that will prepare all current assistants who wish to become regulated for the new expanded role. The process will be challenging. Building on the knowledge these individuals have gained through formal education or on-the-job training, the bridging program will prepare them to attempt to meet the educational requirements for registration.

Can I still call myself a technician?

At some point very soon, the Board will deem the term "Pharmacy Technician" a protected title meaning unless someone meets all the criteria (currently no one does) and is registered with the Board as such, then they cannot use the title "Pharmacy Technician". Employers and staff should start using the term "Pharmacy Assistant" on signage, nametags and in conversation now.

Will there be fewer jobs for pharmacists?

With the growth in professional responsibility, scope of practice and number of pharmacies it is likely demand for pharmacists will remain very high.

Will pharmacists still be responsible for the actions of pharmacy assistants?

Yes. Very little will change under the Stream A delegation process. It really legitimizes current practice.

Will pharmacists be responsible for the actions of Registered Pharmacy Technicians?

Yes and no. The pharmacist in charge will remain the gatekeeper for activity in a pharmacy as is presently the case and individual pharmacists will remain responsible for many professional activities. However, Registered Pharmacy Technicians will be solely responsible for any tasks that fall under their established Scope of Practice and as such will need to maintain competency and have malpractice insurance.

Could a pharmacy have both pharmacy assistants and Registered Pharmacy Technicians working side by side?

Possibly. In the future, this will depend on the location, workload and type of practice. Some locations could have just pharmacy assistants, others all Registered Pharmacy Technicians and others a mix. Some pharmacies may have no supplementary staff at all. Delegation of tasks, in accordance with the Regulations, will be a decision of each pharmacist.

How much will it cost for a person to become registered as a Pharmacy Technician?

There is no question there will be costs associated with becoming registered but, at this point, we are not able to give a credible estimate as there are many

(Continued on page 6)

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variables to consider: training, certification, licensing fees to name a few.

Are the terms regulated and registered the same? Different provinces and people seem to use them interchangeably.

These terms mean basically the same thing but the nomenclature does vary a little. To be regulated, one must be registered with the NLPB. The term "Pharmacy Technician" will be a protected title.

Will the salary of a Registered Pharmacy Technician be higher than that of a non-regulated pharmacy assistant?

Unfortunately, any answer to this question would only be an assumption on our part. It is not the Board's mandate to comment on salary-related issues.

Will Registered Pharmacy Technicians be required to show evidence of continuing competency like pharmacists?

Yes. Registered Pharmacy Technicians will be responsible for maintaining and improving their core competencies through continuous professional development and be able to show evidence of such. The Canadian Council on Continuing Education in Pharmacy (CCCEP) has partnered with the Canadian Association of Pharmacy Technicians (CAPT) to accredit educational activities for these individuals.

Could you describe the national and assessment initiatives underway?

There are three national initiatives underway with respect to pharmacy technician regulation:

- The National Association of Pharmacy Regulatory Authorities (NAPRA: www.napra.org) has developed the document "Professional Competencies for Pharmacy Technicians at Entry to Practice". This is a key document because these competencies are the basis for requirements for entry into regulated pharmacy technician practice; examinations required to enter the profession; and standards for pharmacy technician programs accreditation. As well, these competencies may assist in developing or revising legislation and regulatory authority's standards, by-laws, ethics, and codes of conduct. These competencies describe the roles and responsibilities that pharmacy technicians must be competent to perform. They do NOT authorize pharmacy technicians to immediately assume their expanded role nor do they authorize pharmacists to immediately delegate these activities.
- The Canadian Council for Accreditation of Pharmacy Programs (CCAPP: www.cccap-accredit.ca), the organization that accredits pharmacy programs in Canada, has agreed to undertake accreditation of pharmacy technician training programs. More than a dozen programs have already been accredited but no schools in NL presently meet the criteria.
- The Pharmacy Examining Board of Canada (PEBC: www.pebc.ca), the national entry to practice certification board for the pharmacy profession, is developing and administering the exam for pharmacy technicians which will is based on the NAPRA Professional Competencies for Pharmacy Technicians at Entry to Practice. The exam has a written and a practical component just like the one for pharmacists and is called the **PEBC Pharmacy Technician Qualifying Exam**. This exam will be critical for licensure and the technician will have to pass both parts of the exam to be licensed. **A Pharmacy Technician Evaluating Exam** will also be available for current assistants who are considering regulation.

Will this all apply to hospital practice?

No, not initially. Hospital pharmacies currently have well defined policies and procedures and the goal is not to create barriers in their practice but to see community pharmacy progress.

When will all these changes happen?

The Board is actively working on Stream A which involves delegation of task to pharmacy assistants. This will more or less reflect current practice. Stream B is not the current focus of the NLPB but it will be once the programs and exams have been tested and proven in other jurisdictions. Due to limited resources, NLPB has adopted a "watchful waiting" approach for now. Stakeholder consultation, communication and education will continue to flow in the months ahead.

The Newfoundland and Labrador Pharmacy Board appreciates any and all feedback from pharmacists and current pharmacy technicians. Please feel free to discuss this issue with any Board Member or send your comments through inforx@nlpb.ca or the Feedback form on the NLPB website.

NAPRA News

NAPRA Board elects new President for 2009-2010

Dianne Donnan will serve as the new President of the National Association of Pharmacy Regulatory Authorities (NAPRA). Elected from among her peers on April 26, 2009, Ms. Donnan will serve a one year term concluding in April 2010.

"It is my pleasure to serve as President of NAPRA for the coming year," says Donnan. "I believe my practice and volunteer experience will serve me well to advance the association's key initiatives."

A graduate of the University of Alberta, Ms. Donnan entered her professional career as a pharmacist manager in 1986. Most recently, Ms. Donnan has enjoyed building the pharmacy services department for the Lamont Health Care Centre, an Acute and Surgical Care Hospital and large Long Term Care Centre in Lamont, Alberta.

A strong leader in the pharmacy community in both her work and volunteer settings, Ms. Donnan served at the provincial level as President of the Canadian Society of Hospital Pharmacists Alberta Branch and as the President of the Council for the Alberta College of Pharmacists.

NAPRA also welcomed David McLeod, representing the Prince Edward Island Pharmacy Board, as the new Vice President for 2009-2010.

The recent Board meeting also marked a significant milestone – a Yukon representative participated at this meeting for the first time since rejoining the association last January.

"Yukon's membership in NAPRA comes at an important juncture. There is a significant amount of change in the profession of pharmacy as a whole," says registrar Fiona Charbonneau. "We look forward to being a part of NAPRA in order to approach and resolve regulatory issues together."

For more information on NAPRA and their initiatives, visit their website at www.napra.ca or click HERE to see the latest issue of their newsletter, NAPRA Notes, on our website under News & Communications.

Pandemic Preparedness

As communicated to pharmacists and pharmacies on April 30, 2009, Charles Coady, Director of Public Health Information & Surveillance, Department of Health and Community Services has contacted the NLPB concerning monitoring taking place at the Department as part of the provincial pandemic preparedness strategy.

The Department particularly would like to monitor any changes in the number of prescriptions for the anti-viral drugs Tamiflu or Relenza in this province.

Regardless of the fact that availability of these drugs is often limited, pharmacists-in-charge are being asked to provide daily reports of the number of prescriptions filled for Tamiflu or Relenza in their pharmacies. This report should also include an account of any prescriptions presented to the pharmacy that were unable to be filled. Do not include information regarding general requests for information about these drugs and how they can be obtained, as the Department wants only to monitor actual prescriptions.

It is not being asked that patient or pharmacy identification be disclosed, only the number of prescriptions and in which Regional Health Authority area the prescription occurred.

You are asked to report prescription activity for these two drugs on a daily basis until notified further. Reports should be faxed directly to the Department of Health and Community Services at (709) 729-4647.

If you have any further questions please contact Charles Coady at (709) 729-5306.

Tip!

Visit the ***Frequently-Asked Questions*** page on our website for quick answers to many common questions

Continuing Professional Development Audit Results

The Continuing Professional Development (CPD) Audit Process is now completed. This year, 184 pharmacists were audited and the results of the reviews are as follows:

First Review (March 5/6/9th)	Second Review (April 21st)
184 reviewed	39 reviewed
◊ 145 compliant	◊ 36 compliant
◊ 39 asked for additional information	◊ 3 given one final week to clarify information

The Registration and Licensing Committee would like to point out the following:

- ◊ The Professional Development (PD) Log and Learning Portfolio Record Sheet have been revised over the past year to reflect changes made to the Standards of Pharmacy Practice on Continuing Professional Development. **All pharmacists should now be using the updated versions of these forms.**
- ◊ When recording credits on the Learning Portfolio Record Sheet and the PD Log, **credit should be submitted as either accredited or self-assigned, not both.**
- ◊ Credit should be recorded on the PD Log for the year in which the credit is being claimed. This is usually the year in which the program was completed. However, programs completed in December may be documented in the same calendar year OR in the next calendar year.
- ◊ When completing programs that contain timely information (e.g. *Pharmacist's Letter*) pharmacists should ensure the programs are still relevant (ideally, from within the last 2 years).
- ◊ Pharmacists attending multiple sessions at one event (i.e. a conference) **must document each session separately**.
- ◊ **Certificates of Completion** must always be included for online programs and for video presentations borrowed from PANL (issued from PANL upon return of the video). These **certificates should indicate success in the program and the number of CE's acquired.**
- ◊ **The form for documenting Credit for acting as a Preceptor to a Pharmacy Student or Intern can be found on the NLPB website** and must be submitted as part of the Learning Portfolio when claiming credits for being a preceptor.
- ◊ **If audited, pharmacists should ensure that Learning Portfolios** (Learning Portfolio Record Sheets and supporting documentation for each program) **are submitted in an organized fashion** – i.e. in the order the events are documented on the PD Log.
- ◊ If audited, pharmacists must submit Learning Portfolios by mail, courier, or hand. **Faxed portfolios will no longer be accepted** as there have been too many issues with this mode of delivery.
- ◊ Any pharmacist, who has been non-compliant in the previous audit year, will, in most circumstances, be audited again in the next year.
- ◊ Once the audit process is concluded a copy of the result is placed in the pharmacist's file, and documentation submitted for audit purposes is shredded.

For copies of all forms as well as the Standards of Pharmacy Practice, please visit the Professional Development page of the NLPB website.

Reminders

Out-of-Province Prescriptions

As discussed in the June 5, 2009 notice to pharmacists, Newfoundland and Labrador pharmacists are now permitted to dispense prescriptions written by prescribers licensed to practice in other provinces of Canada. For more information on the legislative change, please see the FAQ Re: Filling Prescriptions from Out of Province Prescribers, which can be found with the Pharmacy Act on the Legislation page of the NLPB website.

∞

naproxen sodium (Aleve®)

Though Aleve® is now commercially available in Canada, pharmacists in Newfoundland and Labrador may not sell it just yet. We have written the Minister of Health and Community Services to request the necessary change be made to our Provincial Drug Schedules but at the time of publication, we have received no notification of this change. As soon as we do, we will update the Provincial Drug Schedules accordingly (See Drug Schedules) and notify all pharmacists.

Professional Practice Issues

Are You Responsible?

If you are the *Pharmacist-in-Charge* of a pharmacy, remember that you are responsible for:

- ◊ all professional activities occurring in the pharmacy including ensuring that the pharmacy is compliant with all applicable legislation and standards of practice
- ◊ personally managing, controlling, or supervising the pharmacy, including devoting the majority of your working time and attention to the operation of the pharmacy
- ◊ being present in the prescription department for a reasonable portion of the operating hours of the pharmacy
- ◊ prohibiting an owner or other person who is not a pharmacist from directing, influencing, controlling or participating in the management or operation of the pharmacy
- ◊ maintaining adequate and suitable stock, dispensing equipment, and a reference library
- ◊ maintaining the pharmacy, its stock, dispensing equipment and library in a clean and sanitary condition suitable for the practice of pharmacy
- ◊ notifying the secretary-registrar:
  - ◊ of the names of pharmacists employed by the pharmacy and when a pharmacist ceases employment with the pharmacy
  - ◊ of any change in ownership, corporate name or location of the pharmacy
  - ◊ of any lock & leave enclosure being used in the pharmacy
  - ◊ if the pharmacy intends to dispense methadone
  - ◊ of the cessation of operation of the pharmacy

Pharmacy Technicians

Mark Your Calendars!

The 4th Annual NL Pharmacy Technician Conference will be held on September 25-27, 2009

At

Comfort Inn Airport

St. John's, NL

Special Room Rates available for Conference attendees!

Come and join us for a weekend featuring a wide variety of speakers & topics – something for everyone!

Register early to take advantage of a reduced Registration fee!

For all the latest updates and registration forms:

Email: techconference2009@gmail.com to be added to the mailing list

Or

Join our **Facebook group** – 'The 2009 Pharmacy Technician Conference'

Updates to the NLPB Website

New!

- Annual Report 2009
- FAQ on Out-of-Province Prescriptions
- Letter of Standing template
- MedEffect advisories & Canadian Adverse Reaction Newsletters April & July 2009
- NLPB Board Meeting Minutes February 2009
- Registration and Practice Experience Requirements for International Pharmacy Graduates
- Pharmacy Assistants / Technicians section of Professional Practice Resources page

Updated!

- Contacts and Committees pages
- Frequently-Asked Questions
- NLPB Pharmacy Binder
- Pharmacies and Pharmacists Registers
- Pharmacy Act, Board Bylaws & Schedule of Fees
- Registration and Practice Experience Requirements for New Grads & MRA pharmacists
- Program of Examinations
- Standards of Pharmacy Practice—Required Reference Library

Q & A on Narcotic and Controlled Drug Records

Why is it necessary to print and review a monthly Narcotic Sales Report?

The Narcotic Sales Report is an important management tool in curbing diversion and theft, when properly reviewed. Owners and managers should review the report in conjunction with narcotic prescription files to ensure that all reportable narcotics and controlled drugs are properly recorded; all prescriptions are accounted for; all narcotics and controlled drugs requiring a written prescription are present and unusual patterns of drug usage are monitored or identified.

Why should I do a regular narcotic inventory count?

Narcotic inventory counts are necessary to provide a starting point or baseline to perform narcotic reconciliations. Counts of your narcotic and controlled drug inventory (including benzodiazepines) should be done on a regular basis, preferably monthly, in conjunction with random reconciliations on specific drugs. This will help to identify any shortages, possible diversion, or theft. As well, the introduction of perpetual inventory management by software providers is a useful tool for facilitating the reconciliation process.

What must a pharmacist report to Health Canada regarding narcotics and controlled drugs?

Both the *Narcotic Control Regulations* (section 42) and the *Regulations to the Food and Drugs Act* (s.G.03.013) requires a pharmacist to report any loss or theft of these drugs within 10 days of discovering the loss.

What is considered a loss of controlled substances?

A loss can take many forms but is basically anything that results in a shortage in your inventory of controlled substances. Some examples are theft or robbery, diversion or unexplained loss, spillage or wastage, damage or contamination of products, etc.

How do I report a loss?

Forms can be found on the NLPB website under "Miscellaneous Forms." Copies of this form should also be sent to the NLPB and retained in the pharmacy.

The Apothecary

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www.nlpb.ca

Newfoundland and Labrador Pharmacy Board

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Zone 2 ..... David Jenkins
Zone 3 ..... John Rideout
Zone 4 ..... Christina Tulk
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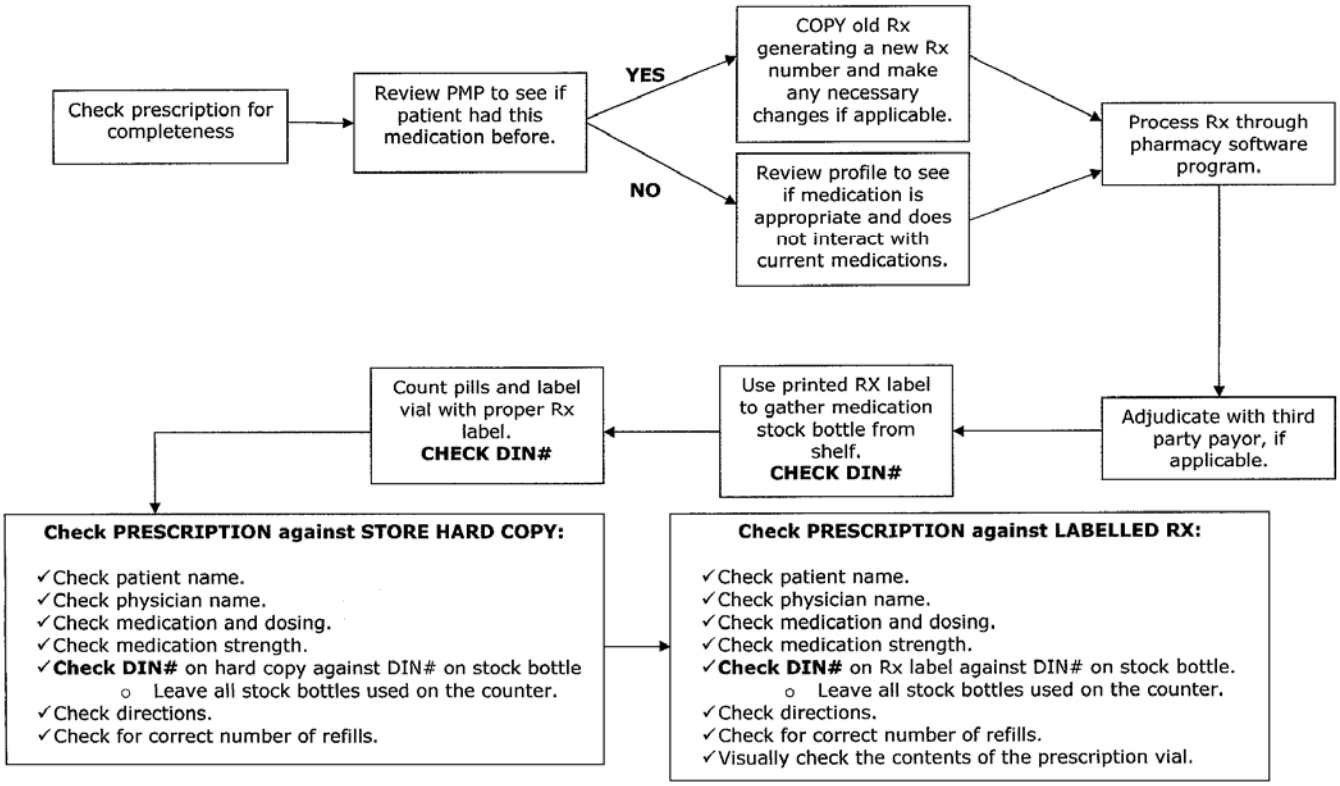
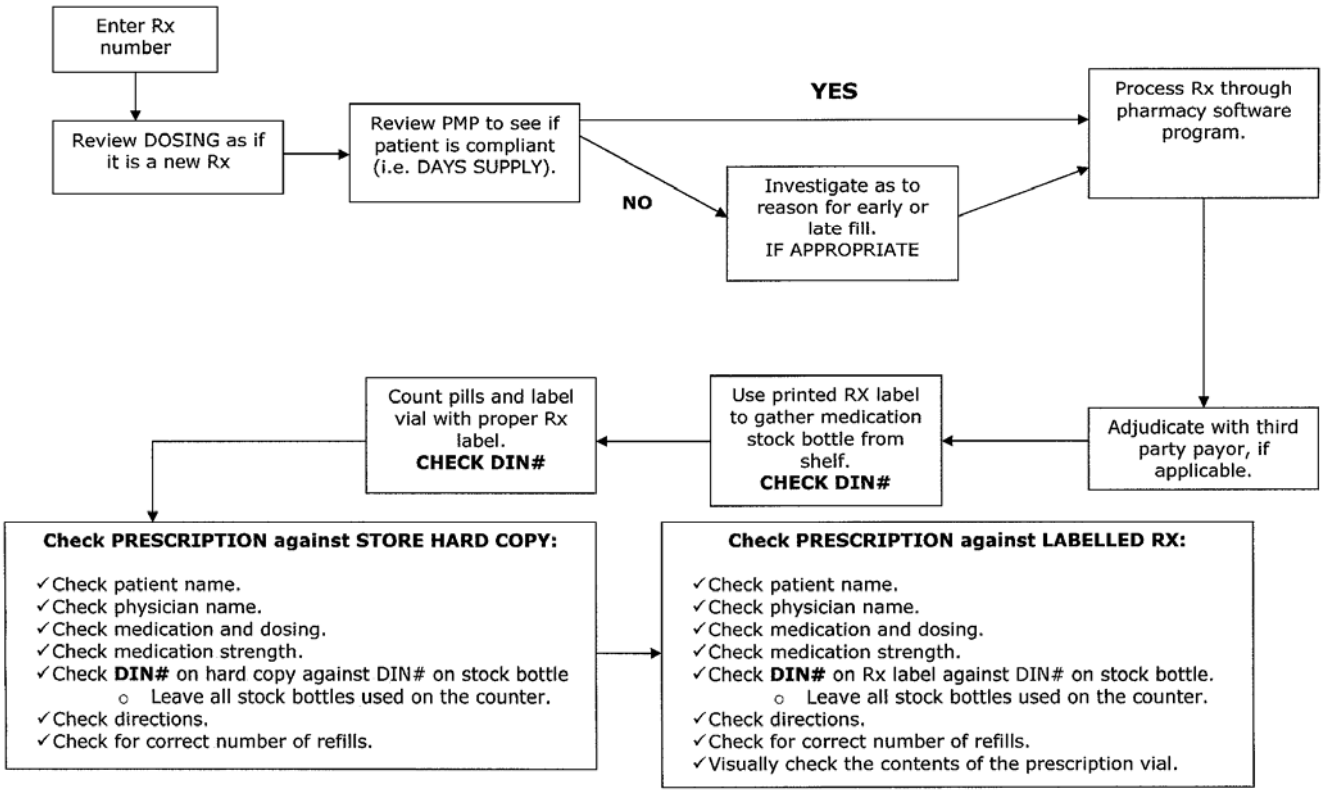
Process in Filling a NEW Prescription



Process in REFILLING a Prescription



Newfoundland and Labrador Pharmacy Board

The Apothecary

Fall 2009

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. Pharmacists 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.

