



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

Summer 2015

Providing the Framework for Change

The Board has been busy during the last year preparing the protective frameworks necessary to support pharmacists and pharmacy technicians in this time of practice change.

Guided by the strategic goals, continuous quality improvement is the driving force behind every Board initiative. By clearly outlining the Board's expectation in the Standards of Practice and supporting and educating practitioners, the Board ensures that Newfoundlanders and Labradoreans are provided with excellent pharmacy care.

These new Standards mean that:

- Pharmacists assess individuals who seek care to understand their health status and health priorities.
- Pharmacists develop, implement, and monitor care plans and treatment alternatives cooperatively with individuals, their caregivers and other health professionals.
- Pharmacists assess the need for, and the appropriateness of, drug therapy and take action when they determine that drug therapy may be inappropriate.
- Pharmacists educate individuals and caregivers about drug therapy, support them in using drugs properly, and monitor to ensure drug therapy is appropriate for their health goals.
- Pharmacy technicians will join pharmacists in taking responsibility for processing and preparing prescriptions safely, accurately and efficiently.
- Pharmacists-in-Charge, owners and employers provide safe and effective practice environments that support quality practices and patient privacy.

Pharmacy practice is evolving at incredible speeds. Please ensure you and your pharmacy staff are familiar with the new legislation, Standards of Operation, Standards of Practice, expansion to practice opportunities and the Board's expectations in delivering excellent pharmacy care.

Registrar

New Standards of Pharmacy Operation for Community Pharmacies Approved by the Board

As communicated to all Pharmacists-in-Charge via email on June 30, 2015 and to all registrants via the most recent issue of *The PostScript*, at a recent meeting of the Board, new ***Standards of Pharmacy Operation for Community Pharmacies*** were approved and are currently posted on the **Standards, Guidelines and Policies** page of the NLPB website. These Standards of Pharmacy Operation reflect recent legislative changes and operational requirements that are necessary for expanded scopes of practice. Additionally, several existing Standards for community pharmacy have been incorporated so that all Board expectations for community pharmacy operation are contained in one document.

Pharmacists and pharmacy technicians should review the Standards in detail to be familiar with changes to operation, policy and practice requirements including:

- Clarification regarding the security of the pharmacy premises as well as the dispensary itself
- The requirement for private patient counselling space
- The requirement for all pharmacies to be connected to the provincial electronic health record via the Pharmacy Network by January 2017
- An increase in the minimum requirements for refrigeration and temperature-monitoring
- Documentation requirements, including retention of physical and electronic records
- More detail regarding the professional responsibilities of pharmacists and pharmacy technicians
- Clarification regarding the requirements related to sending and receiving transferred prescriptions
- Clarification regarding the expectations related to the final check of a prescription and mandatory pharmacist-patient consultation prior to prescription release

The Board thanks all registrants in advance for their cooperation in meeting these Standards for community pharmacy. When all pharmacies meet the same minimum Standards, the public can be assured of the professions' commitment to safe, quality patient care and consistent pharmacy service as well as readiness for expanded scopes of practice of pharmacists.

Recent Revisions to Standards of Practice for Injection

Changes to the Standards for the Safe & Effective Administration of Drug Therapy via Inhalation or Injection were recently approved by the Board and have been posted on the **Standards, Guidelines & Policies** page of the NLPB website.

These changes expand the pharmacist's authority to inject drug therapy with pharmacists now permitted to administer **any drug therapy** by injection as long as it is administered either intramuscularly or subcutaneously.

A few other "house-keeping" changes were also made to the document, in addition to some revisions to the Inhalation or Injection Administration Documentation and Notification Form.

Why QA?

To date, 35 pharmacies across the province have undergone the community pharmacy assessment process. As noted in the Winter 2014 edition of *The Apothecary*, this year the NLPB has been working towards expanding the Quality Assurance Program to include a hospital pharmacy assessment strategy, in addition to refining the community pharmacy assessment program. As new Standards are developed, assessment tools are reviewed and modified. A task force is now in place to aid in the development of new Standards of Practice for hospital pharmacies and a new assessment tool for hospital pharmacies that is anticipated to be piloted in January 2016.