In Memoriam

We express our sincere condolences to the families of two pharmacists who made significant contributions to the profession of pharmacy in this province.

Neil P. Curtis

November 21,1932—September 11, 2009

Neil was born in St. John's and graduated from St. Bonaventure's College in 1950. He began his pharmacy career with Tommy Ricketts while still in high school. He apprenticed at Theatre Pharmacy and the General Hospital in St. John's and was first registered as a pharmacist in 1954.

During his career, Neil served as Chief Pharmacist and Assistant Administrator at the General Hospital. Subsequently, he was the Pharmacy Consultant at the Department of Health until 1979. After early retirement, he returned to community pharmacy and, in 1992, was a founding member of the Alpha Group, serving as its Executive Director since its formation. At the same time he continued a level of relief practice in independent pharmacy.

Neil's involvement with the former NPhA includes having served three terms as a member of the Council from 1964-1973 as well as Secretary-Registrar from 1964-1971. He was instrumental in establishing a local presence of CSHP, serving as its first local president as well as the first President of the national Conference of Pharmacy Registrars of Canada. Neil also served on the NPhA Negotiating Committee and acted as a resource person for the ad-hoc Reciprocity Committee. Neil was the first recipient of the NPhA E.C. MacDonald Memorial Medal for exceptional contribution to the work of the profession in NL and was made an Honorary Member of NPhA in 2002.

Thomas John (Johnny) Stowe

June 1, 1927—October 14, 2009

John was born in St. John's and graduated from Holy Cross School in 1942. He apprenticed at Burfitt's Drug Store in St. John's and was first registered as a pharmacist in 1946.

John was a community pharmacist for 26 years and, along with his pharmacist brother Nelson, he operated Stowe's Pharmacy in St. John's from 1958-1973. In 1973 he moved to hospital pharmacy, first at the Janeway Child Health Centre and then as Director of Pharmacy at St. Clare's Mercy Hospital from 1974 until his retirement in 1986.

He served on the Council of the former NPhA for 12 years and was President from 1973-1975. He also served on numerous Association Committees including the CTT Pharmacy Advisory Committee, the Third Party Payment Committee, the Community Practice Committee, the Hospital and Governmental Committee and the Education Committee. He was the Newfoundland member of the Council of CPhA from 1968-1972. He represented NPhA on the Atlantic Provinces Pharmacy Council, was a member of CSHP and served on the Canadian Foundation for Pharmacy for over 20 years. John was appointed as the NPhA representative to the Board of PEBC in January 1979, served on the Executive Committee of PEBC and was President of PEBC in 1983. His contribution to the profession was recognized when he was made an Honorary Member of NPhA in 1989.

H1N1 Influenza Prevention Strategies—*"Clean, Cover & Contain"*

CLEAN your hands regularly with soap and water or hand sanitizer

- Pharmacy staff members should wash their hands often with soap and water or use an alcohol-based hand cleaner, especially after coughing or sneezing.
- Employers can place posters in the pharmacy that encourage hand hygiene.
- Employers can provide soap and water and alcohol-based hand sanitizers in the workplace and ensure that adequate supplies are maintained. If feasible, place hand sanitizers in multiple locations to encourage hand hygiene.

COVER coughs and sneezes

- Pharmacy staff members should be encouraged to cover coughs and sneezes with a tissue or, in the absence of a tissue, one's sleeve.
- Employers can place posters in the pharmacy that encourages cough and sneeze etiquette.
- Employers can provide tissues and no-touch disposal receptacles for use by employees.

CONTAIN your illness by staying home and resting

- Pharmacy staff members should watch for any signs of fever or other signs of influenza-like illness. Those with influenza-like illness should stay home from work and remain there until at least 24 hours after they are free of fever or signs of a fever, without the use of fever-reducing medications.

See:

- *Department of Health and Community Services Information page on H1N1 Influenza Virus*
- *H1N1 Frequently-Asked Questions*
- *"Clean, Cover & Contain" Hygiene Campaign*
- *How to Wash Hands*
- *How to Sanitize Hands*

Information for Pharmacists on the Release of the National Antiviral Stockpile (NAS)

We have received many calls in the past few days regarding the Provincial Government's decision on October 16, 2009 to release the National Antiviral Stockpile (NAS). There are a few important points we would like to remind pharmacists of:

- The Department of Health and Community Services has made a supply of Tamiflu (Oseltamivir) and Relenza (Zanamivir) available to retail pharmacies in the province. A supply has also been delivered to the Regional Health Authorities for distribution to internal pharmacies associated with hospitals, clinics and long term care facilities.
- Prescriptions for ALL residents of the province or visitors to the province may be dispensed from the NAS as long as the prescription has been labeled **PANDEMIC USE** by the prescriber and the treatment regimen is as approved:
  - TAMIFLU (OSELTAMIVIR) - Max 10 doses per patient of either the 30mg, 45mg or 75mg capsules or 75 mL per patient of the 12mg/ml Suspension *(suspension is not available at this time)*
  - RELENZA (ZANAMIVIR) rotadisk - Max 1 box (20 doses) per patient
- For a verbal prescription, pharmacists must confirm PANDEMIC USE with the physician and document this accordingly.
- The tracking tool that was enclosed in the packages with the stockpile must be completed for all dispenses from the NAS. If you did not receive a tracking tool with your shipment, call (709) 729-6507 or e-mail either Patricia Clark (pclark@gov.nl.ca) or Dennis Davis (ddavis@gov.nl.ca).
- The Public Health Agency of Canada (PHAC) notes that reports of adverse reactions to antiviral medications are an important source of information that will help guide their safest and most effective use. Serious adverse reactions can by reported by calling 1-866-234-2345 or by completing the online Canada Vigilance Reporting Form.
- Since TAMIFLU Suspension is not currently commercially available, many pharmacists have been inquiring about the availability of a compounding formula to prepare their own suspension. It has also come to our attention that these instructions are available in the TAMIFLU Product Monograph on the Roche website as well as in a more concise handout from Roche that has been circulated to pharmacies as well as on the website for the British Columbia Centre for Disease Control. Pharmacists are cautioned that these instructions result in a **15mg/ml suspension** that differs from the commercially available 12mg/ml suspension and that dosage adjustments will be necessary as a result.

Antivirals

Due to increased influenza-like-illness activity and laboratory confirmed H1N1 cases in the province, NL's share of the National Antiviral Stockpile (NAS) was released on October 16th, as a precautionary measure. The experience to date with H1N1 in Canada is that it is still a mild disease.

Antivirals can reduce influenza symptoms, shorten the length of illness, and reduce the serious complications of influenza if taken within 48 hours of getting sick. Antivirals do not provide immunity against the virus and should not be confused with the H1N1 vaccine.

Currently the use of antivirals is indicated only for those patients who have severe disease, or who are at risk of complications. People at a higher risk of complications for the H1N1 influenza virus include:

- individuals with chronic conditions such as heart or kidney disease, diabetes, asthma and chronic lung disease, suppressed immune systems, neurological disorders, liver disease, blood disorders and severe obesity;
- children under five years of age; and,
- women who are pregnant.

Not all patients with H1N1 influenza need to either see their doctor, or receive an antiviral medication. People with mild influenza-like-illness and no chronic health conditions should stay at home to prevent spread to others and should contact their health care provider if their disease becomes more severe.

Vaccines

Seasonal Influenza Vaccination

For this year, the Department of Health and Community Services recommends the seasonal influenza vaccine for:

- anyone over the age of 65;
- residents of long-term care homes; and
- adults and children with chronic heart or lung disease or with other diseases severe enough to require regular medical treatment or hospital care (such as severe asthma, diabetes, kidney disease, cancer, etc.). T

The vaccine will be available at no cost for these individuals. Anyone in these recommended groups should get the seasonal flu shot as soon as possible. All others should get the H1N1 pandemic vaccine first. Similar to previous years, the seasonal influenza vaccinations this year will be available from both physician offices and public health clinics.

H1N1 Pandemic Influenza Vaccination

The H1N1 pandemic vaccine will be available to everyone in late October through public health clinics. There will be no cost for the vaccine. (**see *addendum at bottom of page***)

Reference for this page:

"Information on H1N1 Influenza Virus." *Department of Health and Community Services*. Government of Newfoundland and Labrador. n.d. Web. 20 Oct. 2009. <www.health.gov.nl.ca/health/hsi/default.htm>.

Province to Start Vaccine Program Next Week

Just prior to publication, on October 21, 2009, the Provincial Government released the following information:

"*Starting the week of October 26, the province's regional health authorities will begin the H1N1 vaccination program. The vaccine will not be available through physician offices. It will be offered through public health mass immunization clinics. As the program expands in the coming weeks, residents can expect to see detailed clinic information through their local media and their regional health authorities. The H1N1 vaccination is not mandatory but is recommended for all residents of the province. There is no charge to receive the vaccine.*

Based on recommendations from the Public Health Agency of Canada, the vaccine will be offered first to people who will benefit most from it. These groups include:

- *Individuals under 65 with chronic health conditions;*
- *Individuals living in remote and isolated settings or communities;*
- *Children six months up to five years of age;*
- *Health care workers involved in pandemic response or the delivery of essential health care services;*
- *Pregnant women; and*
- *Household contacts and caregivers of persons at high risk who cannot be immunized or may not respond to vaccines and populations otherwise identified as high risk.*

The H1N1 vaccine in Canada is an adjuvanted vaccine which means it includes a substance which provides a more rapid and increased immune response to the vaccine. The adjuvant in Canada's H1N1 vaccine is made up of natural ingredients such as water, oil and vitamin E. Women who are pregnant are recommended to receive a vaccine that is unadjuvanted. The supply of unadjuvanted vaccines will be made available to all jurisdictions for pregnant women as soon as it is available in early November."

The full press release is available on the News Releases page of the Department of Health & Community Services website

Professional Practice Issues

"Check, Check and Check Again!!"

As pharmacists, we all know that one of the worst things to hear about is a dispensing error. We are often told that how we respond to an error is critical. But what we do to prevent additional errors from occurring in the future is even more important.

KNOWN RISKS

There are many things that contribute to dispensing errors such as distractions or interruptions, working long hours without a break, quieter periods (research shows that fewer errors occur when the dispensary is busy), lack of focus due to illness or personal problems, an over-reliance on the accuracy of other staff members involved in dispensing the medication, self-checking, and new staff members.

DEVELOP THOROUGH CHECKING PROCEDURES

A thorough and consistent checking procedure is perhaps the best defense against dispensing errors. This involves several steps including:

- Check the drug name and strength by comparing:
  - the prescription to the label
  - the prescription to the bottle or package
  - the label to the bottle or package
- Check the product dispensed after preparation:
  - If using multiple bottles or packages, check that *all* bottles or packages are the same
  - If using stock bottles, carry out a quick visual check on the contents of the bottles and the contents of the container to ensure they match
  - If using packages, open all unsealed packages checking that the contents are correct, the number of strips present in each package is correct, and that there are no loose blisters or tablets
  - Check the expiry date on each stock bottle or package
- Check the rest of the information on the prescription:
  - Patient name
  - Prescriber
  - Instructions to the patient
  - Dosage form
  - Quantity
    - Check that the correct quantity has been given (the correct number of packages or a quick visual check of the container)
    - For controlled drugs, double-count the number of dosage units dispensed

It is also good practice to:

- check that the labels on the items have not been transposed when dispensing more than one item to the same patient
- count the number of items on the prescription and then count the corresponding number of dispensed items into the bag
- check that you have not included any stock containers in the bag

DOCUMENTATION

- Each staff member involved in the dispensing of a prescription is responsible for its accuracy and should physically document their involvement by marking and/ or signing/initialing the pharmacy "hard copy" that is affixed to the prescription.
- For example, if an assistant picked the drug from the shelf, counted it and labeled the vial, she should check the drug name and strength (triple-check), document the DIN from the stock bottle, the quantity counted and sign or initial the hard copy prior to passing it to the pharmacist for checking. The pharmacist should then complete all other checks as indicated previously, making some sort of physical mark next to each piece of information on the hard copy, finishing by signing/ initialing the hard copy.

PRESCRIPTION MEDICATION COUNSELLING TIPS

Effective patient counseling should also pick up any unidentified errors and should include:

- verifying the patient's and prescriber's names
- discussing the patient's understanding of why the medication is being prescribed
- how, when and for how long to take the medication - ensure spoons, oral syringes, etc. are included if necessary
- how to store the medication
- what to do if a dose is missed
- how the patient will know the medication is working
- whether or not the prescription can be refilled, and if so, when

Finally, as a last check, show the patient what the medication looks like.

Professional Practice Committee Update

The Professional Practice Committee has had some great successes over the past few years and the dedication of the people on the committee has been the key to that success but there have been a few challenges. To keep a group this size informed and actively involved has proven to be very difficult. The complexity and the organization of the committee made doing any task labour-intensive for both the committee chair, Sandra Carey, and the Deputy Registrar, Arlene Crane, who helped organize the information and prepare it for the Board. Hiring Melanie Healey as the Professional Affairs Coordinator was the first step in making this committee more efficient and timely in its responses to the Board. At its most recent meeting, the Board agreed that the next step should be a reorganization of the committee structure to improve information flow and productive issue resolution.

Previously:	Revised:
◊ Committee with Chair	◊ One overall Chair
◊ Sub-Committees with Individual Chairs	◊ Sub-Committees with Co-Chairs
◊ Sub-Committees reported to Committee which reported to the Board	◊ Chair and Co-Chairs oversee Sub-Committees which report directly to the Board

The various sub-committees will be struck to deal with specific Professional Practice issues and may be dissolved after a short time if the mandate is complete or stay as "standing" sub-committees to deal with related issues as they arise. The first set of sub-committees are as follows:

Sub-Committee on Medication Management

- Look at this as a Two-Tiered process with Tier One being "Medication Management" with no advanced training required. Tier Two would be for those with advanced training and/or those in a collaborative practice with a physician.

Sub-Committee on Pharmacy Assistants/Regulated Technicians

- Look at what is happening nationally, tailor it to our needs and implement in NL (includes issues related to Education, Protected title, Financial implications, Competency, Discipline, etc…)

Sub-Committee on Safe Medication Practices

- Look at a number of patient safety issues including:
  - Narcotic Control / Security Guidelines
  - Prescription Error Prevention and/or Handling
  - Dispensing Accountability
  - Quality Assurance
  - Seamless Care (Medication Reconciliation)
- Contribute to public communications plan

Sub-Committee on Pharmacy Communication/ Computer Standards

- Review and make recommendations related to the Standards of Pharmacy Practice for Reference Materials.
- Comment and provide feedback on other computer & technology related pharmacy practice issues.

Sub-Committee on Long Term Care Standards of Practice *(already appointed & in progress)*

- Responsible for professional practice issues related to the provision of pharmaceutical care to Personal Care Homes and Long Term Care Facilities.
- Make recommendations to the Board with respect to Standards of Pharmacy Practice for pharmacists related to Long Term Care Facilities and Personal Care Homes.

Next Steps:

- Bring draft changes to Terms of Reference to November Board Meeting
- Contact all potential sub-committee members to ensure interest / commitment
- Set dates for meetings with each sub-committee to set / discuss change of focus / mandate

Pharmacists who have a particular interest in one or more of these areas are encouraged to contact Melanie Healey at mhealey@nlpb.ca to indicate willingness to serve on a sub-committee.

Frequently Asked Questions about Nurse Practitioners' Prescriptions

Updated October 2009

Q: What are the rules regarding a Nurse Practitioner Prescribing?

A: According to the *Nurse Practitioner Regulations*, "nurse practitioner" means a nurse practitioner as defined in paragraph 2(f) of the *Registered Nurses Act, 2008* and "specialty nurse practitioner" means a registered nurse who meets the criteria for licensure as a speciality nurse practitioner established by the association and is issued a practice protocol.

Consequently, according to paragraph 5(c) of the *Nurse Practitioner Regulations*, a nurse practitioner may prescribe a drug permitted by the practice standards or which he or she is authorized to prescribe under a practice protocol. The practice standards discussed in the regulations refers to the professional standards and scope of practice standards established by the Association of Registered Nurses of Newfoundland and Labrador document, *Framework for Nurse Practitioner Practice in Newfoundland and Labrador*. It states under Scope of Practice Standard 2:

The nurse practitioner shall manage and monitor the care of the client population by providing safe, effective, and current pharmacological therapy within the NP's scope of practice. The NP:

- *2.1 Prescribes pharmacological therapy in accordance with Schedule C of the NP Schedules for Ordering or his/her practice protocols.*
- *2.2 Utilizes an authoritative source of evidence-based drug and therapeutic information, to appropriately prescribe drugs in the clinical management of clients.*
- *2.3 Prescribes over-the-counter medication for the purpose of accessing a drug payment plan.*
- *2.4 Provides client education about prescription and non-prescription drugs including: expected action of the drug, importance of compliance, side effects, potential adverse reactions, possible interactions with food or other drugs, follow-up plan and reporting adverse reactions.*
- *2.5 Documents medications (prescribed or discontinued) on the client's permanent health record.*
- *2.6 Dispenses specific medications in small quantities in situations where a pharmacist is not available or accessible and /or it is in the best interest of the client.*
- *2.7 In accordance with the federal Food and Drug Act shall not distribute pharmaceutical drug samples.*

In effect, this means that NPs may independently prescribe those drugs listed in Schedule C or any OTC drug which may require a prescription for insurance coverage. However, under the federal *Controlled Drugs and Substances Act* NPs do not have authority to prescribe narcotics or controlled drugs. Schedule C is organized in a table by according to the American Hospital Formulary Services (AHFS) Pharmacologic Therapeutic Classification System (therapeutic class and subclass) along with associated notes and/or conditions under which certain drugs can be prescribed. Schedule C can be found on the **Legislation** page of the NLPB website.

Q: When a nurse practitioner prescribes a renewal of a drug that was previously prescribed by a physician, can she prescribe all classes of drugs (Schedule F, Narcotics, Controlled Drugs, Targeted Substances)? It doesn't specifically say they can't in the Nurse Practitioner Regulations. Correct me if I'm wrong, but I can't see any mention of Nurse Practitioners in the federal legislation, but our provincial Nurse Practitioner Regulations provide for prescribing by Nurse Practitioners. Can you please clarify this and point me to the place in the regulations where I should be looking.

A: Part of the confusion about the prescribing authority for NPs stems from the fact that there are different definitions of "practitioner" in the federal *Food and Drugs Act* (with respect to Schedule F drugs) and the *Controlled Drugs and Substances Act* (with respect to narcotics, controlled drugs and benzodiazepines). The *Food and Drugs Act* defines a prescription as *"an order given by a practitioner…"* where a "practitioner" means *"a person authorized by the laws of a province to treat patients with any drug listed or described in Schedule F to*

(Continued on page 7)

(Continued from page 6)

the regulations" (This essentially allows the province to decide who may prescribe Schedule F drugs.) On the other hand, the *Controlled Drugs and Substances Act* has the same definition of a "prescription", but limits the definition of a "practitioner" to mean "*a person who is registered and entitled under the laws of a province to practice the profession of medicine, dentistry or veterinary medicine…*" (This essentially means that under federal regulations only a physician, dentist or veterinarian may prescribe narcotics, controlled drugs or benzodiazepines.)

Q: Can the nurse practitioner continue to write refills over and over again, without a new prescription being written by the physician in between?

A: NPs may issue renewal prescriptions for patients. However, a patient with a chronic condition must be reassessed by a physician on an annual basis, or sooner if the patient's condition destabilizes or requires changes in the treatment. When a physician reassesses a patient, it will be the physician who orders the new, or revised, prescription. No prescription, regardless of who prescribes it, can be filled for longer than a year.

Q: I am aware that it is the pharmacist's responsibility to know whether every prescription they fill is valid or not, but, exactly how far are we liable, with regard to Nurse Practitioners scope of practice?

A: In practical terms it is very difficult, if not impossible, for pharmacists to have a clear knowledge of the various prescribing authorities for all categories of NPs. While some aspects of prescribing authority are quite clear, others may not be so clear, especially in protocol-style situations. For example, as only designated physicians may prescribe methadone, a prescription for methadone from an NP could not be accepted – this is clear. However, a Specialty NP prescribing according to a protocol that the pharmacist does not have access to would be an example of a situation in which prescribing authority is not quite so clear.

According to the NLPB Policy, *Nurse Practitioner Prescribing and Pharmacists' Responsibilities*, the Board takes the position that it is reasonable for a pharmacist to expect that NPs will prescribe in accordance with the applicable protocols, Regulations, Standards of Nursing Practice and Code of Ethics. It is also reasonable for pharmacists to assume that prescriptions issued by NPs have been issued within the given Nurse Practitioner's scope of practice and in accordance with the protocols or regulations governing NP prescribing, unless there is specific evidence to the contrary. It is NOT the responsibility of pharmacists to "police" the adherence of NPs to their protocols, regulations or Standards of Practice. Rather, if there is specific evidence of failure by the Nurse Practitioner to do so, the pharmacist should present such evidence to the ARNNL for appropriate action.

Reminders

Out-of-Province Prescriptions & the TRPDP

So far, there has been no change to the requirements of the Department of Health and Community Services' ***Tamper-Resistant Prescription Drug Pad Program*** to allow pharmacists to accept prescriptions for drugs covered by this program written by out-of-province prescribers. If there is any change in this requirement in the future, pharmacists in the province will be notified at that time.

∞

Pharmacy Name Change

Pharmacists-in-Charge are reminded that before making any change to the corporate or trading name of a pharmacy, it must be reported to the Board on a "Change *of Business License*" form, at least 7 days before the change is to take place, in accordance with NLPB Bylaw 94.

∞

Lock & Leave Hours

Pharmacists-in-Charge are reminded that, in accordance with section 11 of the ***Standards of Pharmacy Practice—Lock & Leave in Community Pharmacies***, where changes are proposed to a Lock and Leave [enclosure], or the times during which professional services are provided, he/she shall first obtain the approval of the Secretary-Registrar by applying in writing and specifying the nature of the change. This can be done by submitting a new *"Application for Lock & Leave Approval"* form to the NLPB Office PRIOR to making the change.

Continuing Professional Development

Focusing on the Need Not the Numbers

Yes, 15 CEUs meet the annual registration renewal requirements, but have you ever asked yourself if those courses really met the needs of your patients and your personal learning needs? Were your course choices the best investment of your time?

Pharmacists' distinctive competency is based on the use of their knowledge base to ensure the appropriate and safe use of drugs in patients. However, like many other trades and professions, the knowledge base of our profession is no longer the exclusive domain of the pharmacist. The availability of travel, the increase in medical publishing, and the Internet have all provided new ways for information to reach the public. How well we develop and maintain our expertise and apply it to our patients will determine whether we have a distinctive competency compared with other health professionals and perhaps even the lay public.

Also, with the increasing complexity and risk of medication therapy today, the need for the pharmacist in the appropriate initiation, monitoring, adjustment, and discontinuation of drug therapy has never been more evident.

Given the rapid pace of changes in health care, the need for practitioners to stay abreast of new development has also never been greater. The opportunities for practice improvement are unprecedented.

As a health professional, you have an obligation to yourself, your patients and your colleagues to ensure that you are competent. Furthermore, you need to ensure that you are competent in areas that best serve your practice and your patients.

Rather than repeat a frantic scramble for CEUs next fall, or attend programs just for the sake of CEUs or a fancy dinner, why not make a plan for 2010 now?

Remember...

Pharmacists may claim up to 7.5 non-accredited CEUs per year - this can be for anything from attendance at non-accredited programs or service as a preceptor to preparing presentations for other health professionals or first aid training. These are all valid learning opportunities even though they are not "accredited".

Professional Development Resources

There are more organizations and websites that offer accredited professional development activities than we would ever be able to list completely but here are a few to get you started:

- ⇒ American College of Clinical Pharmacy
- ⇒ American Pharmacists Association
- ⇒ American Society of Health-System Pharmacists
- ⇒ Canadian Pharmacists Association
- ⇒ Canadian Society of Hospital Pharmacists
- ⇒ Dalhousie University Continuing Pharmacy Education
- ⇒ Medscape Pharmacists
- ⇒ National Community Pharmacists Association
- ⇒ Pharmacists' Association of Newfoundland and Labrador
- ⇒ Pharmacy Gateway
- ⇒ Power-Pak C.E.
- ⇒ rxBriefCase

Learning Portfolio Documentation Tips

When completing *Learning Portfolio Record Sheets* (LPRS) and *Professional Development* (PD) *Logs*, there are a few points for pharmacists to keep in mind:

- ◊ All pharmacists should ensure they are using the most current versions of all forms. These are posted on the NLPB website on the ***Professional Development*** page.
- ◊ Only claim credit for those learning activities that you are able to substantiate with certificates or non-accredited learning documentation;
- ◊ When documenting credit for a learning activity, credit should be documented as either accredited or self-assigned, not both:
  - ⇒ If the learning activity was accredited, the accrediting body should be identified on the forms and the credit documented should be as assigned by the body.
  - ⇒ If the learning activity was not accredited, the pharmacist may self-assign credits using the rule of thumb,

    "One Hour of Time = One CE Credit"
- ◊ Pharmacists attending multiple sessions at one event (e.g. PANL conference) must document each session individually on separate LPRS. Each session should then also be entered individually on the PD Log.
- ◊ "*Certificates of Completion*" must be included for all accredited programs including live events, online programs and video presentations (these are usually issued upon return of the video). These certificates should indicate success in the program and the number of CE's acquired.
- ◊ Documentation of credits for service as a preceptor must be documented as non-accredited learning using the appropriate form (found on the NLPB website). This form must be completed and included in the pharmacist's Learning Portfolio. If the pharmacist was preceptor to more than one student or intern during the year, a separate form should be completed for each person.

Audit Do's and Don'ts

If you receive an audit letter, here are some Do's & Don'ts to follow:

Do:

- ◊ Ensure that Learning Portfolios are submitted in an organized fashion—ideally, in the order the events are documented on the PD Log.
- ◊ Ensure that ALL required information is included:
  - ◊ Every entry on the PD Log should align with a Learning Portfolio Record Sheet (LPRS).
  - ◊ Every LPRS should be accompanied by either a Certificate of Completion or, for non-accredited programs, other suitable proof of completion.
  - ◊ Conversely, every certificate should be accompanied by a LPRS.
- ◊ Fulfill all audit requirements within the timeframe identified in the letter of notification.
- ◊ Make sure you are sending documents for the correct registration year.
- ◊ Submit your Learning Portfolio to the NLPB by hand, mail or courier.

Don't:

- ◊ Fax your Learning Portfolio to the NLPB. At its June 2009 meeting, the Board decided that, based on experience of previous years, faxed portfolios will no longer be accepted. Pharmacists will be reminded of this on the audit letters.
- ◊ Send information that is not required such as copies of exams, handouts, slides, conference brochures, receipts, etc.
- ◊ Alter Certificates in any way (e.g., strike out participant's name and write in another name, changes the # of credits assigned, etc.).
- ◊ Claim non-accredited learning activities that are not really "learning activities", such as golf tournaments, committee meetings, etc.

Food for Thought...

While change may generate potential threats, it can also open up immense opportunities.

Pharmacists' services and involvement in patient-centred care have been associated with improved health and economic outcomes, a reduction in medicine-related adverse events, improved quality of life, and reduced morbidity and mortality.

These accomplishments have been achieved through gradual expansion of traditional roles and, in some cases, through the emergence of collaborative drug therapy management programs.

Nonetheless, the potential for pharmacists to effect dramatic improvements in public health remains largely untapped.

— World Health Organization

Developing pharmacy practice: A focus on patient care

Updates to the NLPB Website

New!

- Application for Registration as a Pharmacy Intern—International Graduates
- H1N1 Influenza section of Professional Practice Resources page
- MedEffect advisories and Canadian Adverse Reaction Newsletter—October 2009
- NLP Board Meeting Minutes June 2009
- Presentation to Pharmacy Technician Conference September 2009
- Board Policy - Practice Experience Requirements for International Graduates
- You and Your Pharmacist page

Updated!

- NLPB Pharmacy Binder—October 2009
- NL Provincial Drug Schedules and Guidance document—October 2009
- Pharmacies and Pharmacists Registers
- Register of Licensed Veterinarians 2009
- Nurse Practitioner Regulations—August 2009
- Application for Registration as a Student or Intern-Canadian Graduates

The Apothecary

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Newfoundland and Labrador Pharmacy Board

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The Apothecary

Winter 2009

Newfoundland and Labrador Pharmacy Board

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. Pharmacists are responsible for reviewing any and ALL INFORMATION contained within this newsletter including any documents which may be made available via links to the NLPB website. The Apothecary is now circulated electronically and is available in hard copy format only upon specific request.

As the Christmas Season is upon us once again, and the old year draws nearer to its end, we take this opportunity to wish you and those dear to you a Joyous Christmas and a Prosperous New Year.

May the Christmas message of Peace and Goodwill remain with us the whole year through.

Best Wishes from all of us at the offices of the Newfoundland and Labrador Pharmacy Board.

Holiday Hours for NLPB Office

With the Christmas and New Year holiday season approaching it would useful to note the holiday hours of operation for the Board office:

Thursday, Dec 24th, Christmas Eve	Office Closed (vacation day)
Friday, Dec 25th, Christmas Day	Office Closed
Monday, Dec 28th	Office Closed (for Boxing Day holiday)
Thursday, Dec 31st, New Year's Eve	Office Closes at 12:00 noon
Friday, Jan 1st, New Year's Day	Office Closed

During the holidays mail may be left in the mail slot of our fire exit door. Messages may also be left on our telephone answering machine, by fax, or by e-mailing one of the Board staff members at the email addresses listed at the back of this newsletter.

Professional Development Logs for 2009 must be received at the NLPB Office NO LATER THAN December 31st

First Pharmacy Has Connected to Provincial Pharmacy Network

The Newfoundland and Labrador Centre for Health Information (the Centre) is pleased to announce it has connected the first provincial community pharmacy to the Pharmacy Network, marking an important step in the development of the provincial Electronic Health Record.

The Pharmacy Network, a component of the provincial Electronic Health Record (EHR), is designed to support improved patient safety and overall enhanced care for patients. It is a drug information system that will hold a record of all medications prescribed to patients and will, ultimately, connect pharmacists, physicians, and other authorized health professionals to comprehensive electronic medication profiles for their patients. The first community pharmacy, the Baccalieu Trail Pharmacy in South River, is serving as a reference, or pilot, site for the project. As a reference site, Baccalieu Trail Pharmacy has agreed to partner with the Centre in the early use of the Pharmacy Network to foster learning and provide an opportunity for system refinement prior to full implementation.

"Engaging this first community pharmacy brings us closer to implementing the Pharmacy Network in community pharmacies province-wide and we extend our sincere appreciation to the Baccalieu Trail Pharmacy and its staff for taking that step with us," says Mike Barron, CEO of the Centre.

"The Government of Newfoundland and Labrador is pleased to see the Pharmacy Network moving forward through today's announcement of the first community pharmacy pilot," said the Honourable Jerome Kennedy, Minister of Health and Community Services. "The Pharmacy Network will undoubtedly establish a more comprehensive approach to medication management while also providing the medical information required to support enhanced quality care to patients."

The Pharmacy Network will eventually be rolled out to all community pharmacies in the province in phases. Once a pharmacy is connected, information about prescriptions filled at that pharmacy will be added to the Pharmacy Network by a pharmacist from that point onward. In turn, the Pharmacy Network will begin to feed prescription information into the provincial Electronic Health Record (EHR), working to create a more complete picture for health professionals when making decisions around a patient's care.

"Once established, the Pharmacy Network is anticipated to improve patient care by reducing risk of medication errors and adverse drug interactions and by enhancing information sharing between the health professionals who make decisions about patient care, all while protecting the privacy of personal health information," concludes Barron. "Reaching the point of bringing our first community pharmacy on board is an achievement to be celebrated and we look forward to the future expansion of this project."

Sections of PHIA Relevant to Pharmacy Network Proclaimed

In the November 20, 2009 issue of the Newfoundland and Labrador Gazette, several sections of the Personal Health Information Act were proclaimed. In addition to this, regulations related to the Pharmacy Network were also passed. For more information, see the document entitled, "Proclaimed Sections of PHIA and Pharmacy Network Regulations", on the **Legislation** page of the NLPB website.

Reminder

Now that the Professional Development year for 2009 is completed, pharmacists are reminded to download and use the updated *Professional Development Log* and *Learning Portfolio Record Sheet* forms available on the **Professional Development** page of the NLPB website.

NL Pharmacist Participates in Mission Trip to Rwanda

Newfoundland and Labrador Pharmacist and NLPB Board Member, David Jenkins (Tri-Con Pharmacy, Old Perlican) recently spent time in Kigali, Rwanda on a mission trip with the non-profit organization "Shelter Them" (www.shelterthem.com). Here is Dave's description of his time in Kigali:

"My wife and I, along with three other friends from NL, recently returned from a mission trip to Kigali, Rwanda where we worked with street children, helped with a feeding program as well as built a playground area for an orphanage that houses 45 - 50 children.

We went with an organization called " Shelter Them". This is a non-profit organization founded by twin sisters, Jocelyne Alexandre & Josephine Murphy, who lived through the 1994 genocide in Rwanda where one million people were killed in 100 days, and now live in Ontario. We have been involved with this organization for the past 2 years and with the help of our local church and generous donations from the Alpha Group as well as some drug companies, we have raised over $30,000.00 to date. 100% of this money goes directly to the children in Rwanda and on our trip we were able to see what this money has accomplished. Besides running a feeding program once a week for 150 street kids - probably the only real meal they get that week - they also supply the necessary funding to an orphanage that's called home for 45-50 children. Since January 2009, they have taken 14 children, who until then lived on the streets, and have placed them in homes that have a "mom" and as well they now get an education, a health card and all the necessities of life. Homelessness in Rwanda is a big problem due to the after effects of the genocide and the AIDS crisis.

We have seen first hand that the need in Rwanda is great but we have also seen hope through the success stories of Shelter Them. A little goes such a long way in Kigali. One day while we were walking the streets of Kigali, giving shoes to children with bare feet, we met 5 street kids who hadn't eaten anything in 2 days. We bought food for those children for less than $2.00 and their bellies were full.

No one begs there and the children work very hard just to survive. We helped a 12 year old, Jean Claude, with a serious leg wound,. He has been living on the streets since he was nine and works three jobs to survive.

We made friends with the children we worked with as well as women afflicted with AIDS. We learned lessons of humility and forgiveness from the people there but the joy we saw on the faces of those children who have absolutely nothing is something that we will never forget.

God willing, this will be the first of many trips to Kigali. Hopefully, on our next trip, we will be building homes so that more homeless children will have hope and a future.

If anyone is interested in helping this very worthwhile cause, they may contact us or visit the Shelter Them website for more information."

Complaints and Discipline Resolution

Case #1:

The Audit and Claims Integrity division of the Department of Health and Community Services alleged that following an audit of billings to the NLPDP by a pharmacy, a number of issues had been identified that may be of interest to the Board, namely:

1. expired prescriptions continuing to be filled,
2. no supporting prescriptions on file for prescriptions filled,
3. unauthorized refills or excess quantities being filled or refilled,
4. verbal prescriptions that did not document the required information, and
5. "emergency supply" of one prescription, filled without a prescription from a physician..

The CAC found that there were reasonable grounds to believe the respondent had engaged in conduct deserving of sanction in relation to issues 1, 2, 3 and 4. The CAC did not think there were reasonable grounds to forward issue number 5 to a hearing, since the pharmacist used their professional judgment, as reflected by documentation on this prescription. In accordance with section 39(3)(b) of the *Pharmacy Act*, the panel instructed the Secretary-Registrar to file the first four complaints against the respondent and refer them to the disciplinary panel for a hearing. The committee also felt that the following additional issues should be brought to the attention of the Disciplinary Panel:

- the practice of rewriting "Doctors' Orders" forms and identifying them as verbal prescriptions,
- the issue of the pharmacist-in-charge changing the automatic 365 day expiry date for prescriptions in the pharmacy computer,
- the acceptability of a policy that all medications written at the Long Term Care Centre serviced by the pharmacy are to be continued until discontinued by a physician, and
- the appropriateness of using physician's prescription pads to write up verbal orders.

At the hearing the tribunal was presented with an Agreed Statement of Facts and a Joint Submission acknowledging the violations and proposing disposition on the four complaints detailed in the Complaint Document and Agreed Statement of Facts.

The following is summary of the Agreed Statement of Facts.

Complaint #1:

Expired Prescriptions Continuing to be Filled – Violation of sub-sections 37(1)(w), 13(11), 12(1)(a), (b)(iii), (xi) and 12(2) of the *Pharmacy Regulations* and section C.01.042(1) of the *Food and Drug Regulations*

Between November 11, 2003 and November 10, 2004 the pharmacists filled a number of prescriptions over one year from the original date the prescription was written. The prescriptions in question had been continued to be filled past the one year date as a result of an intentional change to the computer software made by the pharmacist-in-charge to address what was felt to be a patient safety concern at a nursing home serviced by the pharmacy. The computer software at the pharmacy had been preset to automatically stop "expired" prescriptions (those over one year old) from being filled. From time to time this meant that some prescriptions for patients at the home (especially those that were not being filled monthly such as prns, injectables or topicals) would expire and not be pickup up on the Three Month Review (TMR). At one point a prescription for a Vitamin B12 injection had expired and was not noted by the staff of the home and was therefore not reordered or administered for approximately 10 months. Following this, the facility staff asked what the pharmacy could do to prevent this from happening again. Part of the solution suggested at that time, and implemented by the pharmacist-in-charge, was to change the automatic stop date on the computer software to two years rather than one year. Staff at the home were reminded to check each TMR and medication administration record ("MAR") for accuracy and, as there would always be a medication review sheet authorizing the medications for 6 month periods on file at the pharmacy to authorize these prescriptions, it was felt that solution was acceptable. While the Board is prepared to accept that the pharmacist felt that this was the best way to address this issue, it does not feel that the measure implemented was a prudent one, in keeping with acceptable Pharmacy practice. The measure implemented also affected prescriptions for patients not residing at the home (for whom there were no TMR's). When the NLPDP audit out of which the Allegation arose was completed, the pharmacist-in-charge became aware that expired prescriptions were being refilled and immediately

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changed the default date on the computer system back to 365 days. The vast majority of the refilled expired prescriptions were nursing home prescriptions for which medication reviews were on file authorizing their renewal. There was no deliberate act to knowingly fill a prescription that was expired without authorization. While the Allegation arose out of the NLPDP audit referenced above, the Board's mandate is to ensure that appropriate standards of Pharmacy Practice are followed, and not to enforce the NLPDP audit and recovery process for claims paid.