With this, it begs the question, “Why QA?” - Why dedicate so much time, energy and resources to this initiative? This question is much discussed by health regulators and practitioners across the country and was a core focus of this year’s Canadian Pharmacists Conference.

Just about every day, in some way, the sustainability of our health care system is called into question. In order to deliver optimal care to patients at the time that they need it, all health care professionals must practice to their full scope. Pharmacists, as part of this team, are relied upon by the public to use their knowledge and skills to positively impact the health of patients. In practice, pharmacists need to be empowered to use sound professional judgement to make decisions in the best interest of patients. In short, pharmacists have a skill-set that can improve health care delivery and are gaining authority to utilize training and skills to a greater extent; therefore, measures must be taken to ensure safe, quality pharmacy services are delivered to patients.

One of the greatest fears as a pharmacist is making an error that causes harm to a patient. Unfortunately, human error is recognized as inevitable to some degree, but, understandably, the public has very limited tolerance for mistakes committed within the health care system. The NLPB’s goal is to work with pharmacists-in-charge to discover and address system weaknesses before harm occurs as a result. Practice site assessments are learning opportunities that inform continuous quality improvement plans and, over time, monitor the progress of the resulting enhancement plan. During practice site assessments, pharmacists-in-charge are encouraged to create an environment of openness about problems and errors and work as a team with pharmacy staff to analyze the root-cause of errors, identify risks related to pharmacy workflow and implement changes to mitigate risk for error in the future. Knowledge obtained from error reporting and analysis can be shared among pharmacies to improve the overall safety of the practice of pharmacy.

Perhaps the most valuable aspect of conducting practice site assessments is learning about the “good”; all pharmacy practice sites have areas that can be improved, but most also have areas in which minimum standards are exceeded. It is these best practices that raises the bar for everyone.

The NLPB Quality Assurance program is a “living” process that is constantly re-evaluated to reflect expanding scopes of practice, changing practice Standards, emerging best practices and the public’s expectations of the pharmacy profession. The Board aims to enhance patient outcomes by working with registrants to increase adherence to federal and provincial regulations, Standards of Practice, and the Code of Ethics. NLPB thanks registrants for their cooperation on this initiative to promote patient safety and excellence in pharmacy practice.

Pharmacy Technicians Now Being Registered in NL

In February of this year, the NLPB began registering applicants as pharmacy technicians. Despite this, many pharmacists, pharmacy owners and pharmacy assistants are unsure what this really means and what the potential role for a pharmacy technician is in their practice. In addition, there is still confusion regarding just who qualifies to be registered as a pharmacy technician and what the path is to this new category of registration with the NLPB.

In this issue, we hope to clarify this information for everyone concerned.

Path to Registration

Direct Path

Graduation from a CCAPP-Accredited Education Program

The most direct route to registration is by completing a CCAPP-accredited Pharmacy Technician Education Program. At this time, the only such program in NL is being offered through Keyin College in Grand Falls-Windsor. The first class of qualified candidates is expected to graduate in April 2016. For more information on this program, visit [Keyin College's website](#).

CCAPP (Canadian Council for Accreditation of Pharmacy Programs) is also responsible for accrediting pharmacy programs across the country and their accreditation process is very rigorous. Graduates from these programs will meet the [NAPRA Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice](#).

CCAPP-Graduates do not have to complete
the PEBC Evaluating Exam

Alternate Path

available only until December 31, 2017

Completion of a Bridging Education Program

For those candidates who have not completed a CCAPP-accredited Education Program, section 17. (2) of the *Pharmacy Act, 2012* allows the Board to **temporarily** accept candidates for registration as a pharmacy technician who have completed a Pharmacy Technician Bridging Education Program. This program, developed and managed by NAPRA, is currently offered online through Selkirk College in British Columbia. It consists of four courses:

- Management of Drug Distribution Systems
- Pharmacology
- Product Preparation
- Professional Practice

Further details on these courses can be found on the [NAPRA website](#).

PEBC Evaluating Exam

PEBC requires applicants who have not completed a CCAPP-accredited program to successfully complete the Evaluating Exam prior to being eligible to write the Qualifying Exam. Applicants must show proof of completion of a minimum of 2000 hours of work experience in the field of pharmacy in the past 36 months.

This exam has been written several times in the province since September of 2010. To date, 50 candidates from NL have passed this exam with a further 10 registered for the Fall sitting this year.

Path to Registration (continued)

All Candidates

This is where the paths merge and all candidates must complete the same requirements.

PEBC Qualifying Exam

The PEBC Qualifying Exam is a national entry-to-practice exam for the assessment and certification of the competence of Pharmacy Technicians for the purposes of registration. Like the comparable pharmacist's exam, it consists of two components: a written multiple choice component (Part I) and an Objective Structured Practical Exam "OSPE" component (Part II).

While several candidates have travelled out of the province to complete this exam in the past, this Fall will see the first sitting of this exam offered in NL with 30 candidates registered to date.

NLPB Practical Training Program

The NLPB Practical Training Program for Pharmacy Technicians includes the completion of a series of activities with an approved preceptor. It is intended to verify the candidate's proficiency in:

- completing the final check of a prescription
- receiving a verbal order from a prescriber
- receiving and sending transferred prescriptions from another pharmacy
- professional communication skills, both written and verbal

For candidates following the direct path, this takes place over eight weeks following completion of the CCAPP-accredited program. Since candidates following the alternate path are generally completing the program at their workplace where they may have other responsibilities, they may complete the activities over an undetermined period of time, usually within 4-12 weeks.

NLPB Registration Exam

The NLPB Registration Exam for Pharmacy Technicians covers legislation and Standards of Practice specific to NL and is very similar to the current exam for Pharmacists. It consists of two parts: a multiple choice component (70%) and a long answer section (30%). There are regularly scheduled bi-monthly sittings with special sittings also available for an additional fee.

Final Steps to Registration

Once a candidate has successfully completed all the requirements, he or she can apply to the NLPB to be registered as a pharmacy technician. Pharmacy Technicians must also obtain liability insurance and renew their registration on an annual basis. Once registered, pharmacy technicians will be professionally accountable for their actions within their scope of practice.

Keep Up To Date

To keep up to date on this issue, we encourage all pharmacists, pharmacy owners and pharmacy assistants to visit the **Pharmacy Technician Registration Information** page of the NLPB website and to subscribe to the special contact list by sending your email address to inforx@nlpb.ca with the subject line "subscribe to pharmacy technician contact list".

We also encourage all readers of this issue of The Apothecary to share this information with all dispensary staff at the pharmacy (especially those who are not registrants of NLPB) and to have a discussion regarding where pharmacy technicians could be utilized in the practice site, especially with an eye to future expansions to the pharmacist's scope of practice.

Integrating Pharmacy Technicians into Pharmacy Practice

How are regulated pharmacy technicians making an impact and using their full scope? Here are a couple of examples from Ontario where pharmacy technicians have been registered since 2011.

Sarah-Lynn Dunlop, RPhT, loves practicing to her full scope – so that the pharmacists she works with can practice to theirs.

Dunlop is a pharmacy technician at Stuart Ellis IDA Pharmacy in Collingwood and at Collingwood General & Marine Hospital. At the community pharmacy, she conducts the final check on prescriptions, especially blister packs, and takes verbal prescription orders over the phone. At the hospital, she reviews the technical accuracy of prescriptions (one technician checks another's work), and helps to manage the drug distribution system.

How does her role ultimately benefit patients? "It frees the pharmacist," says Dunlop. "In retail pharmacy for sure it allows the pharmacist to spend more time answering the patient's questions, and checking the therapeutic appropriateness."