Complaint #2:

No Supporting Prescriptions on File for Prescriptions Filled – Violation of sub-section 37(1)(u), 13(12) and 12 (1)(a), (b)(iii), (xi), 12(2) of the *Pharmacy Regulations,* and section C.01.041(2) of *Food and Drug Regulations*

For the 12 month period covered by the NLPDP audit there were a number of original prescriptions unable to be produced by the pharmacy on the date the auditor attended. All these prescriptions had an original date of more than 2 years before the date of the audit. At the time, the pharmacist-in-charge did not make further efforts to locate and provide these prescriptions to the auditor because they were over 2 years old and the pharmacist-in-charge believed there was no obligation to provide them based on his interpretation of section 13(12) of the *Pharmacy Regulations* which reads*: Each pharmacy shall ensure that every original prescription is retained on file for 2 years* ***from the date of prescription*** **(emphasis added).** After the NLPDP audit was received the pharmacists became aware that original prescriptions must be retained for 2 years from the date of any refill (under *Food and Drug Regulations,* C.01.041 (2)), in addition to retaining them for 2 years from the original date of the prescription. The vast majority of the prescriptions in question were subsequently located and the pharmacy now keeps all original prescriptions on file for 3 years from the written date.

Complaint #3:

Unauthorized Refills or Excess Quantities Being Filled or Refilled – Violation of sub-sections 37(1)(w) and 12(1) (a), (b)(iii), (xi), 12(2) of the *Pharmacy Regulations* and section C.01.042(1) of the *Food and Drug Regulations*

The NLPDP audit identified a number of unauthorized refills, some of which were for maintenance medications where an extra refill was provided by the staff pharmacist to provide continuity of therapy or to supply sufficient medication until physician appointments. Proper documentation regarding the reason for giving the extra refill was not carried out on these prescriptions. The pharmacy now fully documents all reasons for providing emergency refills. The Board is prepared to accept that there may be compelling reasons on a case by case basis for providing an interim short term supply of a medication but makes a distinction between interim supply and extending a prescription by supplying a complete refill.

There were also 2 claims in which the quantity billed exceeded that authorized both due to documentation error. In one case the total quantity of a verbal prescription narcotic was incorrectly recorded by the pharmacist as 400 rather than 408 although the physician had intended it to be 408, a multiple of 34 (a 34 day blister pack is the quantity usually supplied to the facility). The other case involved a prescription which was initially short filled to be filled within the nursing home monthly batch fill. The prescription was meant to be for 12 refills with a 34 day supply for each refill but the 34 day supply quantity was not specifically documented.

Complaint #4:

Verbal Prescriptions that did not Document the Required Information – Violation of sub-section 37(1)(u), (w) and 12(1)(b)(xi), 12(2) of the *Pharmacy Regulations,* and section C.01.041(4) of the *Food and Drug Regulations*

The NLPDP audit indicated there were a number of prescriptions that did not indicate the date, one of the required elements of information to be recorded on a verbal prescription. Staff pharmacists believed that logging the prescription on the system was an adequate record of its date. The Board is concerned that all the requirements for verbal prescriptions as set out in the *Food and Drug Regulations* be adhered to at all times.

Additional Issues

From the time this pharmacy had begun servicing the home there had been a practice to rewriting "Doctor's Orders" and identifying them as verbal prescriptions. All medications for residents at the home are ordered by a physician on a form called the "Doctors Order", which is forwarded to the pharmacy once signed by the doctor. These "Doctor's Orders" were written up by pharmacists as verbal prescriptions for a 34 day supply and 11 repeats. A computerized TMR was supplied by the pharmacy for each patient but it appears that in some cases, Pharmacy

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staff was not reviewing the patient profile for completeness for all medications applicable to each patient for whom drugs were being dispensed. The TMR was then reviewed by a member of the facility staff who notified the doctor of any omissions, medications which have not been used in 3 months and any other issues arising. The TMR is completed every 3 months authorizing the pharmacy to continue dispensing for the next 6 months. Once a year every patient is reviewed by an interdisciplinary team, including a pharmacist which allows for medications to be reviewed once more. All doctor's orders were kept at the pharmacy for reference purposes but they were not kept as the "prescriptions" relied upon by staff for the dispensing process. They were also not kept in the prescription file. The Board and the pharmacy agreed that, if all required information is in the Doctor's Order, and is signed by the doctor, the pharmacy may use that particular document as the prescription if it records all essential elements of a prescription, but the Board does not agree that the process of rewriting Doctor's Orders and referring to them as "verbal orders" is appropriate, as it increases the risk of errors in prescriptions, thereby compromising patient safety. The pharmacy will immediately implement practices satisfactory to the Board in respect of this issue and will provide a written policy and procedure document which will address this issue in a manner satisfactory to the Board.

Upon investigation, it was determined that the pharmacists were using rejected physician's prescription pads with the name of a physician (not necessarily the prescribing physician) left on the pad (they had been returned by the physician due to a typographical error) in order to record verbal prescriptions. The pharmacists at the pharmacy have been advised to discontinue this practice as it is potentially confusing. No further action is required in respect of this issue, as the Board is satisfied that the practice has ceased.

Decision of the tribunal:

Having considered the Agreed Statement of Facts and the Joint Submission, and other submissions made at the hearing, the Adjudication Tribunal accepted the guilty pleas entered by the pharmacist-in-charge in respect of Complaints 1, 2, 3 and 4 and the proposed disposition of the Complaint, and ordered:

- Reprimands to be issued by the Board to the pharmacist-in-charge in respect of Complaints 1, 2, 3 and 4;
- The pharmacist-in-charge will immediately implement practices satisfactory to the Board, and will provide a written policy and procedure document covering the issues raised in the Complaint, including those detailed in the Agreed Statement of Facts, satisfactory to the Board, by December 31, 2009, or such later date as may be agreed by the Secretary-Registrar;
- Costs in the amount of $10,000.00 to be paid by the pharmacist-in-charge; and,
- publication of a summary of the Order of the Adjudication Tribunal, on a no-name basis, in this newsletter.

Case #2:

The CAC considered an allegation received from a pharmacist (Pharmacist A) regarding another pharmacist (Pharmacist B, the respondent).

The allegation related to difficulties Pharmacist A alleged she encountered when attempting to speak to Pharmacist B when transferring prescriptions between pharmacies. The panel was presented with a letter of response to the allegation from Pharmacist B as well as relevant sections of Part C of the federal *Food and Drug Regulations* related to the transfer of prescriptions.

Decision of the panel:

Having considered the information before it, the panel ruled that:

- The transferring of a prescription must include direct communication between the transferring and the receiving pharmacist, in order to ensure that all relevant information pertaining to the transfer is obtained.
- The process for transferring a prescription implied by the respondent in his letter of response would not have been in compliance with the requirements of Part C of the federal *Food and Drug Regulations* related to the transfer of prescriptions.
- There were reasonable grounds to believe the respondent had engaged in conduct deserving of sanction.

The panel determined in accordance with 39(3)(a) of the *Pharmacy Act* a letter of caution be sent to the respondent and placed in his file. The letter should caution the respondent to ensure direct communication with the other pharmacist when transferring a prescription.

NLPB Board Update - November 30, 2009 Meeting

Budget for 2010 Approved

The Board approved, with only slight modification, the Budget for 2010 as proposed by the Finance Committee. This year's budget involves no increase in the annual registration fee for pharmacists or the annual business licence fee for pharmacies.

REVENUE	
Pharmacist Registrations	332,000.00
Business and Hospital Licences	192,000.00
Students Registration Fees	8,000.00
Non Practicing Fees	2,625.00
Other Fees	9,000.00
Other Revenue	17,750.00
TOTAL REVENUE	**561,375.00**
EXPENSES	
Administration Expenses	405,407.00
Legal Expenses	11,000.00
Building Expenses	41,300.00
Operating Expenses	81,500.00
TOTAL EXPENSES	**539,207.00**
Projected Operating Surplus (Deficit)	22,168.00
Capital Expenditures	- 3,000.00
Contingency Fund	- 10,000.00
Projected Surplus (Deficit)	**9,168.00**

Model Standards of Practice Adopted

At the meeting the Board adopted the most recent version of the National Association of Pharmacy Regulatory Authorities (NAPRA) Model Standards of Practice for Canadian Pharmacists. This update of the Model Standards is modeled after best practices but is not competency based. The Standards are drafted like a framework for good pharmacy practice and do not contain the former competency elements or performance indicators. However, the Standards are referenced against the competency elements in NAPRA's "Professional Competency for Canadian Pharmacists at Entry to Practice", so that members can access the appropriate elements in the competency document to determine the skills needed to meet the standard. While not all pharmacists perform each of the roles described in the Model Standards in their daily work, when they do, they will be expected to do so to the level specified in the Standards. This way, regardless of setting, the expectation of care associated with a particular role will be consistent.

The new Standards of Practice can be viewed on our website under **Standards, Policies & Guidelines**.

Bylaw Amendments

Amendments to the Schedule of Fees referred to in the Bylaws were approved as follows:

New Fees:

- Reinstatement Fee for pharmacy students or intern (for existing students who fail to renew by paying the Annual Registration fee on or before September 30th in each calendar year) - **$15.00**
- Processing an application for accreditation of a professional development program - **$50.00**

Revised Fee:

Change in a business licence of a pharmacy:

- made in accordance with Regulation 6.(6) - **$50.00**
- reported to the Secretary-Registrar after the change has occurred - **$100.00**

Request for Interest in Appointment to PEBC Board

The Board has been notified that our representative to the Board of the **Pharmacy Examining Board of Canada** has resigned from that position and we have been asked to appoint a replacement representative.

To be eligible for appointment, a pharmacist must have PEBC certification and preferably have association or board experience and involvement.

The PEBC Board usually meets twice a year, in March and October. Meeting are usually 2 or 3 days. Should the appointee become a member of the PEBC Executive Committee, additional meetings (usually by conference call) would be likely.

Appointments to the PEBC Board are for a term of 3 years, and may be renewed.

Pharmacists who are interested in being appointed as our representative to the PEBC Board are asked to indicate their interest to our office at the earliest opportunity.

Final Year Pharmacy Students Completing SPE IV in Community Pharmacies

SPE IV is a clinical pharmacy rotation during the Winter Semester of the final year of the pharmacy program. Students are required to complete two 6-week rotations from January to April. These are completed at two different sites, and may be in institutional or community based settings. Having students complete clinical practice experiences in community pharmacies was an initiative piloted in a few pharmacies in 2009. It will continue again in 2010 with increased numbers. It is hoped that in the future it can be expanded further to allow each student one placement in community pharmacy and the other in an institutional setting.

The clinical pharmacy rotation provides an opportunity for students to take direct responsibility for individual patient's drug-related needs. The role of the pharmacist is evolving from that of a supplier of pharmaceutical products towards that of a provider of services, information and patient care. Increasingly, the pharmacist's role is to ensure that a patient's drug therapy is appropriately indicated, the most effective available, the safest possible, as well as economical and convenient. Students are expected to interact with the health care team, interview and assess patients, make specific therapeutic recommendations, monitor patient responses to drug therapy and provide patient education, as well as meet the drug information needs of the health care team.

While a student's "home base" may be in a particular pharmacy, physicians may refer patients who normally fill their prescriptions at another pharmacy. In such situations, it is possible that you may be contacted by a pharmacy student inquiring about one of your patients. We would ask you to be supportive of such collaborations as they may serve to improve patient care and also help demonstrate the expanding role of the pharmacist. If you have any questions about the Structured Practice Experience Program, please contact Wanda Spurrell at wspurrel@mun.ca or telephone 777-6498.

Any pharmacist who would like to become more involved with the community pharmacy clinical rotations by serving as a preceptor is asked to contact Wanda at the School of Pharmacy.

The Apothecary

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Newfoundland and Labrador Pharmacy Board

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BOARD MEMBERS

Elected Members

Zone 1	Debbie Kelly
Zone 2	David Jenkins
Zone 3	John Rideout
Zone 4	Christina Tulk
At Large	Keith Bailey, Brian Healy, Linda Hensman

Appointed Members

Don Mifflin
Eugene Toope

Observer

MUPS Representative — Emily-Ann Munden

EXECUTIVE COMMITTEE

Chair	Keith Bailey
Vice-Chair	Christina Tulk
Executive Member	Debbie Kelly
Past Chair	John Rideout

Newfoundland and Labrador Pharmacy Board

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.
Pharmacists 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.

The Apothecary

Spring 2010

100 Years of Pharmacy in Newfoundland and Labrador

"What's Old is New Again..."

This past January marked the **100th Anniversary** of a meeting held on Sunday, January 2, 1910 when ten St. John's druggists met (in the Reading Room of the Total Abstinence Club) to select a delegation to meet the Prime Minister to discuss a proposed Pharmacy Bill. (Remember that we were an independent country at that time.)

At the same meeting it was decided to have a further meeting the following Wednesday to form an association to be known as the Pharmaceutical Society of Newfoundland.

The first Pharmacy Act was passed by the Newfoundland Legislature on March 22, and on March 29 a meeting of the newly formed Pharmaceutical Society was held at which 29 founding members signed the original constitution of the Society. Then, on April 11, six members were elected by the Society for appointment by the government to the newly established Newfoundland Pharmacy Board.

It is interesting to note that in 1954 the Pharmacy Act was revised, in part to reflect the practice of pharmacy in the rest of Canada, and at that time the Pharmaceutical Society and the Pharmacy Board were merged into the Newfoundland Pharmaceutical Association (NPhA). Then in 2005 the Act was revised again, this time separating the NPhA into the Pharmacists' Association of Newfoundland and Labrador and the Newfoundland and Labrador Pharmacy Board. (As the old saying goes, what goes round comes round.)

It is interesting to note that the minutes of that first meeting on January 2, 1910 indicate that a motion was adopted "that the Druggists & Druggists' Assistants should form an association to be known as the Pharmaceutical Society of Newfoundland". This is an interesting parallel to the concept being pursued today in more and more provinces that Pharmacists and Pharmacy Technicians be seen as categories of the same profession.

Further "file cabinet archeology" in the archives of the Apothecary Hall Trust indicates that in 1910 the government saw the need for at least one pharmacy in St. John's to be open 24 hours a day (even if it meant a subsidy from government to keep it viable).

Also in 1910, the Royal Pharmaceutical Society in Great Britain proposed the mutual recognition of all pharmacists registered in the British Empire who met an agreed upon basic training and competency criteria.

(Incredibly to us today, our Society rejected the idea as "impracticable".) Again however, this is an interesting parallel to today's discussions around more open registration requirements from jurisdiction to jurisdiction, including international jurisdictions.

Photocopies of minutes of the earliest meetings of our Pharmaceutical Society (available for viewing on the James J. O'Mara Pharmacy Museum section of our website) give a fascinating glimpse into our profession 100 years ago and serve to illustrate both how far we've come and also how many issues haven't changed at all.

Dextromethorphan Abuse Still a Problem

As evidenced by a recent article on CanadianHealthcareNetwork.ca, dextromethorphan (DM) abuse is still a problem in this country. According to the report, the intentional overdoses by four teens in Victoria, BC in a two week span has led the College of Pharmacists of B.C. to recommend to pharmacies that they move cough remedies containing DM behind the counter. While the teens survived the overdose, they had to go through a 7-10 day detox process.

Youths use such cough remedies to get high by exceeding the recommended dose, which they refer to as "*Skittling*", "*Tussing*", or "*Robo-Tripping*". Abuse of such medicines has risen due to word-of-mouth via the Internet, and because youths think the products are safe as they're sold over-the-counter. Furthermore, cough remedies are easier to obtain than alcohol. DM overdose can cause such symptoms as breathing difficulties, nausea, dizziness and rapid heartbeat, as well as death.

In this province, all products containing DM are included in Schedule III of the Provincial Drug Schedules and the NLPB has intentionally not pursued any change to this status despite the fact that the National Drug Scheduling Advisory Committee did approve a change moving DM products containing less than 300mg DM base to Unscheduled status a number of years ago.

While we do not intend to change the scheduling status of DM-containing products to Schedule II at this time, we would advise pharmacists to be aware of the potential for abuse of these products. In particular, watch for purchases of large quantities of DM-containing products as well as any increase in the theft of these products from the pharmacy. If a problem is noted, it would be advisable to move these products, particularly single-entity high dose DM products, behind the pharmacy counter to reduce the opportunity for theft and to better monitor purchases.

Appointment of New Board Personnel

In recent weeks callers to our offices will have noticed a different voice answering the phone or a different name responding to e-mail messages. This change is due to the fact that our Executive Assistant, Veronica Harvey, has been placed on extended leave by her physician. Veronica has dedicated the past 7 years of her career to the Board as our Executive Assistant and we extend her our best wishes for improved health, as well as sincere thanks for the service she has given to the Board since January 2003.

Since Veronica will be on leave for an undetermined time, and to implement the office reorganization strategy adopted by the Board, the following personnel appointments are announced:

Aileen O'Keefe (aokeefe@nlpb.ca) has been appointed Registration and Licensing Administrator. Aileen began work with our office on a part time basis last November to assist with the annual registration and licensure renewal process. She has been filling in as Executive Assistant on a temporary basis since Veronica was required to go on sick leave in January.

Aileen's responsibilities include all the administrative processes related to the registration and licensing of pharmacies, pharmacists and pharmacy students, as well as the maintenance of Registers kept by the Board. She will also be responsible for maintenance and optimization of the Board's information database.

Meghan Handrigan (mhandrigan@nlpb.ca) has been appointed Office Administrator. Meghan began work with our Board on March 15th and once her training and familiarization period is completed she will be responsible for the day-to-day administrative functions of our office, including greeting callers and visitors needing services from our office as well as facilitating our communications to pharmacists and the public.

We welcome these two new employees as they look forward to responding to your needs, as well helping our office to operate as efficiently as possible.

Report from March Board Meeting

At the most recent meeting of the Board on March 6, 2010, the Board made the following decisions:

- A new **Policy on Accreditation of Professional Development Programs** was approved. In short, this policy establishes the formal process for applying to the Board for accreditation of live professional development programs. It also clarifies the responsibilities of the provider with regard to content and documentation of attendance at live events and adds a fee for processing an accreditation request. For more information on this policy, see the **Professional Development** page of the Board website.
- A **Project Plan for Proceeding with Pharmacy Technician Regulation** was endorsed. The Board staff and Professional Practice Sub-Committee on Pharmacy Assistants/Regulated Pharmacy Technicians now have the direction to proceed with the next steps in this process. Please watch future Board communications for more information on this initiative.
- It was decided to move the date of this year's **Annual General Meeting** to coincide with the Pharmacist's Conference in St. John's in September. For the last several years the meeting had been held in June with very few pharmacists attending. The hope is with this change, more pharmacists may choose to attend this meeting.
- Two **external appointments were made**:
  - Karen Mercer—appointed to the Pharmacy Examining Board of Canada (PEBC)
  - Dr. Linda Hensman—appointed to the National Association of Pharmacy Regulatory Authorities (NAPRA) Board of Directors
- A draft revision to the **Standards of Practice regarding the Provision of Pharmaceutical Care to Personal Care Homes** was circulated for information. This document is currently under review by the Professional Practice Sub-Committee on Long Term Care. Once completed, a final draft will be sent to the Board for approval. The next initiative on the sub-committee's agenda is to develop Standards of Practice regarding the provision of pharmaceutical care to residents of long term care facilities.
- The **NAPRA Position Statement—Sale of Non-Approved Marketed Health Products** was endorsed and approved for circulation to pharmacists (see page 4). Pharmacists are advised that this is not a new policy, but rather a reminder for pharmacists of the already existing Food and Drug Regulations regarding the sale of drugs in Canada (including natural health products and homeopathic products). We are releasing this position statement at this time due to the confusion caused by the increasing number of drug products showing up in pharmacies without the identification numbers required by Health Canada (DIN, NPN or DIN-HM). Subsequent to the release of this position statement by NAPRA, Health Canada is considering new regulations to appropriately deal with this situation, as well as how to best deal with the backlog of applications in the approval pipeline. However, pharmacists in this province are reminded of the existing federal regulations that prohibit the sale of unapproved drugs.