Becoming a regulated healthcare professional was essential to Dunlop. "It validates what we do," she says. "Having professional and ethical standards pushes us and makes everyone better."

Tracey Beaupre, RPhT, has enjoyed many rewarding opportunities throughout her career in pharmacy. She has been at Lennox and Addington County General Hospital in Napanee for just over 15 years. For the first ten, her name badge said "technician". When the College began to regulate technicians, her badge changed to "assistant". It was only in October that she was again able to wear the "technician" title proudly.

What has changed for Beaupre? "I am more accountable for my actions," she says. "I always felt responsible, but now I am legally."

As one of five technicians in the pharmacy (along with two pharmacists), Beaupre handles inventory management, drug distribution and order entry. "We're the frontline and see the orders first, and we bring any issues to the pharmacist," says Beaupre. "I take a best possible medication history from each patient and the physicians use this information to generate their medication orders. I have to make sure that I am very accurate and precise."

Defining Each Role - The Final Check

Pharmacist (cognitive)

Assesses the patient and authorizes that drug "X" is the appropriate medication to take.

Counsels the patient on how to take the medication and monitor for best possible health outcomes.

Pharmacy Technician (technical)

Ensures that the vial contains the correct amount of drug "X" and that the information on the label is correct as per the prescription.

This article contains excerpts from an article that was originally written by Stuart Foxman and published in the Ontario College of Pharmacists' quarterly publication Pharmacy Connection. For the complete article, please visit <http://www.ocpinfo.com/practice-education/practice-tools/articles/everyonebetter/>

Defining Each Role - Pharmacy Technicians and Pharmacy Assistants

To further clarify the role of pharmacy technicians versus the role of pharmacy assistants, the new *Standards of Pharmacy Operation for Community Pharmacies* includes the following:

Role of the Pharmacy Technician

A **pharmacy technician** may:

- obtain, enter, and record patient profile information;
- receive, transcribe, and record verbal prescriptions from prescribers, in accordance with federal and provincial legislation;
- transfer prescriptions to and receive prescriptions from other pharmacies;
- ensure that a prescription is complete and authentic;
- prepare and compound prescriptions;
- ensure the accuracy of a prepared prescription, including performing the final technical check; and
- provide technical information to a patient when a therapeutic assessment or clinical judgment by the pharmacist is not required. (for example, a pharmacy technician could demonstrate the use of an EpiPen as a device, but not discuss the effects of epinephrine, specifically)

A **pharmacy technician** may assist in gathering information from a patient about a drug or a medical condition if necessary to assess the appropriateness of drug therapy, but the pharmacist remains responsible for obtaining sufficient information to assess the patient and the appropriateness of drug therapy.

A **pharmacy technician** must not counsel a patient, directly or indirectly, about a drug or a medical condition, and a pharmacist may not delegate the responsibility to counsel a patient to a pharmacy technician.

A **pharmacy technician** must recognize when the professional expertise of a pharmacist is required and consult with a pharmacist in that case.

Role of the Pharmacy Assistant

A **pharmacy assistant** may participate in administrative or technical functions related to the operation of a community pharmacy where the pharmacy assistant is directly supervised by a pharmacist or pharmacy technician and appropriate procedures, checks, and controls are in place to ensure the safe and effective delivery of pharmacy services.

Postscript Recap

Since the last issue of The Apothecary, the Board has posted several issues of The Postscript. A summary of some key articles is provided below. Please visit the [NLPB Newsletters page](#) of the NLPB website to view all past issues.

February 2015

- Deactivating "Old" Prescriptions to Prevent "Wrong Dose" or "Duplicate Therapy" Errors

March 2015

- Changes to the Provincial Drug Schedules

April 2015

- Pharmacy Student or Intern Administration of Drug Therapy by Inhalation or Injection

May 2015

- Update on Pharmacy Technician Registration
- Prescription Transfers
- Identification – Name Tags and Telephone Protocols
- Update on Issues Related to the Opioid Dependence Treatment Standards of Practice
- Filling Prescriptions from Out of Province Prescribers

June 2015

- Reporting Renovations

July 2015

- New Standards of Pharmacy Operation Approved for Community Pharmacies
- Changes to Process for Becoming a Pharmacist-in-Charge
- Buprenorphine-naloxone Dispensing Requirements
- REMINDER-Pharmacists are Responsible for Maintaining Professional Liability Insurance Throughout the Year

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Under **My Profile**, click **Edit My Profile** and make the changes.

Scroll to the bottom and click **Save**. Quick and easy, and no charge!



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Apothecary Hall
488 Water Street
St. John's, NL A1E 1B3

Tel: 709-753-5877
Toll Free: 1-877-453-5877
Fax: 709-753-8615
E-mail: inforx@nlpb.ca
www.nlpb.ca



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Newfoundland and Labrador Pharmacy Board

BOARD STAFF

Margot Priddle, R.Ph., Registrar mpriddle@nlpb.ca
Arlene Crane, R.Ph., Deputy Registrar *On Leave*
Melanie Healey, R.Ph., Associate Registrar, Professional Practice mhealey@nlpb.ca
Noelle Patten, R. Ph., Associate Registrar, Quality Assurance npatten@nlpb.ca
Aileen O'Keefe, Registration & Licensing Administrator aokeefe@nlpb.ca
Meghan Handrigan, Office Administrator mhandrigan@nlpb.ca
General Information inforx@nlpb.ca

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Winter 2015



*As the year draws to an end and the
Christmas Season approaches, we take
this opportunity to wish you a very
Merry Christmas and a Happy New Year.*

*Best Wishes from the Board Members and Staff of
the Newfoundland and Labrador Pharmacy Board.*

Holiday Hours for NLPB Office

Please note that, in recognition of the Christmas and New Year holiday season, the Board office will be closed from Thursday, December 24th to Friday, January 1st, inclusive.

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

Prescribing Standards of Practice Frequently-Asked Questions

Pharmacists are reminded that an extensive FAQ on the Prescribing Standards of Practice was published in the October 2015 issue of The PostScript and can also be found on the **Frequently-Asked Questions about Pharmacy Practice page** of the NLPB website. Answers to the following questions can be found:

- What activities are covered by the new Standards of Practice – Prescribing by Pharmacists?
- Can all pharmacists prescribe?
- At the end of the online Orientation Program, there is a post-test where you have two attempts to pass the test. What should I do if I fail the test on the second attempt?
- What if I am not comfortable prescribing?
- Are there limitations on Pharmacists' Prescribing?
- What will happen to the Standards of Practice regarding Medication Management?
- The Standards require that the location where the prescribing takes place must be designed and laid out to allow for all patient consultations to be provided in a private patient care environment that is clean, safe, and comfortably furnished for the patient. Does this mean all prescribing-related communications must take place in a private counselling room?
- What is informed consent?
- Is there a list of drugs pharmacists can prescribe for the minor ailments?
- What if I am not sure of the correct therapy or have some doubts as to the diagnosis?
- Can I add refills to a prescription that I have initiated?
- What happens to refills when a prescription is adapted?
- How should I document my prescribing activities?
- I notice that Form A includes a large follow-up section. Does this have to be utilized in every instance of initiating a prescription?
- Should pharmacists now have their own prescription pads? If so, is there a standardized format for the pad?
- When the pharmacist prescribes, are they required to notify other Health Care Providers?



Medication Management Authorizations Expire Dec 31, 2015

Pharmacists are reminded that current authorizations to participate in Medication Management services expire on Dec 31st, after which time pharmacists must be authorized to prescribe under the new Prescribing Standards of Practice in order to continue providing interim supplies, extending prescriptions and adapting prescriptions.

Please note that processing of Applications for Authorization to Prescribe submitted after Dec 23rd may be delayed due to the holiday season. Pharmacists will be notified via email when their application has been approved.