Subsequent to the meeting, two other documents were approved via email poll and can be found on the **Standards, Policies & Guidelines** page of the NLPB website:

- A new **Standard of Pharmacy Practice on Delegation of Duties in Community Pharmacy** was approved to replace the previous Standard of Practice - The Role of the Pharmacy Technician in Community Pharmacies. The intention of this change is to lead the way for the future regulation of Pharmacy Technicians and also to formally establish the delegation of tasks to pharmacy students and interns.
- A new **Policy on Committees of the Board**. The intent of this Policy is to set a basic level of expectation for all Board committees. Variations due to the specific needs and goals of any particular committee would then be outlined in the Terms of Reference for the committee.

NAPRA ANORP

National Association of Pharmacy Regulatory Authorities
Association nationale des organismes de réglementation de la pharmacie

POSITION STATEMENT

Sale of Non-Approved Marketed Health Products

January 2010

Position Statement

Pharmacists should not sell a marketed health product without a Drug Identification Number (DIN), Natural Product Number (NPN) or Drug Identification Number for Homeopathic Medicine (DIN-HM).

Background

All marketed health products for sale in Canada require a market authorization or product licence from Health Canada. This condition applies to drugs per the regulatory requirements outlined in the *Food and Drug Regulations*. This same condition applies to natural health products (NHPs) and homeopathic products per the regulatory requirements of the *Natural Health Products Regulations* (NHPR) promulgated by the federal government six years ago.

Under the federal drug approval process, drugs, natural health products and homeopathic products must complete a review process and obtain a market authorization or a product licence from Health Canada in order to be sold. The approval follows a review by Health Canada for the product's safety, efficacy and quality. Once approved for sale, a number is provided by Health Canada to identify the marketed health product. For instance, drugs are identified by a Drug Identification Number (DIN), natural health products by a Natural Product Number (NPN) and homeopathic products by a Drug Identification Number for Homeopathic Medicine (DIN-HM). These numbers are indicated on the package label by the manufacturers and serve as a means for the public and health care professionals, such as pharmacists, to know that the product completed Health Canada's review and is approved for sale. In place for many years, this approval process is the single most important element of the federal/provincial/territorial safety net system.

Pharmacists are obliged to hold the health and safety of the public or patient as their first and foremost consideration. As such, they must follow very specific standards of practice to fulfill this role. When presented with a product that does not bear a number issued by Health Canada, it leaves the pharmacist and their patient with no confirmation that the product was properly assessed for its safety, efficacy and quality nor granted approval for sale. In these situations, a pharmacist may consult Health Canada's website (Drug Product Database or the Licensed Natural Health Product Database) to obtain the list of approved products or inquire about a specific product's status. Verifying the information on the website is not always practical however it may be a useful tool for NHPs in view of the NHP licensing backlog experienced by Health Canada. The department set a revised internal target date of March 31, 2010 to address the remaining NHP product licence applications.

Even though an argument can be made that an NHP or homeopathic product without a product license is not necessarily unsafe, the reverse is also true. There is no guarantee that the required criteria for product safety were met. Pharmacists should not be placed in situations where they may be in a position to sell products that have not received approval for sale in Canada.

NAPRA and its members, the provincial and territorial pharmacy regulatory authorities, abide by the condition set out in federal regulations whereby marketed health products that have not been issued a market authorization or a product license by Health Canada for their sale, should not be sold by pharmacists. In formulating a specific position on this matter, NAPRA members wish to reinforce this fundamental regulatory requirement in the interest of public safety.

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Endorsed by the Newfoundland and Labrador Pharmacy Board March 6, 2010

Professional Development Audit 2010

The Professional Development Audit Process for 2010 is nearing completion. The Registration and Licensing Committee has noted that a fairly large number of pharmacists are still struggling to meet the documentation requirements of the **Professional Development Standards of Practice** and would like to remind pharmacists of the following points, in particular:

- The Professional Development (PD) Log and Learning Portfolio Record Sheet have both been updated several times over the years. Some pharmacists are still using the original forms (marked DRAFT) or earlier versions of the forms. **ALL PHARMACISTS SHOULD NOW BE USING THE MOST RECENT VERSIONS OF BOTH OF THESE FORMS.** These were circulated to ALL pharmacists earlier this year and are also available on the **Professional Development** page of the Board website.
- When documenting multiple similar CE's such as for programs like the Pharmacist's Letter *CE-in-the-Letter*, pharmacists must document **EACH ISSUE ON A SEPARATE LEARNING PORTFOLIO RECORD SHEET AND IN A SEPARATE LINE ENTRY ON THE PD LOG**.
- When documenting CE's earned while attending an event where multiple presentations were given (such as a conference), pharmacists must document **EACH PROGRAM INDIVIDUALLY ON A SEPARATE LEARNING PORTFOLIO RECORD SHEET AND IN A SEPARATE LINE ENTRY ON THE PD LOG**.
- **WHEN DOCUMENTING CE's EARNED FOR SERVICE AS A PRECEPTOR**, pharmacists are reminded that these CE's are considered "Self-Assigned". Pharmacists DO NOT have to complete a Learning Portfolio Record Sheet in this instance. As well, pharmacists must complete and retain the NLPB Form, Documentation of Credits for Service as a Preceptor, also available on the Professional **Professional Development** page of the Board website. Regardless of which university program the student is attending (MUN, Dalhousie, etc.), the NLPB formulas must be applied.
- When indicating the accreditation status of a program, pharmacists should document the CE's earned as **EITHER** "Accredited" (for programs with an accreditation file number) **OR** "Self-Assigned" **NOT BOTH**.
- Certificates of Completion or Participation **MUST BE RETAINED FOR ALL PROGRAMS INCLUDING ONLINE PROGRAMS AND VIDEO PRESENTATIONS BORROWED FROM PANL** (these are issued by PANL upon return of the video). These certificates MUST indicate success in the program and the number of CE's acquired.
- When selected for audit, pharmacists are asked to be respectful of the committee member's time (which they have volunteered without compensation) and **SUBMIT THEIR LEARNING PORTFOLIO IN AN ORGANIZED MANNER** – preferably in the order the events are documented on the PD Log. Learning Portfolio Record Sheets & supporting documentation for each item listed should be kept together wherever possible and extraneous material such as slides, handwritten notes, etc should not be included unless absolutely necessary. This is an ongoing problem as the committee members often have to spend considerable time organizing the portfolios before they can be reviewed.
- When selected for audit, pharmacists may only submit their Learning Portfolios by mail, courier, or hand. **FAXED COPIES OF LEARNING PORTFOLIOS WILL NOT BE ACCEPTED IN THE FUTURE**.

PHARMACISTS ARE REMINDED THAT NON-COMPLIANCE WITH THE STANDARDS RELATED TO THE PROFESSIONAL DEVELOPMENT LOG WILL LEAD TO YOUR PORTFOLIO BEING FLAGGED FOR AUDIT. IN ADDITION, ANY PHARMACIST WHO WAS NON-COMPLIANT IN THE PREVIOUS YEAR WILL LIKELY BE AUDITED AGAIN IN THE NEXT YEAR.

Professional Practice Issues

Documentation of Refill Prescriptions

Following up on our previous ***Professional Practice Issues*** article, "Check, Check and Check Again" (The Apothecary, Fall 2009), Pharmacists are reminded that section C.01.042. of the *Regulations to the Food and Drug Act* states:

(1) No person shall refill a prescription for a Schedule F Drug unless the practitioner so directs and no person shall refill such a prescription more times than the number of times prescribed by the practitioner.

(2) The person filling or refilling a prescription for a Schedule F Drug shall enter on the original of the prescription or in a <u>suitable record</u> 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 [the pharmacist's] name.

The Secretary-Registrar would like to reiterate his previous advice to pharmacists regarding the Board's interpretation of a "suitable record":

The Board's interpretation includes the requirement that the **<u>record of the original filling, and of each refill, of a prescription be physically initialed or signed by the pharmacist at the time of filling or refilling</u>**.

A computer-generated copy of the refill is acceptable but it must still be signed or initialed by the pharmacist at the time of filling, as documentation of the final check of the prescription.

This documentation should then be filed in an organized manner and be available at the pharmacy for potential future inspection.

Prescription Counselling Requirements

A pharmacist's consultation with their patient, or their patient's representative, is one of the most important cognitive functions that a pharmacist performs. The *Pharmacy Regulations* are very clear with respect to Pharmacist's responsibility in this regard:

13.(16) On the original filling of each prescription, the patient shall be counselled by the pharmacist and that counselling shall include, but is not limited to

(a) the identity of the patient;

(b) the identity of drugs being dispensed;

(c) the dosage regimen and instructions required to achieve the intended therapeutic response;

(d) storage requirements; and

(e) major adverse side effects and cautions.

Beyond this requirement, we would also suggest that it would be appropriate for the pharmacist to also cover:

- **common drug and food interactions and therapeutic contraindications that may be encountered, including their avoidance, and the actions required if they occur,**
- **prescription refill information,**
- **information regarding:**
  - **how to monitor the response to therapy,**
  - **expected therapeutic outcomes,**
  - **action to be taken in the event of a missed dose, and**
  - **when to seek medical attention, and**
- **any other information unique to the specific drug or patient.**

Though the regulation only requires this counselling on the original filling of a prescription, **<u>we would strongly recommend that pharmacists also provide counselling to patients when they present for refills</u>** of their prescriptions to discuss issues such as side effects, compliance issues and any other challenges the patient may be facing with the medication.

Reminders

Election Timeline

This year's NLPB Board elections will focus on electing Board members for Zone 2 and Zone 3.

According to *NLPB Bylaw 17*,

- Zone 2 is considered to be the Conception Bay North/Trinity South peninsula, beginning at Avondale and extending west to Port Blandford, including Placentia and the Cape Shore to (but not including) Trepassey, the Burin peninsula, the Trinity North/Bonavista South Peninsula; and
- Zone 3 is considered to be that part of the island west of Port Blandford to the Hampden junction, and that part of the South Coast that does not include Burgeo and Ramea.

Pharmacists in these areas are reminded to watch for the Board's Call for Nominations around the middle of June.

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Nominations for Centennial Pharmacist Award

This year, as part of the 100th Anniversary Celebrations the Board will be awarding Centennial Pharmacist Award to 100 pharmacists who have made a significant contribution to the profession of pharmacy in this province over the past 100 years. Nominations may be submitted for pharmacists regardless of whether they are still living or are deceased. Please submit your nomination to Don Rowe at drowe@nlpb.ca including a brief paragraph describing the nominee's contribution to pharmacy.

∞

Scheduling Status of Adult Hepatitis Vaccines

Pharmacists are reminded that Hepatitis A and B vaccines for adults (Engerix-B, Twinrix, for example) are in Schedule I of the Provincial Drug Schedules and, as such, **require a Prescription for Sale**. For a quick summary of the Scheduling Status of the various vaccines and immune globulins, please see Appendix D of the NLPB document, ***A Guide to Understanding the Newfoundland and Labrador Provincial Drug Schedules***. The March 2010 edition was recently posted to the **Drug Schedules** page of the NLPB website.

Newfoundland and Labrador Pharmacy Board

Find us on Facebook
"NLPB-CHSP Joint Professional Development Day"

Joint Professional Development Day

HOLD THE DATE - Saturday, June 12, 2010 - HOLD THE DATE

9:30 AM—3:00 PM (with social to follow)

More Information Coming Soon!

Canadian Society of Hospital Pharmacists
Société canadienne des pharmaciens d'hôpitaux

Recent Updates to the NLPB Website

- **About the Board** page - NLP Board Meeting Minutes updated
- **"The Apothecary" & Other Communications** page - Notice of Changes to Drug Schedules added, MedEffect advisories
- **Professional Development** page - forms revised and updated, new *Policy on Accreditation of Professional Development Programs* added
- **Registration and Licensing** page - many forms revised and updated
- **Legislation** page - NLPB Pharmacy Binder updated to March 2010
- **Standards, Policies & Guidelines** page - new *Standards of Pharmacy Practice for Delegation of Duties in Community Pharmacies* added, new *Guidelines for the Destruction of Expired or Unusable Narcotics or Controlled Drugs* added, new *Policy on Committees of the Board* added
- **Professional Practice Resources** page - Canadian Adverse Reaction Newsletter—January 2010 added
- **Provincial Drug Schedules** page - NL Provincial Drug Schedules and Guidance documents updated to March 2010
- **Miscellaneous Forms** page - new form - Request to Destroy Drugs Covered by the Controlled Drugs and Substances Act added
- **Find a...** page - new staff members added, committee members updated, new external appointments added, pharmacist and pharmacy registers updated and list of registered optometrists added

The Apothecary

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Newfoundland and Labrador Pharmacy Board

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BOARD MEMBERS

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Zone 1 ..... Debbie Kelly
Zone 2 ..... David Jenkins
Zone 3 ..... John Rideout
Zone 4 ..... Christina Tulk
At Large ..... Keith Bailey, Brian Healy, Linda Hensman

Appointed Members

..... Don Mifflin
..... Eugene Toope

Observer

MUPS Representative ..... Emily-Ann Munden

EXECUTIVE COMMITTEE

Chair ..... Keith Bailey
Vice-Chair ..... Christina Tulk
Executive Member ..... Debbie Kelly
Past Chair ..... John Rideout

The Apothecary

Summer 2010

Newfoundland and Labrador Pharmacy Board

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. Pharmacists 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.

Standards of Pharmacy Practice for Medication Management in Community Pharmacy Approved and Implemented

Recent changes to the *Pharmacy Regulations* approved by the Hon. Jerome Kennedy, Minister of Health and Community Services, as well as new Standards of Pharmacy Practice adopted by the Newfoundland and Labrador Pharmacy Board are now being implemented by pharmacists across the province. As of the date of publication, approximately 220 pharmacists have educated themselves and submitted their "Medication Management Declaration Form" to the NLPB Office.

Once a pharmacist is prepared to meet the requirements set out in the new Standards, he or she may then participate in Medication Management under three key areas:

- **Providing an Interim Supply** - provision of a small quantity of medication to meet a patient's short term needs (usually less than 30 days supply)
- **Extending a Prescription** (Continuation of Care) - provision of an additional prescription refill to meet a patient's needs beyond the short term (usually 30-90 days supply)
- **Adapting a Prescription** - changing the dosage form, dosage regimen or quantity dispensed, completing missing information on a prescription, or making a non-formulary generic substitution

In all instances, pharmacists must follow specific requirements and limitations set out in the Standards including requirements related to patient consent, documentation and notification.

For your information a selection of Frequently-Asked Questions is included in this issue of The Apothecary (see page 4) and the full document is available on the Standards, Policies & Guidelines page of the NLPB website.

As mentioned in the *Notice to Pharmacists* circulated with the Standards last month, we expect there will be updates to this information over the coming months as pharmacists integrate this new authority into their practice. In fact, the Medication Management Documentation & Notification Form has already been revised slightly based on feedback received from pharmacists. We will continue to send any other updates or additional information to pharmacists through the usual methods – email, The Apothecary and the NLPB website, www.nlpb.ca or through our latest communications strategy - by following us on Twitter (@nlpharmacyboard).

Standards of Pharmacy Practice - Personal Care Homes & Community Care Homes

Pharmacists are reminded that the newly updated *Standards of Pharmacy Practice - The Provision of Pharmaceutical Care to Personal Care Homes & Community Care Homes* were recently circulated to all pharmacists via postal mail. Pharmacists at pharmacies providing this type of service should be sure to review the document and implement any necessary changes.

NLPB Chair Keith Bailey Featured in Smokers' Helpline Newsletter

The Smokers' Helpline is very pleased to feature the work of Keith Bailey as this month's Spotlight. Keith is currently the Pharmacy Operations Specialist (Atlantic Region) for Shoppers Drug Mart. Keith has been involved in tobacco control as a pharmacist for 15 years, however in the past two years he has really made tobacco cessation a priority in his work. He says, "In the past two years I have undertaken to become more informed about the topic through continuing education, training courses and wellness intervention so that I can help patients directly and also pass on information and support to other pharmacists in the community."

Keith strives to address smoking cessation with patients and also educates other pharmacists on the importance of addressing tobacco addiction. He promotes the Smokers' Helpline services and CARE Program in Shoppers Drug Mart pharmacies and to other pharmacists. Keith is an outstanding role model for other pharmacists in demonstrating effective approaches to help patients take action on quitting smoking and ensuring that pharmacists are equipped to offer help through use of Smokers' Helpline CARE Referrals and promotional materials (such as posters, pamphlets and tear-offs).

The Smokers' Helpline acknowledges Keith's work on tobacco cessation initiatives. In addition to general promotion of the Helpline services in his everyday work, he has also arranged more formal training sessions through conference calls on the CARE Program and also the development of a training presentation on tobacco cessation programs and treatments which has been accredited by the Pharmacy Board. Since his involvement with the Smokers' Helpline, the number of referrals from Shoppers Drug Mart pharmacists has increased!

Keith was born in Twillingate, attended Memorial University with a degree in Pharmacy (1996) and an MBA (2004). He has worked as a pharmacist in various communities across the province including Goose Bay, Clarenville, Gander and currently in St. John's. Keith states, "I am in pharmacy operations with Shoppers Drug Mart and am also the Chair of the NL Pharmacy Board. I work as a pharmacist in many stores and see the need and benefits of a concerted effort towards smoking cessation. Helping people in this role is one of the most important interventions a pharmacist can make, hence the passion toward wellness."

Some words of advice from Keith: "A key to helping patients live healthier is developing a long term relationship with a patient and always being there to listen and understand. Smoking cessation is hard work and takes time so being in tune with people and knowing when they are ready is important. Never stop asking smokers (in a nice way) if they would like help. As health care providers we always have to support and plant the seed of change."

Keith encourages others to get involved in using the Smokers' Helpline CARE Program since it is such an easy and effective tool to connect smokers with support to quit. He says, "I'd encourage all health care providers (pharmacists, physicians, nurses, dentists, etc.) to become familiar with the CARE Referral Program. It's a great resource to help patients in the community!"

A sincere 'Thank You' to Keith Bailey on his outstanding work in tobacco cessation. You are really making a difference in helping people of this province live healthier tobacco free. We appreciate your support of the Smokers' Helpline programs and we look forward to continuing to work with you in the future.

Reprinted from the Newfoundland and Labrador Smokers' Helpline e-Newsletter July 2010 (Issue #35)

NLP Board Elections 2010

This year, the Board seats for Zone 2 and Zone 3 were due for election. As such, a Call for Nominations was mailed to all registered pharmacists in Zones 2 and 3 on June 16, 2010. Nominations were received up until July 21, 2010, with one nomination being received for Zone 2: and one nomination being received for Zone 3.

As a result of there being only one nomination for each zone, the result of the election is as follows:

Raymond Gulliver, Baccalieu Trail Pharmacy (South River) Elected in Zone 2 by Acclamation

Dorothy Ainsworth, Central Newfoundland Regional Health Centre (Grand Falls-Windsor) Elected in Zone 3 by Acclamation

We would like to take this opportunity to welcome Ray and Dorothy to the Board.

Reminder to Pharmacists Re: Methadone Carry Doses

Pharmacists dispensing methadone are reminded that "Take-Home" or "Carry" Doses are a privilege extended to certain patients meeting particular criteria as determined by the prescribing physician. The intention of this privilege is to reduce disruption in and improve the quality of the patient's daily life.

Having said that, certain requirements must still be met and the pharmacist's responsibility is not lessened. For example:

- Carries **MUST** always be diluted to 100 ml with TANG or other suitable diluent.
- Carries **MUST** be dispensed in childproof bottles and
- patients must be counselled to keep doses out of the reach of children.
- Carries **MUST** be labelled according to federal and provincial requirements and **MUST** include a warning that the amount of drug contained could cause serious harm or toxicity if taken by someone other than for which it was prescribed.
- Specific instructions regarding the dispensing of carries **MUST** be clearly indicated on the prescription by the physician including the number of carries to be dispensed per week, or the days of the week the patient receives carries, or the specific dates the patient is to receive carries.
- The dispensing of carries **MUST** be recorded in a similar manner as the daily administration records.

Physicians generally will not authorize more than six consecutive carry doses. If the number of carries authorized by the prescription exceeds the guidelines established by the College of Physicians and Surgeons, the pharmacist should obtain documentation of the reason extra carries were authorized from the physician before the carries are dispensed.

Pharmacists are also reminded that this privilege may be discontinued at any time by the physician or pharmacist for any of several reasons as described in the Standards of Pharmacy Practice - The Newfoundland and Labrador Methadone Maintenance Program (found on the NLPB website, on the **Standards, Policies & Guidelines** page).

Faxing...the Right Way!!

Faxing represents an effective and efficient means of relaying prescription information from prescribers to pharmacies. It can help streamline workflow and allow medications to be prepared in advance of the patient's arrival thereby reducing the amount of time a patient is required to wait for their prescription. However, practice standards cannot be sacrificed for the sake of convenience or avoidance of dialog with the physician.

In order for a faxed prescription to be considered a legal prescription, the necessary requirements as listed in the *Standards of Pharmacy Practice - Facsimilie Transmission of Prescriptions for Community Pharmacies* must be fulfilled. Pharmacists are asked to particularly note that not only must the prescription include the prescriber's name, address, telephone number, fax number and signature, but also certification statements by the prescriber that:

i. the prescription represents the original of the prescription drug order,
ii. the addressee (i.e. pharmacy) is the only intended recipient and there are no others, and
iii. the original prescription will be invalidated or retained so that it cannot be re-issued.

A Model Prescription Form (found with the Standards) can be distributed which may help the prescriber to successfully meet all requirements of a faxed prescription. Prescribers may choose to develop their own form but it MUST contain ALL the elements found on the Model Form.

The NLPB has been made aware that some pharmacies are continuing to accept inappropriate faxed prescriptions. This not only contravenes the requirements set out by the NLPB and the federal government, but upon audit, the prescription could be considered invalid by third party insurers. Additionally this practice creates problems for those pharmacists who are following the policy. Inconsistencies in practice are perceived by prescribers which then make it difficult for pharmacists to enforce the requirements. Pharmacists are reminded that the responsibility to ensure that the Standards are being followed lies both with the pharmacist filling the prescription and the pharmacist-in-charge.

Frequently Asked Questions

Medication Management

Do I have to participate in Medication Management?

No. Authorization does not mean obligation. The decision to perform any or all of these acts is at the discretion of the individual pharmacist. However, if a pharmacist does choose to perform any of these actions, it must be done in accordance with the Standards of Pharmacy Practice and within the limits of the pharmacist's own competencies.

Are there special requirements needed in order to participate in Medication Management?

Yes, prior to participating in Medication Management, a pharmacist MUST:

- **STUDY** the *Standards of Pharmacy Practice for Medication Management* IN DETAIL, **SIGN** the NLPB Declaration Form included at the end of the Standards (Appendix B) and **SEND** the form to the Board office for retention in the pharmacist's permanent file;
- **Maintain Personal Professional Liability Insurance Coverage** in an amount equivalent to or greater than that stated in the Board's *Policy on Professional Liability Insurance*; and
- **Be prepared to:**
  - ◊ **obtain informed consent** from each patient to whom these services are provided,
  - ◊ **document** all instances of Medication Management, and
  - ◊ **notify** the original prescribers, within the indicated timeframes.

What is informed consent?

As discussed in the Standards, informed consent has two basic components: patients have a right to determine what happens to their bodies; and health professionals have an inherent duty to provide patients with enough information to make an informed decision. The cornerstone to achieving informed consent is developing a good relationship with the patient. In order to achieve this, talk to the patient to discover specific needs and concerns, give the patient the information they need to make an appropriate choice and allow the patient time to ask any questions they may have.

Does informed consent need to be documented in writing with the patient's signature?

No, the patient's signature is not required. However, the pharmacist must initial the appropriate box on the *Documentation and Notification Form* (Appendix C) to indicate that informed consent was obtained.

How should I document Medication Management?

The Board has developed a *Documentation and Notification Form* template (Appendix C of the Standards) to assist pharmacists with documenting instances of Medication Management. This form must be completed IN FULL and retained in the pharmacy in case of future audit.

How do I file these forms? What about the computer hard copies?

Our consultation has indicated that the best way to handle these forms would be to file them in sequential order along with your other prescriptions. For example, when providing an interim supply or prescription extension, you would attach your computer "hard copy" to the form and file it. When adapting a prescription, you would attach the computer "hard copy" as well as the original prescription to the form before filing it.

Can our pharmacy develop our own medication management form? Can it be saved electronically versus on paper?

Yes, we have intentionally called our Documentation and Notification Form a "template" to allow pharmacies to develop their own version of this form, if they so desire. The only condition on this would be that all information on the template MUST be on the customized form. Having said that, there is something to be said for consistency and it would certainly be beneficial, from a physician's or nurse practitioner's perspective, to have some continuity between the forms they will be receiving.

With regard to saving the form electronically, this certainly may be possible as long as all the information required is captured on the form, the electronic form can be transmitted to the original prescriber in a suitable way and the form can be easily retrieved and associated with the correct transaction if required for audit.

When a pharmacist performs one of the activities under Medication Management, do they have to notify anyone else?

Yes, the Standards require that the original prescriber must

be notified of the pharmacist's decision within a particular timeframe depending on the area of Medication Management:

- Providing an Interim Supply - 72 hours
- Extending a Prescription (Continuation of Care) - 1 week
- Adapting a Prescription - 1 week

What information needs to be provided to other health professionals?

You must provide ALL the information that is indicated on the *Documentation and Notification Form* template, including:

- the name of the pharmacist responsible,
- the type of Medication Management that was provided,
- a copy of the new prescription label,
- the rationale for extending or adapting the prescription, and
- any follow-up plan that may apply.

How should other health professionals be notified?

Through consultation with the College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL) and the Association of Registered Nurses of Newfoundland and Labrador (ARNNL), it has been determined that the preferred method of notification is via fax transmission of the *Documentation and Notification form*. This will serve to assist prescribers with documentation on their end as well. However, pharmacists may determine that another method is best for you and for the prescribers you communicate with. It may be beneficial to speak with the health professionals in your area to find out how they wish to be notified.

Are there limitations on Medication Management?

Yes, Medication Management is not permitted on prescriptions:

- originally written by a Dentist, Optometrist or Veterinarian;
- for Narcotics, Controlled Drugs or Targeted Substances, including benzodiazepines;
- for the pharmacist themselves;
- for a family member, or someone of a "close personal or emotional relationship", unless there is no other pharmacist available in the community; or
- that bear a specific indication otherwise (e.g.: "Do Not Renew/Extend" or "Do Not Adapt").

I have just received a prescription with the following statement "Do Not Renew &/or Adapt" (or something similar) hand-written on it. Does this mean that I cannot adapt or renew this prescription?

Yes. Just as we honour notations like this from prescribers today regarding generic substitution, pharmacists are expected to honour hand-written "Do Not Renew &/or Adapt" instructions on prescriptions.

It is important to remember in this situation that should a pharmacist still feel that an extension or adaptation is in the best interest of the patient, he or she can always contact the prescriber for permission to extend or adapt the prescription. In any case where the original prescriber was contacted, this would then be considered a verbal order and would not be subject to the requirements of Medication Management (see Appendix A in the Standards).

What happens to refills when a prescription is adapted?

When a pharmacist adapts a prescription, he or she also takes responsibility for any authorized refills. The pharmacist could choose to provide an initial adaptation of the prescription but reduce or eliminate the authorized refills (for example, if the quantity of drug dispensed was altered due to package size availability, the number of refills may be reduced or increased accordingly). If they did this they would need to provide the rationale for their decision in their documentation and inform the patient that they will need to return to their physician earlier than intended (note: a pharmacist cannot add refills that were not initially authorized by the prescriber).

If the pharmacist adapts the prescription and maintains the authorized refills, when the patient returns for a refill the pharmacist would process the refill as they would any other refill prescription. The process of refilling an adapted prescription is not considered an adaptation per se, so the documentation and notification requirements do not apply to the refills.

Should the patient return to the pharmacy for a refill and a different pharmacist is on duty that pharmacist would again process the refill as they would any other refill. If they have a concern about the appropriateness of the adapted prescription they should do what they normally do if they have a concern about refilling a prescription; refuse to fill, provide an emergency fill if necessary and in this case either refer the patient back to the adapting pharmacist or to the original prescriber.

Professional Practice Issues

New Canadian Guideline for the Safe and Effective Use of Opioids for Chronic Non-Cancer Pain

In Nov. 2007, the National Opioid Use Guideline Group (NOUGG) formed with the support and/or representation from all provincial and territorial medical regulatory authorities. NOUGG's aim was to oversee the development and implementation of a national guideline to assist physicians in managing patients with Chronic Non-Cancer Pain (CNCP) by prescribing opioids safely and effectively. The culmination of NOUGG's efforts has been the recent publication of the *Canadian Guideline for Safe and Effective Use of Opioids for Chronic Noncancer Pain* (referred to as the *Canadian Guideline*).

One of the primary principles of NOUGG's work in developing the *Canadian Guideline* was to assist practitioners, including pharmacists, in treating patients' pain safely. Harms associated with opioid use can be reduced when:

1. drugs are prescribed and monitored with knowledge of the patient's history and risks,
2. patients understand potential benefits and harms and participate in reducing harms, and
3. clinicians assess outcomes for both effectiveness and harms.

Why was the Canadian Guideline developed?

Canadian medical regulatory authorities undertook guideline development in response to:

1. physicians and other stakeholders seeking guidance about the safe and effective use of opioids,
2. a growing concern about opioid misuse creating patient and public safety issues, and
3. the lack of systematically developed national guidelines on opioid use for CNCP.

A National Advisory Panel (comprised of 49 individuals from across Canada including pain specialists, family physicians, addiction experts, pharmacists, academics, nurses and patient group representatives) followed a formal process to review the draft recommendations from the research team.

In May 2010, the *Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain* was finalized and is now being implemented across the country.

What does the Canadian Guideline mean for your practice?

Part of the intent of this guideline is to promote safe and effective opioid prescribing habits of physicians in treating patients with CNCP through an evidence-based approach. As physician prescribing practices change, pharmacists must be aware of these guidelines and utilize the learnings as part of your assessment of the appropriateness of opioid prescriptions you dispense and medication therapy you manage. Pharmacists will have an integral role in collaborating with physicians and patients to implement these guidelines as part of ensuring optimal health outcomes and harm reduction.

The *Canadian Guideline* provides 24 evidenced-based practice recommendations. These recommendations centre on the practice areas of:

- Deciding to Initiate Opioid Therapy
- Conducting an Opioid Trial
- Monitoring Long-Term Opioid Therapy (LTOT)
- Treating Specific Populations with LTOT
- Managing Opioid Misuse and Addiction in CNCP Patients.

The *Canadian Guideline* includes practice tools intended to assist busy clinicians in decision making. Pharmacists may also benefit from using these tools in their practice.

References

The full *Guideline* is available in PDF and web format at: nationalpaincentre.mcmaster.ca/opioid/ and is also linked from the Professional Practice Resources page of the NLPB website.

Review article published in the Canadian Medical Association Journal, with a related commentary:

- Review: Opioids for chronic non-cancer pain: A new Canadian practice guideline
- Commentary: What we still don't know about treating chronic non-cancer pain with opioids

From time to time, we receive requests for interviews or information spoken in the French language. If you are a pharmacist who is bilingual and would be willing to assist us in these situations, please contact Meghan Handrigan at mhandrigan@nlpb.ca or by calling the office at (709) 753-5877.

REMINDERS

UPDATE - Counselling on New Prescriptions

As a follow up to a related article in the Spring edition of *The Apothecary* (available on the ***The Apothecary* and Other Communications** page of the NLPB website) and in response to a recent verbal complaint received at the NLPB office, pharmacists are reminded that the Pharmacy Regulations **REQUIRE** pharmacists to provide counseling on the **INITIAL FILLING OF ALL PRESCRIPTIONS**. Failure to do so could be grounds for a finding of Professional Misconduct by the Complaints Authorization Committee or an Adjudication Tribunal.

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Health Canada Adverse Reaction Online Reporting Form

Health Canada's MedEffect program allows for online reporting of Adverse Drug Reactions by both Consumers and Health Professionals through their reporting forms available at the **MedEffect Adverse Reaction Reporting** page.

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Preparation for 100 Year Celebrations

With the 100 year celebrations fast approaching, preparations are underway. If anyone has any older pharmacy-related photos that may be appropriate to use in a slideshow or booth display, please share them with us! Contact Meghan Handrigan at mhandrigan@nlpb.ca

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NAPRA Notes April 2010 Now Available

The most recent edition of NAPRA's newsletter NAPRA Notes is now available on NAPRA's website. Items in this issues include: NAPRA celebrates 15th anniversary; NAPRA receives $3.7 million in funding to help international pharmacy graduates access information for licensure in Canada; Information regarding the role of the pharmacist in the sale of non-approved marketed health products; Blueprint for Pharmacy moves into next phase and National office grows with the addition of new staff members.

Update on Availability of Required and Recommended References

We have been notified that in August 2010, CPhA will release the new editions of both *Patient Self-Care* (PSC) and the *Compendium of Self-Care Products* (CSCP). All of the content in both texts have been completely revised and updated. As neither of these references has been published in some time and the *Standards of Pharmacy Practice - Required and Recommended References for Community Pharmacy* requires that pharmacies have the current edition of each of these references, pharmacists-in-charge are encouraged to replace the current pharmacy copies as soon as they become available.

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In addition, we have recently updated the *Standards of Pharmacy Practice - Required and Recommended References for Community Pharmacy* to reflect the availability of new references as well as to indicate exactly what reference categories can be satifsfied by having an iPharmacist handheld on-site at the pharmacy. Please see the NLPB website for the updated document.

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No E-mailed Prescriptions Please!

Pharmacists are reminded that e-mailed prescriptions are **not considered legal prescriptions**. Until such time that security in transmission can be assured pharmacists are **not to accept** e-mailed prescriptions under any circumstances.

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Recent Break-ins

As there have been several recent pharmacy break-ins in the province, we want to remind pharmacists that all narcotics and controlled drugs should be properly inventoried and secured. For more information or assistance in impementing changes to your current procedures, please contact the NLPB office.

Recent Updates to the NLPB Website

- **About Us** page- Board Meeting Dates and Minutes for 2010; Annual Report 2010 added
- **Contacts (Find A…)** page - New Registers of Optometrists, Pharmacists, Pharmacies and Veterinarians added
- **"The Apothecary" & Other Communications** page - Press Release re: Pharmacy Network; Memo to Pharmacists & Pharmacy Owners re: Regulation of Pharmacy Technicians; Notice of Regulations re: Medication Management; MedEffect advisories added
- **Legislation** page - New Regulations re: Medication Management added; NLPB Binder files updated
- **Standards, Policies & Guidelines** page - *Standards of Practice for Medication Management* and accompanying documentation (form, FAQ) added; *Standards of Practice for the Provision of Pharmaceutical Care to Personal Care Homes and Community Care Homes* updated; *Standards of Practice for Required and Recommended Reference Materials for Newfoundland and Labrador Pharmacies* updated
- **Professional Practice Resources** page - Link to Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain added
- **Frequently-Asked Questions** page - New Questions added! Answers updated!
- **For the Public** page - updated with a new name (previously "You & Your Pharmacist") and with information on the NLPB Complaints Process
- ***NEW!*** **Pharmacy Technician Regulation** page - News and Updates regarding Pharmacy Technician regulation, a snapshot of the recommended Pharmacy Technician Regulation Process and a feedback form have all been added to this new page

The Apothecary

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Zone 2 ..... David Jenkins
Zone 3 ..... John Rideout
Zone 4 ..... Christina Tulk
At Large ..... Keith Bailey, Brian Healy, Linda Hensman

Appointed Members
..... Don Mifflin
..... Eugene Toope

Observer
MUPS Representative ..... Emily-Ann Munden

EXECUTIVE COMMITTEE

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Vice-Chair ..... Christina Tulk
Executive Member ..... Debbie Kelly
Past Chair ..... John Rideout

The Apothecary

Newfoundland and Labrador Pharmacy Board

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. Pharmacists 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.

Fall 2010

100 Years...100 Pharmacists (1910-2010)

This year, the Board, with the collaboration of the Apothecary Hall Trust, decided to recognize 100 pharmacists from 1910 to 2010 as a way of celebrating the 100th anniversary of organized, self-regulated pharmacy in Newfoundland and Labrador.

The project began by compiling a Master Register of all pharmacists who had been registered at one time or another with the Board, something which had not been done until now. The Master Register was circulated to the trustees of the Apothecary Hall Trust, members of the PANL Awards Committee and other pharmacists, some of whom were familiar with members from the past and others who were more familiar with pharmacists who are currently in active practice. The intent was that pharmacists from all eras and all areas of practice would be considered. To this end no specific or restrictive criteria for selection were applied, rather the pharmacists polled were asked simply to indicate who they personally felt were "worthy of recognition". The results from this poll were tabulated along with the results from a call for nominations from all pharmacists in the province and a final list of 100 pharmacists of the past century was determined.

We hope this list is taken for what it is – an opinion expressed at a moment in time that corresponds to a significant milestone in the history of our profession in this province, but nevertheless the opinion of a select but knowledgeable sampling of members of the profession.

RICK ABBOTT (1990)
AUBREY ANSTEY (1974)
W.J.K. (KELL) ASHFORD (1945)
KEITH BAILEY (1996)
DWIGHT BALL (1977)
THOMAS BINDON (1947)
J. FORBES BROWN (1958)
BRENDA BURSEY (1978)
DOUGLAS BUTT (1953)
EDWARD J. CAHILL (1933)
SANDRA CAREY (1991)
KAREN COLBOURNE (1992)
CARSON COLLINS (1975)
HUGH CONROY (1944)
ARLENE CRANE (1981)
NEIL P. CURTIS (1954)
WILLIAM DAVIS (1976)
ALFRED DAWE (1959)
EDWARD (TED) DAWE (1979)
FRASER DAY (1966)
JOHN DOWNTON (1967)
ROBERT DOYLE (1990)
JASON DRUKEN (1999)
DR. GERALD R. DUNCAN (1986)
DR. SCOTT EDWARDS (1997)
RICK ELLIOTT (1976)
HARVEY W. FLIGHT (1944)
RODNEY FORSEY (1999)
EDWARD D. FREEMAN (1911)
DAVID GALWAY (1967)
SEUMAS GIBBONS (1963)
THOMAS GOULDING (1975)
RALPH J. HARRIS (1940)
MELANIE HEALEY (1996)
BRIAN HEALY (1965)
THOMAS HEALY (1974)
DR. DONNA HENDERSON (1967)
DR. LINDA HENSMAN (1985)
DERRICK HIERLIHY (1975)
DONALD HILLIER (1967)
MARY HISCOCK (1962)
DONALD HOGAN (1943)
WILLIAM HOGAN (1958)
JOHN V. (JACK) HOGAN (1962)
KEITH HOGAN (1985)
GEORGE HUTCHINGS (1966)
CLARENCE JACKMAN (1953)
J. FRANK JANES (1939)
MARY E. JOHNS (1928)
DR. DEBORAH KELLY (1999)
LOUIS J. LAWTON (1911)
KEITH LAWTON (1950)
AUGUSTUS LILLY (1941)
THOMAS LYNCH (1976)
JOHN LYNCH (1978)
ROBERT GEAR MACDONALD (1910)
ERNEST C. MACDONALD (1943)
VAUGHAN MACDONALD (1964)
DOUGLAS MANNING (1965)
ROBERT MCGRATH (1956)
DENISE MCGRATH (1985)
THOMAS MCMURDO MCNEIL (1910)
J. WAYNE MORRIS (1967)
THOMAS MURPHY (1958)
MICHAEL J. O'BRIEN (1954)
DENISE O'BRIEN (1981)
PHILIP O'KEEFE (1981)
LEO A. O'MARA (1910)
PETER O'MARA (1910)
JAMES J. O'MARA (1962)
ALBERT EDWARD PARKINS (1915)
DR. LESLIE PHILLIPS (1983)
MARGOT PRIDDLE (1984)
JAMES C. QUICK (1948)
JOHN P. RAHAL (1934)
THOMAS RICKETTS (1943)
JOHN RIDEOUT (1976)
DONALD ROWE (1976)
PAMELA RUDKIN (1978)
ROY SAUNDERS (1957)
BARBARA SCAPLEN (1977)
ROBERTA SCOTT (1967)
WILLIAM SIMMONS (1960)
G. REX SINYARD (1962)
BERND STAEBEN (1962)
AUGUSTUS STAFFORD (1910)
T. JOHN STOWE (1946)
NELSON STOWE (1953)
DR. BARBARA THOMAS (1985)
CHRISTINA TULK (2002)
DR. CHRISTOPHER TURNER (1989)
ROBIN VATCHER (1979)
KEVIN WALSH (1947)
KENNETH WALSH (1979)
CHARLES WARR (1961)
TRENT WHITE (1996)
RALPH WINSOR (1966)
GEORGE YOUNG (1948)
JERRY YOUNG (1976)
DR. STEPHANIE YOUNG (1990)

2010-2011 Board and Executive Now in Place

As reported on July 22, 2010, this year's election of NLPB board members is now completed. This year, the election, which saw pharmacists nominating and electing members for Zone 2 and Zone 3, began on June 16, 2010 with a Call for Nominations. Nominations were subsequently received for Ray Gulliver in Zone 2 and for Dorothy Ainsworth in Zone 3. As both zones received only one nomination each, Ray and Dorothy were subsequently elected by acclamation. The elected members began their 3 year terms of office at the 2010 Annual General Meeting, which took place on September 18, 2010. We would like to welcome Ray and Dorothy to the Board and would also like to take this opportunity to thank Dave Jenkins and John Rideout, out-going Board members for Zones 2 and 3 respectively, for their time and dedication to the Board.