Guidelines for Addressing Pharmacy Robbery

What to do Before a Robbery

General Recommendations

- Ensure lighting levels are sufficient, both inside and outside the premises.
- Ensure adequate staffing levels are on site at all times.
- Limit the wearing of disguising clothing inside the pharmacy (hats, sunglasses, helmets, etc.).
- Ensure that written policies and procedures are developed, implemented and maintained to establish pharmacy security requirements for the prevention of a robbery and break and enter.
- Staff should be trained yearly on robbery prevention and what to do if a robbery occurs.
- Have an emergency response kit available that provides a step-by-step guide on what to do in the event of a robbery or break and enter.
- Develop a positive working relationship with the local police service.

Equipment

- Under the **Standards of Operation-Community Pharmacy**, both the pharmacy as a whole and the dispensary area must be equipped with a security system that provides suitable protection against theft, diversion, and tampering with drugs and other healthcare products. A combination of alarms, cameras, and motion detectors must be utilized to meet this requirement.
 - ⇒ A high definition (HD) closed-circuit television system (CCTV) that has date/time stamped data and archived storage that is available for at least 30 days is recommended. The camera system should be checked daily to ensure proper operation.
 - ⇒ Installation of height markers on exit doors may assist with identification in the event of a robbery. It is possible to have a HD

CCTV camera embedded in exit door height markers that captures high quality close-up, eye-height images of everyone who departs the pharmacy.

- ⇒ A monitored alarm system should include alarms at all windows and doors as well as a separate alarm system for the dispensary (if the dispensary does not make up the entire premises).
- ⇒ Motion detectors should be located throughout the premises and within the dispensary.
- ⇒ Explore the possibility of installing a silent panic alarm.
- ⇒ For pharmacies that are a dispensary only (i.e., do not have a “front store”), explore the possibility of installing a door buzzer entry system.

Specific to Narcotics

- A minimum amount of targeted narcotic and controlled drugs should be kept in the pharmacy at all times. “Minimum” is defined as the amount of narcotic and controlled drugs stocked on site based on the next available delivery and on pharmacy needs.
- Narcotics and controlled drugs must be securely stored, ideally in a safe that is bolted to the floor. Installation of a safe with a time-delay lock may be considered for additional security.
- Ensure that the requirements under section 1.6 of the Standards of Pharmacy Operation-Community Pharmacy (Security and Accountability Procedures for Narcotics and Controlled Drugs) are met. This will allow accurate reporting of lost inventory in the event of a robbery or theft as a result of a break and enter.

(Continued on page 4)

Pharmacy Signage

- The pharmacy should display highly visible signage that identifies:
 - ⇒ a video surveillance system is used in the pharmacy
 - ⇒ limited targeted narcotics and controlled drugs are kept on site
 - ⇒ customers must remove hats, sunglasses, helmets, etc. before entering the premises
 - ⇒ narcotics are stored in a time-delay lock safe (if applicable)

What to do During a Robbery

In the event of a robbery, the fundamental objective should be to maximize safety for staff and patrons.

- Try to remain calm and methodical.
- Do not be a hero; comply - do as told, nothing more and nothing less.
- Utilize non-threatening body language; maintain personal space as much as possible and limit eye contact if possible.
- Attempt to remember as much as possible about the offender(s) (voice, language, clothing, mannerisms, physical description, and distinguishing features).
- Stay out of danger if not directly involved. Consider activation of a silent alarm, if available and can be activated without detection.
- Ensure that the offender's escape route remains clear.

What to do After a Robbery

Immediately Following a Robbery

- Make a note of how the perpetrator exits the area. Consider factors such as movement direction and use of a vehicle (including license plate information, make, model, colour, etc.).
- Immediately close the business; stop store operations, secure the premises and lock all entrances.

- If the police have not already been alerted by a silent alarm, call the police as soon as it is safe to do so.
- Following a robbery, the pharmacy is a crime scene. Maintain the integrity of the site to maximize collection of evidence and the likelihood of apprehending the perpetrator. This could include: avoid touching anything that the offender came into contact with, as this may be able to provide forensic evidence; ask witnesses to remain at the scene until the police can interview them – collect contact details where possible; and ask all witnesses to independently complete a description.
- Once police arrive, give full statements and comply with their requests.