Also at the AGM, Keith Bailey completed his term of office as Board Chair assuming the position of Past-Chair. Following the AGM, at a Special Meeting of the Board, a new Executive was elected with Christina Tulk assuming the role of Board Chair, Debbie Kelly elected Vice Chair and Linda Hensman elected Executive Member. For a complete list of the current Board as well as the Executive Committee members, please see the back page of this *Apothecary*.

Message from the New Chair of the Board

It is certainly an honour and a privilege for me to address the pharmacists across our province as the new Chair of the NL Pharmacy Board. I would like to take this opportunity to recognize Keith Bailey for his leadership, as well as John Rideout and Dave Jenkins for their dedication to their positions on our Board and wish them well with their future endeavours. I also wish to acknowledge the entire Office team for their support and guidance. It is my hope that we will harness the momentum gained with the acceptance of our Medication Management Standards to continue to move forward in our profession.

In the next year, we will continue to work towards technician regulation, begin moving towards procuring prescribing rights for our pharmacists in Advanced Practice situations as well as exploring opportunities for pharmacists to get involved in immunizations and, potentially, other types of injections. I encourage all pharmacists to get involved with our profession as we need your support and collaboration to continue to navigate our future.

Please do not hesitate to contact with me with any feedback and/or suggestions as I am more than available to the pharmacists of the province. My cell number is (709) 632-2748 and my e-mail is zen.z24_2001@nf.sympatico.ca. I look forward to speaking to as many of you as I can.

Respectfully,
Christina Tulk

Suspicious Email Making the Rounds

The Board would like to make pharmacists aware of a suspicious email that is making the rounds. With a subject line of "Wholesalers & Exporters of Pharmaceuticals", the email purports to be from a company identified as Z&S Impex, "one of the leading Wholesalers & Exporters of Pharmaceuticals from Pakistan". It goes on to describe the "respectable name" they have earned among a number of international countries. They have attached a list of medications for purchase to the email.

While we expect most pharmacists would see this email as a potential scam, we still felt it would be prudent to remind pharmacists to be extremely cautious about purchasing any pharmaceutical product online except from known reputable sources. Pharmacists should also be sure that any and all pharmaceutical products sold in pharmacies should have a DIN, NPN or DIN-HM to show that they have been authorized for sale in Canada by Health Canada.

Reminder to Pharmacists Regarding Exempted Codeine Products Standards of Practice

Since it has been several years since the publication of the Board's *Standards of Pharmacy Practice - The Sale of Exempted Codeine Products in Community Pharmacies*, we wanted to remind pharmacists of a few key points. At the end of the article, a couple of Q&A's from the associated *FAQ re: Exempted Codeine Products* are also reprinted. For the complete Standard as well as the associated FAQ, please visit the **Standards, Policy & Guidelines** page of the Board website.

Creation of a Patient Profile

In accordance with section 2.a. of the Standards, "*the pharmacist must record the purchase of an Exempted Codeine Product on the patient profile…*" What this means is that if this is a returning patient to your pharmacy, you would add the exempted codeine product to their usual medication profile. In addition, if this is a new patient to your pharmacy, you are expected to set up the same profile as you would for any other patient presenting with a prescription. As stated in Pharmacy Regulation 13(8), this includes but is not limited to "*surname and given names, address, telephone number, sex, date of birth, chronic medical conditions, and notations of allergies and drug reactions*". In addition to these items, documentation of the patient's MCP number will also become especially relevant as pharmacies connect to the Pharmacy Network.

Identification of "Prescriber"

In essence, when a pharmacist authorizes the provision of an exempted codeine product to a patient and adds it to the patient's profile as a "pharmacist-authorized medication", they are prescribing. As such, the pharmacist **MUST** document the transaction using his or her **OWN NAME AND LICENSE NUMBER** on the patient's medication profile and retain a hard copy of the interaction in the prescription files. We have seen many cases of a pharmacist using "MHO" or "Pharmacist" as the identification in the prescriber field of the profile. This is not appropriate practice in accordance with the Standards and should be addressed.

Labelling

Finally, as described in section 2.b. of the Standards, all pharmacist-authorized exempted codeine products **MUST BE LABELLED** prior to being supplied to the patient. At a minimum, labels must show the date; brand name of drug, or generic name of the drug and name of manufacturer; quantity of the drug; directions to the patient; identification of the pharmacy; and the initials of the authorizing pharmacist.

Excerpts from FAQ:

Do I need to ID patients now?

Just as there are currently no requirements for this when filling prescriptions, there is no requirement for the positive identification of patients requesting OTC codeine. **However, pharmacists should be confident about the identity and intent of the patient and if a pharmacist has concerns about the correct identity of the patient, it would not be unreasonable to ask for direct identification from the patient.**

What if people refuse to give the necessary information?

These are required Standards of Pharmacy Practice and sale cannot be made unless the required information is provided. Explain to the patient that such information is collected to enable the pharmacist to provide them with proper professional service and care.

Do I write these items up as prescriptions?

Yes, you should document these provisions in the same way that you would document a prescription. A hardcopy record of the purchase should be retained on file. While you may wish to manually write up documentation of the transaction, a suitable computer-generated hardcopy, signed or initialed by the dispensing pharmacist will be adequate for documentation purposes.

Professional Practice Issues

Preventing and Handling Prescription Forgeries

We receive many calls from pharmacists asking for assistance in dealing with forgeries. The Board would like to thank these pharmacists and encourage all pharmacists to continue reporting confirmed forgeries to the Board – whether or not the prescriptions were filled – to facilitate the sharing of information and the promotion of preventative action.

Ensuring Authenticity

Determining the validity of a prescription can be a challenge for pharmacists, as it requires careful consideration on the spot. Many reported forgeries were filled by the pharmacist and only later discovered to be false. If there is doubt as to the authenticity of a prescription, and unless staff and other members of the public are in immediate danger, do not fill it.

Often staff members are unsure of how to deal with forgery attempts and are caught off guard. Preparation is key; do not put yourself or your staff in danger.

Questions for pharmacists to consider:

- Do you know the patient and/or the prescriber?
- Does the patient and/or prescriber live or work in the area?
- Can the prescriber be contacted in a timely manner?
- Does the prescriber's handwriting look too good (i.e., overly neat)?
- Do quantities and directions differ from the norm?
- Is there unusual use of terminology or abbreviations?
- Are there spelling mistakes?
- Are the directions written in full, with no abbreviations?
- Is an inexpensive non-narcotic prescribed along with a narcotic?

Tips for Verifying a Suspect Prescription

Confirm the identity of the patient. Asking for identification such as a valid driver's license to confirm the identity of the patient named on the prescription may be useful. ID alone, however, is insufficient in determining whether the prescription is forged. Expert perpetrators are using stolen driver's licenses and drug insurance cards to accompany forged prescriptions.

Confirm the identity of the prescriber. One cannot assume a suspect prescription is a forgery without receiving confirmation from the prescriber. Often, faxing the prescription to the prescriber's office will assist the prescriber in confirming the handwriting and the patient's name. Of course, this cannot happen when the physician named does not exist. A physician's identity can be confirmed by contacting the College of Physicians and Surgeons or by accessing their **Doctor Search online**.

Be wary of telephone numbers provided. Do not contact the prescriber at the phone number given on the prescription unless you have confirmed that it is legitimate. If a pharmacist dials a "fake" phone number, the person answering the phone can impersonate a physician or a physician's secretary or nurse to confirm the prescription.

What To Do Once A Forgery Is Confirmed

Once a prescription is confirmed as a forgery, we recommend pharmacists contact the police, regardless of whether the prescription has been filled. Pharmacists should document a description of the person passing the forgery (security camera footage could be helpful here) and any other details of the situation that might assist the police in identifying the suspect. As the police are likely to require the original forged prescription as evidence, it is prudent to make a photocopy of it . The police will leave a "receipt" of items taken from the pharmacy as evidence.

Reporting

Forged prescriptions should also be reported within to the Office of Controlled Substances:

Compliance, Monitoring, and Liaison Division
Office of Controlled Substances
Drug Strategy and Controlled Substances Programme
Health Canada, Address Locator: 3502 B
Ottawa, ON K1A 1B9
Tel: (613)954-1541
Fax:(613)957-0110
Email: OCS-BSC@hc-sc.gc.ca

Please also forward a copy to the Board via fax at (709) 753-8615.

The Personal Health Information Act (PHIA)

What it means to you!

Many pharmacists are aware of the new Personal Health Information Act (PHIA) but most do not truly understand their responsibilities under the legislation and what it will mean to their day-to-day practice. Many are also not aware that PHIA is expected to come into force in **December of this year**.

Recently, the Department of Health and Community Services held a *PHIA Implementation Information session* in order to introduce the new privacy legislation to stakeholders and to provide an overview of the support materials that have been developed to provide assistance to custodians in implementing PHIA. These resources include:

An Overview of PHIA

A brief presentation that provides an introduction to PHIA as well as an overview of some of the implementation resources.

An Online Education Program

As PHIA requires that custodians ensure that their employees, agents, contractors and volunteers are aware of the duties imposed by the Act and regulations, this program is intended to help custodians to understand their obligations under the Act, as well as to assist them in providing the education and training required by the Act.

A Facilitated Education Program

If online education is not preferred, there are also two versions (1/2 day and full day) of a *Facilitated Education Program*. Each version contains information on adult learning for facilitators and materials to assist with organizing and delivering information sessions as well as materials to provide to persons attending information sessions, including a participant's workbook and resources for further reading.

A Risk Management Toolkit

PHIA requires that custodians take steps to ensure that personal health information in their custody or control is protected against theft, loss and unauthorized access, use or disclosure; protected against unauthorized copying or modification; and retained, transferred and disposed of in a secure manner.

The *PHIA Risk Management Toolkit* is intended to assist custodians in:

- understanding their obligations as they relate to the safeguarding of personal health information;
- assessing their current state of compliance with PHIA;
- assessing the effectiveness of the physical, administrative and technological controls that they have established to protect the personal health information in their custody or control; and,
- identifying any gaps or areas for improvement .

A Policy Development Manual

PHIA requires that custodians have policies and procedures in place that describe the ways that they collect, use and disclose personal health information. The *PHIA Policy Development manual* is intended to provide custodians with a framework for developing their own policies and procedures to meet this obligation.

The manual sets out the legal requirements of PHIA and arranges those requirements into a policy framework. The manual also provides custodians with sample policy and procedure language. While custodians may customize the sample language provided, they should be careful to ensure that whatever policies or procedures developed are compliant with the requirements of the Act.

These resources, as well as an upcoming FAQ are all available for download from **the Department of Health and Community Service's PHIA resource web page** at www.health.gov.nl.ca/health/PHIA. A link to this page is also provided on the **Professional Practice Resources** page of the NLPB website and on the **Home page** of the PANL website.

Pharmacists and Pharmacy Owners should begin familiarizing themselves **NOW** with this information as the December implementation date is fast approaching.

Donald F. Rowe
Secretary-Registrar
Newfoundland and Labrador Pharmacy Board

Mary Ann Butt
Executive Director
Pharmacists' Association of Newfoundland and Labrador

Frequently Asked Questions

Medication Management in Community Pharmacy

Despite the fact that these questions were included in the last edition of The Apothecary, we felt that due to the number of inquiries we have received, we would re-publish this excerpt for pharmacists who may be only now integrating these Standards into their day-to-day practice. All Pharmacists are reminded that the complete FAQ is posted on the Standards, Guidelines and Policies page of the NLPB website and will be updated as new Questions come along.

What does Medication Management really mean?

The *Standards of Pharmacy Practice for Medication Management* describes three key areas:

- Providing an Interim Supply
- Extending a Prescription
- Adapting a Prescription

Do I have to participate in Medication Management?

No. Authorization does not mean obligation - the decision to perform any or all of these acts is at the discretion of the individual pharmacist. However, if a pharmacist does choose to perform any of these actions, it must be done in accordance with the Standards of Pharmacy Practice and within the limits of the pharmacist's own competencies.

Are there special requirements needed in order to participate in Medication Management?

Yes, prior to participating in Medication Management, a pharmacist MUST:

- **Study** the *Standards* IN DETAIL, **Sign** the NLPB Declaration Form included at the end of the Standards and **Send** the form to the Board office for retention in the pharmacist's permanent file;
- **Maintain Personal Professional Liability Insurance Coverage** in an amount equivalent to or greater than that stated in the Board's *Policy on Professional Liability Insurance*; and
- **Be prepared to:**
  - **obtain informed consent** from each patient to whom these services are provided,
  - **document** all instances of Medication Management, and
  - **notify** the original prescribers, within the indicated timeframes.

How should I document Medication Management?

The Board has developed a *Documentation and Notification Form* template to assist pharmacists with documenting instances of Medication Management. This form must be completed IN FULL and retained in the pharmacy in case of future audit.

How do I file these forms? What about the computer hard copies?

Our consultation has indicated that the best way to handle these forms would be to file them in sequential order along with your other prescriptions. For example, when providing an interim supply or prescription extension, you would attach your computer "hard copy" to the form and file it. When adapting a prescription, you would attach the computer "hard copy" as well as the original prescription to the form before filing it.

When a pharmacist performs one of the activities under Medication Management, do they have to notify anyone else?

Yes, the Standards require that the original prescriber must be notified of the pharmacist's decision within a particular timeframe depending on the area of Medication Management:
Providing an Interim Supply - 72 hours
Extending a Prescription - 1 week
Adapting a Prescription - 1 week

How should other health professionals be notified?

Through consultation with the College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL) and the Association of Registered Nurses of Newfoundland and Labrador (ARNNL), it has been determined that the preferred method of notification is via fax transmission of the *Documentation and Notification form*. This will serve to assist prescribers with documentation on their end as well. However, pharmacists may determine that another method is best for you and for the prescribers you communicate with. It may be beneficial to speak with the health professionals in your area to find out how they wish to be notified.

Are the limitations on Medication Management?

- Yes, the limitations on Medication Management include prescriptions:
- originally written by a Dentist, Optometrist or Veterinarian;
- for Narcotics, Controlled Drugs or Targeted Substances, including benzodiazepines;
- for the pharmacist themselves;
- for a family member, or someone of a "close personal or emotional

(Continued on page 7)

Medication Management FAQ...
(Continued from page 6)

relationship", unless there is no other pharmacist available in the community; or

- that bear a specific indication otherwise (e.g.: "Do Not Renew/Extend" or "Do Not Adapt").

I have just received a prescription with "Do Not Renew &/or Adapt" written on it. Does this mean that I cannot adapt or renew this prescription?

Yes. Just as we honour notations like this from prescribers today regarding generic substitution, pharmacists are expected to honour hand-written "Do Not Renew &/or Adapt" instructions on prescriptions. It is important to remember in this situation that should a pharmacist still feel that an extension or adaptation is in the best interest of the patient, he or she can always contact the prescriber for permission to extend or adapt the prescription.

What happens to refills when a prescription is adapted?

When a pharmacist adapts a prescription, he or she also takes responsibility for any authorized refills. The pharmacist could choose to provide an initial adaptation of the prescription but reduce or eliminate the authorized refills. If they did this they would need to provide the rationale for their decision in their documentation and inform the patient that they will need to return to their physician earlier than intended (note: a pharmacist cannot add refills that were not initially authorized by the prescriber).

If the pharmacist adapts the prescription and maintains the authorized refills, when the patient returns for a refill the pharmacist would process the refill as they would any other refill prescription. The process of refilling an adapted prescription is not considered an adaptation per se, so the documentation and notification requirements do not apply to the refills. Should the patient return to the pharmacy for a refill and a different pharmacist is on duty that pharmacist would again process the refill as they would any other refill. If they have a concern about the appropriateness of the adapted prescription they should do what they normally do if they have a concern about refilling a prescription.

Final Year Pharmacy Students Completing SPE IV in Community Pharmacies

SPE IV is a clinical pharmacy rotation during the Winter Semester of the final year of the pharmacy program. Students are required to complete two 6-week rotations from January to April. These are completed at two different sites, and may be in institutional or community based settings. Having students complete clinical practice experiences in community pharmacies is a relatively new initiative which, with the support of the pharmacy community, the School of Pharmacy is hoping to expand to allow each student one placement in community pharmacy and the other in an institutional setting.

The clinical pharmacy rotation provides an opportunity for students to take direct responsibility for individual patient's drug-related needs. The role of the pharmacist is evolving from that of a supplier of pharmaceutical products towards that of a provider of services, information and patient care. Increasingly, the pharmacist's role is to ensure that a patient's drug therapy is appropriately indicated, the most effective available, the safest possible, as well as economical and convenient. Students are expected to interact with the health care team, interview and assess patients, make specific therapeutic recommendations, monitor patient responses to drug therapy and provide patient education, as well as meet the drug information needs of the health care team.

While a student's "home base" may be in a particular pharmacy, physicians may refer patients who normally fill their prescriptions at another pharmacy. In such situations, it is possible that you may be contacted by a pharmacy student inquiring about one of your patients. We would ask you to be supportive of such collaborations as they may serve to improve patient care and also help demonstrate the expanding role of the pharmacist. If you have any questions about the Structured Practice Experience Program, please contact Wanda Spurrell at wspurrel@mun.ca or by telephone at 777-6498.

Any pharmacist who would like to become more involved with the community pharmacy clinical rotations by serving as a preceptor is also asked to contact Wanda.

Recent Updates to the NLPB Website

- **About Us** page - June 11, 2010 Board Meeting Minutes added
- **Contacts (Find A…)** page - Board Members and Executive Committee updated; New Registers of Pharmacists, Pharmacies and Veterinarians added
- **"The Apothecary" & Other Communications** page - News items and MedEffect advisories added
- **Legislation** page - Consolidated Pharmacy Regulations updated; NLPB Binder files updated
- **Standards, Guidelines & Policies** page - *Policy - Registration & Licensing Renewal Deadline* added
- **Professional Practice Resources** page - new Canadian Adverse Reaction Newsletter added
- **Provincial Drug Schedules** page - Official Drug Schedules and Guide to the Newfoundland and Labrador Provincial Drug Schedules updated
- **Pharmacy Technician Regulation** page - new FAQ - The Pharmacy Technician Regulation & Registration Process

Reminders

Registration & Licensing Renewal Deadline

Pharmacists and Pharmacy Owners are reminded that the deadline for receipt of all forms and payments related to the Renewal of Pharmacist Registrations and Pharmacy Licenses is NOVEMBER 30th, in accordance with the *Board's Policy - Registration and Licensing Renewal Deadline* (available on the Standards, Guidelines & Policies page of the NLPB website). Renewal Forms will be mailed to all pharmacists and pharmacists-in-charge by the end of October.

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Avoid Additional Fees!!

The Board's Schedule of Fees (available on the Legislation page of the NLPB website) allows for additional fees to be applied in certain circumstances (for example, Change of Employment notifications received less than 7 days before the change). While these additional fees may not have been applied consistently in the past, these oversights have become enough of an issue of concern for the Board that it has been decided that all such fees will be applied from this point going forward.

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NAPRA Notes

The Fall 2010 edition of the NAPRA newsletter, *NAPRA Notes* has been posted to the News section of the NLPB website.

The Apothecary

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Newfoundland and Labrador Pharmacy Board

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Zone 3 ..... Dorothy Ainsworth
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The Apothecary

Winter 2010

Newfoundland and Labrador Pharmacy Board

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. Pharmacists 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.

As the Christmas Season is upon us once again, and the old year draws nearer to its end, we take this opportunity to wish you and those dear to you a Joyous Christmas and a Prosperous New Year.

May the Christmas message of Peace and Goodwill remain with us the whole year through.

Meghan Handrigan M Healey

Best Wishes from all of us at the Newfoundland and Labrador Pharmacy Board.

Aileen O'Kuhe Arlene Crane

Donald Rowe

Holiday Hours for NLPB Office

With the Christmas and New Year holiday season approaching please note the holiday hours of operation for the Board office:

Friday, Dec 24th, Christmas Eve	Closed (vacation day)
Monday, Dec 27th	Closed (for Christmas Day holiday)
Tuesday, Dec 28th	Closed (for Boxing Day holiday)
Friday, Dec 31st, New Year's Eve	Closing at 12:00 noon
Monday, Jan 3rd	Closed (for New Year's Day holiday)

During the holidays mail may be left in the mail slot of our fire exit door. Messages may also be left on our telephone answering machine, by fax, or by e-mailing one of the Board staff members at the email addresses listed at the back of this newsletter.

Professional Development Logs must be received NO LATER THAN December 31st in order to be registered on time. Due to the holiday schedule, Logs received after noon on the 31st will not be processed until January 4th

Professional Practice Issues

NEW! Narcotic and Controlled Drug Security and Accountability Standards of Practice

At its most recent meeting on November 26, 2010, the Board approved a new *Standard of Pharmacy Practice - Security and Accountability Procedures for Narcotics and Controlled Drugs in Community Pharmacies* (available on the **Standards, Policies & Guidelines** page of the NLPB website). The forms mentioned can also be found with the Standards or on the **Miscellaneous Forms** page.

The main principle of this document is:

Pharmacists have the responsibility for the safe and secure storage of drugs from the time they are received at the pharmacy to the time they are provided to the patient or removed from the pharmacy's inventory.

However, pharmacists often struggle with interpreting the many legislative references with regard to narcotics and controlled drugs as well as with implementing strategies that will allow them to maintain security and accountability while also being practical. This Standard is intended to provide pharmacists-in-charge as well as other practicing pharmacists with an effective means to assist them in assuring that the narcotic and controlled drugs in the pharmacy are secure from internal loss, theft and diversion as well as providing a strategy for maintaining accountability documentation. It represents the minimum requirements expected of pharmacies in achieving this purpose.

The document's major points are summarized below:

Storage and Inventory Requirements

Storage Requirements

- Pharmacists-in-Charge must ensure that all narcotic and controlled drugs are stored in a lockable cabinet that is solely intended for the storage of specified medications.

Perpetual Inventory

- Pharmacies must maintain either a computerized or manual Perpetual Inventory of Narcotics and Controlled Drugs.

Physical Inventory Counts

- Pharmacists-in-Charge must ensure a physical inventory count of Narcotic and Controlled Drugs is performed and documented at least once every three months.
- In addition, physical inventory counts of Narcotic and Controlled Drugs must be conducted upon any change of Pharmacist-in-Charge. This count should be conducted by both the departing Pharmacist-in-Charge and the new Pharmacist-in-Charge (either separately or together) and the signatures of each Pharmacist-in-Charge shall be recorded on the count documents, which shall be retained for two years.

Record-Keeping Procedures

Purchase Records

- Pharmacies must maintain a register or log of all receipts of Narcotic and Controlled Drugs in a readily retrievable format in accordance with section 30. of the Narcotic Control Regulations.
- Paper copies of purchase invoices, or photocopies thereof, must also be retained in an organized manner in the pharmacy, filed in order by date and invoice number.
- Pharmacists-in-Charge should ensure a random audit of purchase records is conducted monthly to ensure they have been accurately recorded in the Perpetual Inventory Record.

Sales Records

- All pharmacies must maintain a paper copy of a register or log of all sales/transactions of Narcotic and Controlled Drugs in an organized manner in the pharmacy in accordance with sections 38. of the Narcotic Control Regulations.
- Pharmacists-in-Charge should print and review a Narcotic and Controlled Drug Sales Report

monthly.

- Pharmacists-in-Charge should ensure a random audit of sales records is conducted monthly to ensure they have been accurately recorded in the Perpetual Inventory Record.

Filing and Storage

- In accordance with section 40. of the Narcotic Control Regulations, prescriptions for Narcotics and Controlled Drugs must be filed in a separate file in sequence by date and transaction number (in the absence of a transaction number, a prescription number may be used).
- This file should also include prescription records for exempted codeine products as described in the *Standards for Pharmacy Practice – The Sale of Exempted Codeine Products in Community Pharmacies*.
- Prescriptions should be bundled or otherwise sorted into manageable groups of prescriptions, and enclosed in a jacket or cover. The outside of the jacket or cover must be labelled in an appropriate fashion which clearly identifies the prescription series in that particular file (i.e. transaction number, prescription number and/or date range).

Destruction of Expired Narcotic and Controlled Drugs

- The Narcotic and Controlled Drug inventory should be reviewed regularly for expired and/or otherwise unusable drugs.
- Requests for Destruction of these drugs must be directed to the Office of Controlled Substances at Health Canada in accordance with the *NLPB Guidelines for Pharmacy Practice – Destruction of Expired or Unusable Narcotics and Controlled Drugs*.

The Standards document also reminds pharmacists about a number of Narcotic and Controlled Drug-related "Miscellaneous Points":

- Pharmacists are responsible for following all requirements of the Tamper Resistant Prescription Drug Pad Program (TRPDP) including the fact that, as of this time, pharmacists may not fill prescriptions written by out-of-province prescribers for Narcotics or Controlled Drugs on Schedule I of the TRPDP brochure.
- Pharmacists are required under the TRPDP and section 5. b) of the *Standards of Practice – Facsimile Transmission of Prescriptions for Community Pharmacies* to "*specifically confirm the authenticity of a faxed prescription for a drug which by regulation must be written on a tamper resistant prescription blank through contact between the pharmacist and a person at the site of transmission who can verify the transmission of that prescription*".
- Narcotics or Controlled Drugs may be supplied to other pharmacists "For Emergency Use" in accordance with section 45. of the Narcotic Control Regulations but the provision of such an Emergency Supply must be documented accordingly.
- In accordance with section 42. of the Narcotic Control Regulations, Losses or Thefts must be reported by completing a Loss or Theft Report form (See NLPB Miscellaneous forms page) and sending or faxing it to the Office of Controlled Substances at Health Canada within 10 days of detection. A copy of this form should be sent to the NLPB office.
- Forgeries should be reported by completing a Forgery Report form and sending it to the Office of Controlled Substances at Health Canada. A copy of this form should be sent to local law enforcement and to the NLPB office.

Pharmacists-in-charge and pharmacists should familiarize themselves with the full Standards document which contains much more detail including implementation strategies and sample forms and procedures.

Pharmacists-in-charge should make every effort to begin implementing policies and procedures related to this new Standard of Pharmacy Practice as soon as possible as it will be a key point of discussion during future pharmacy inspections by the Assistant and Deputy Registrars.

Limitations on Medication Management

Pharmacists are reminded that section 2 of the Standards of Pharmacy Practice - Medication Management by Community Pharmacists outlines several limitations on the use of Medication Management. One in particular is any indication from the prescriber that they do not want their prescriptions extended or adapted. This may be a written indication - i.e. "Do Not Renew" or "No Adaptation" but may also include a stamped or pre-printed notation on the prescription pad.

In addition, section 3 poses several questions pharmacists should ask themselves before applying the principles of Medication Management. One of these is "Am I comfortable that the original prescriber would not object?". Obviously, if the prescriber has made some indication that adaptation or renewal is not wanted, the answer to this question should be "No."

Pharmacists in receipt of prescriptions with such notations, be they stamped, pre-printed or hand-written, should make a notation on the patient medication profile so that other pharmacists are aware of the original prescriber's wishes.

Medication Management Tip

Though most prescribers include their fax number at the top of their prescription pads, sometimes this number is not as readily available and a call to the prescriber's office is required. Once you track down the number, add it to the prescriber's file on you Practice Management System and/or add it to your Fax Machine's contact list so that, next time, it is right where you need it!

In Memoriam

We are very saddened to report the loss of two more distinguished pharmacists. ***Hugh O'Neill Conroy*** (1921-2010), passed away on December 5th. Mr. Conroy was the longest practising pharmacist in this province, having been initially licensed in 1944 and retiring after a distinguished career of 64 years at the end of 2008.

Mr. Conroy started his pharmacy career when, after serving a four year apprenticeship at McMurdo's Drug Store in St. John's, he attended the Maritime School of Pharmacy at Dalhousie University, graduating in 1946. After returning to the province from Halifax, Mr. Conroy practiced community pharmacy while also taking on the role of pharmacy instructor in the Newfoundland Pharmacy Board Apprenticeship Program from 1946 to 1966.

Mr. Conroy was Registrar of the Newfoundland Pharmacy Board from 1952 to 1954 and was associated with the preparation of the 1954 *Pharmaceutical Association Act,* which saw the merging of the Newfoundland Pharmaceutical Society and the Newfoundland Pharmacy Board into the Newfoundland Pharmaceutical Association, and with the 1970 revision of that Act. He was made an Honorary Life Member of the NPhA in 1992.

We express our sincere condolences to Mr. Conroy's family on the passing of a man who made a significant contribution to the profession in this province.

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It was with great sadness that the Pharmacy Class of 1976 learned of the sudden passing of ***Kenneth Gerard Fleming*** (1956-2010), in his beloved great outdoors on November 27th at the age of 54 years.

Ken began the CTT Pharmacy Program in September of 1973 immediately after graduating from St. Stephen's High School in Stephenville. He was only 19 years old when he graduated in 1976. Since his graduation Ken practised in Stephenville and other areas on the west coast of the island.

Besides his many pharmacy friends, he will be sadly missed by his loving wife, Dana, daughters, Isabella (13 years old) and Jillian (8 years old) and son, Jackson (5 years old) as well as his mother, Mary Fleming of Stephenville. He was predeceased by his pharmacist father, Richard Fleming, who also died of a heart condition at too early an age.

NLPB Board Update - November 26, 2010 Meeting

Budget for 2011 Approved

The Board approved the Budget for 2011 as proposed by the Finance Committee. This year's budget involves no increase in the annual registration fee for pharmacists or the annual business licence fee for pharmacies.

REVENUE	
Pharmacist Registrations	$348,300.00
Business and Hospital Licenses	$192,000.00
Students Registration Fees	$8,000.00
Non Practicing Fees	$2,625.00
Other Fees	$9,800.00
Other Revenue	$8,950.00
TOTAL REVENUE	**$569,675.00**
EXPENSES	
Administration Expenses	$425,507.00
Legal Expenses	$11,000.00
Building Expenses	$37,000.00
Operating Expenses	$81,610.00
TOTAL EXPENSES	**$555,117.00**
Projected Operating Surplus	**$14,558.00**
Less Capital Expenditures	$3,000.00
Transfer to Contingency Fund	$10,000.00
Projected Surplus (Deficit)	**$1,558.00**

New Standards of Pharmacy Practice

As described on page 2 of this newsletter, the Board approved a new Standard of Pharmacy Practice - ***Security and Accountability Procedures for Narcotics and Controlled Drugs in Community Pharmacies.*** This document is summarized on pages 2 & 3 and can be viewed in its entirety on our website under **Standards, Policies & Guidelines**.

Appointments to Joint Committee on Structured Practice Experience

Two new NLPB representatives, Evelena Verge and Ray Gulliver were appointed to the Joint MUN-NLPB Committee on Structured Practice Experience. The Board would like to congratulate Evelena and Ray on their appointment and also thank out-going committee members, Randy McFadyen and Justin Peddle for their service on the committee.

Appointments to the Disciplinary Panel

The Board reappointed all current Disciplinary Panel members whose term of appointment expired this year. The Board would like to thank these representatives, Colleen Abbott-Hibbs, Mike Batt, Barry Downey, Stephen Gillingham, Denise O'Brien and Connie Burt (alternate) for their continued service to this committee. These appointments are for an additional three year term, expiring in 2013.

New Policies

The Board has approved two new policies - one on Pharmacy Relocation and another on Pharmacy (Dispensary) Renovation. Both policies are available on the **Standards, Policies & Guidelines** page and the **Registration & Licensing** page of the NLPB website.

Appreciation of Service

The Board would like to express its appreciation to Margot Priddle for her service on the National Drug Scheduling Advisory Committee. This committee is very important to our work on the Provincial Drug Schedules as it advises the provincial regulatory bodies on matters related to the placement of drugs and drug products within the Schedules. Margot recently completed a three year term on this committee, during which she also served as the committee's chair.

Reminders

MedEffect e-Notice - Avandia, Avandamet, Avandaryl

Pharmacists are reminded that if they have not yet read this **advisory**, posted to our website on November 18, 2010, they should do so as soon as possible. The notice contains important information regarding new prescribing restrictions for these drugs that pharmacists should be aware of and discuss with their patients during patient education.

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Lupus NL is Requesting Your Assistance

"Lupus is an autoimmune disease and is often referred

as a disease of 1000 faces"

Many Lupus patients within our Province are not aware that there is a Provincial Chapter of Lupus Canada in Newfoundland and Labrador.

Lupus Newfoundland and Labrador is a non-profit, registered, charitable organization that provides support to people affected by Lupus, promotes education and awareness of Lupus and supports advances in research and in the treatment of Lupus. The organization is in the process of creating a database and would like to provide information and support to all those patients and their families 'living with Lupus'.

Our request is, if you have any patients with this condition, you mention Lupus Newfoundland and Labrador to them and provide our contact information.

Thank You,

Shawn Layman

Pharmacist and Lupus NL board member

Contact Information:

Shawn Layman - 745-2048 (H)

Provincial office - 368-8130

Website: www.envision.ca/webs/lupusnfldlab/

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Dispensing Buprenorphine

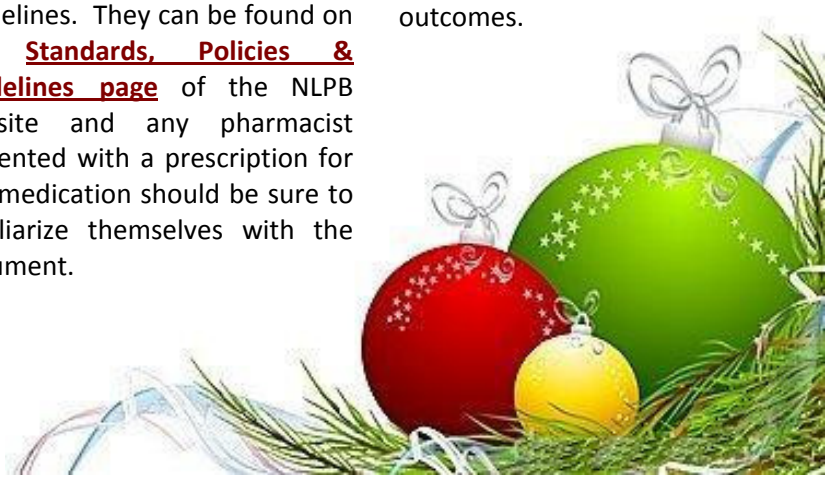
When the Board approved the *Guidelines for Dispensing Buprenorphine* in March of 2008, there were few physicians in the province prescribing the medication, Butrans (Purdue Pharma) or Suboxone (Schering-Plough). However, in recent months, we have become aware of more instances of this medication being prescribed and wanted to take a moment to remind pharmacists of these Guidelines. They can be found on the **Standards, Policies & Guidelines page** of the NLPB website and any pharmacist presented with a prescription for this medication should be sure to familiarize themselves with the document.

Strategies to Improve Patient Safety

We would like to refer all pharmacists to an article published in the **October 2010 issue of Pharmacy Practice magazine**. Entitled, Keep it Safe, the article describes a number of strategies that can be developed and implemented by community pharmacists with the ultimate goal of improving the safety of their patients. These include:

1. establishing a culture of patient safety in the pharmacy,
2. reporting and analyzing medication incidents,
3. optimizing the distribution system,
4. performing medication reconciliation, and
5. implementing independent double checks.

Implementing some or all of these strategies in community pharmacies can go a long way in improving patient safety outcomes.



Are You a Pharmacist Interested in International Pharmacy?

The SEP provides an opportunity for international students to experience the exciting practice of pharmacy in Canada. The program not only provides students with the opportunity to learn about pharmacy outside their own country, it also enriches both their professional and personal lives with unique cultural experiences. Canadian students who find a host site strengthen their own SEP application.

Your role as a preceptor/host site will be a rewarding one. Students bring a great deal of knowledge and enthusiasm to the workplace and can add an international diversity to your establishment. Also, if you choose to accept an international student, you enable a much deserving Canadian pharmacy student to go abroad the following year.

- Most exchanges are **one month** and usually take place from May to September. However, exchanges can be anywhere from two weeks to three months and can occur within any month during the year. It all depends on what is convenient for you, the host site.
- During the exchange, the amount of time the student spends on site will be catered to your preferences. IPSF recommends that the student works for **4-8 hours/day for 4 days/week**.
- We require host sites in **all** areas of pharmacy practice (i.e. Research, Industry, Hospital, Community, etc.)
- The exchange students are **volunteers** and therefore are **unpaid**. Students are also responsible for the cost of their transportation and accommodations and therefore there is no cost to you!
- You will be able to determine criteria of a preferred student (ie. Spoken language, year of pharmacy program), and then will be able to **choose your student** from a pre-screened list. You will receive complete CVs and motivational letters from several candidates.
- Once you select a student, CAPSI will ensure the student has accommodations, social events, and all necessary travel documents. Leave all the work to us!

Deadline for 2011 (May-September): February 15, 2011

I hope that you will strongly consider sharing your experiences, knowledge, and ideas with an international students. For more information on how you can host a student please contact:

KENDELL LANGEJANS
IPSF-CAPSI NATIONAL STUDENT EXCHANGE OFFICER
SEO@CAPSI.CA 403-988-9767

CAPSI • ACEIP

Recent Updates to the NLPB Website

About the Board

⇒ *Board Meeting Minutes Sept 18th & 19th added*

Contact Us (Find A…)

⇒ *Committee Terms of Reference updated*

⇒ *Pharmacists & Pharmacies Registers updated*

⇒ *Optometrists Register updated*

⇒ *Veterinarians Register updated*

"The Apothecary" & Other Communications

⇒ *MedEffect advisories added*

Registration & Licensing

⇒ *Application for a New Business License updated*

⇒ *Blank Pharmacist and Pharmacy Renewal Forms added*

⇒ *Policy & Forms Regarding Pharmacy Relocation and Pharmacy (Dispensary) Renovation added*

Standards, Policies & Guidelines

⇒ *Standard of Pharmacy Practice - Security and Accountability Procedures for Narcotics and Controlled Drugs in Community Pharmacies added*

For Your Information

The Environmental Impact Initiative Division of Health Canada will be conducting a survey in 2011 to develop a better understanding of Canadian pharmacies' current collection and disposal practices of pharmaceutical waste. The information gathered through this survey will be used as supporting documentation for a consultation process with Canadian stakeholders, such as pharmacies and the pharmaceutical industry. The survey will be available in mid January 2011 and all pharmacists are encouraged to look out for it and participate. By completing the survey you will be helping Health Canada in the research of how to reduce the exposure of the environment to pharmaceuticals.

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