From a Longer-Term Perspective

- As per Federal Narcotic Control Regulations, pharmacists must report any loss or theft of narcotics within 10 days of discovery to Health Canada using a Loss or Theft Report Form for Controlled Substances and Precursors which can be found on the **Pharmacy Practice Resources page** of the NLPB website. A copy of this form should be sent to the NLPB and retained in the pharmacy.
- Attempt to prevent repeat victimization by reviewing details surrounding the security incident and conducting a pharmacy security evaluation to identify areas of risk and improvements.
- Ensure that critical stress debriefing and stress counselling are encouraged as soon as possible following an incident and that all the victims are aware of victim support services that are available.

Reference Documents:

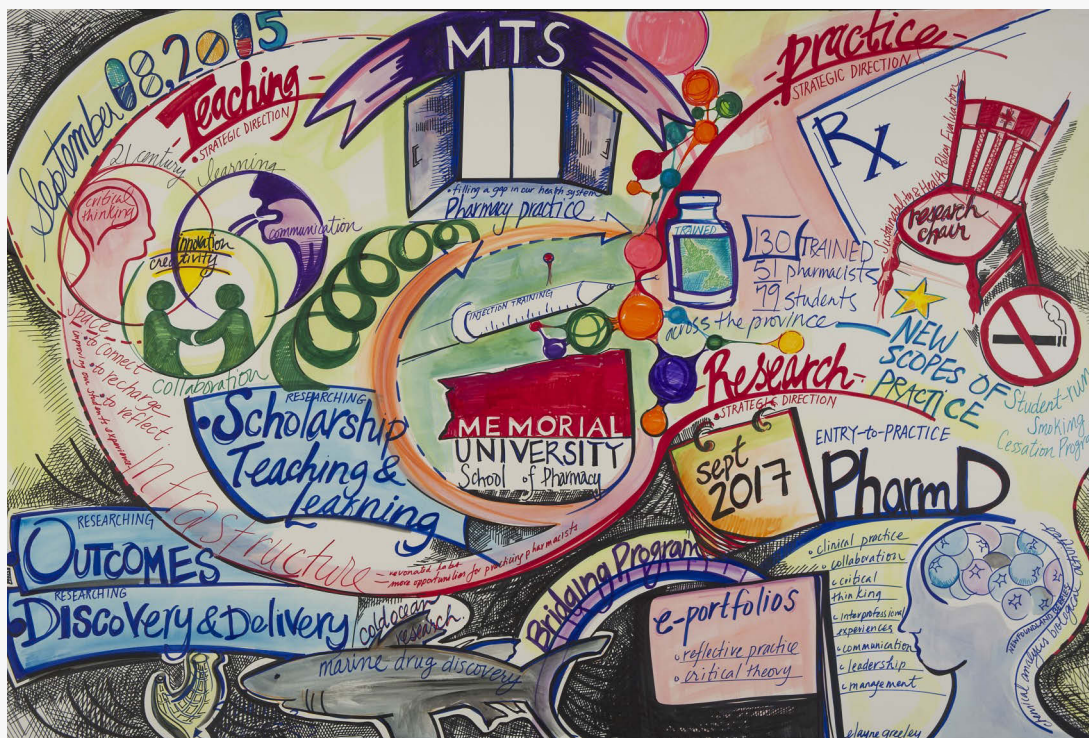
Apothecary, Spring 2011

Community Pharmacy Security Resource Guide (2015), College of Pharmacists of British Columbia. (http://library.bcpharmacists.org/tempfiles/1040-PPP74_ResourceGuide_2015.pdf)

Preventing Violence, Robbery and Theft: A Guide for Retail Owners, Managers, and Workers. (http://www.worksafebc.com/publications/health_and_safety/by_topic/assets/pdf/preventing_violence.pdf)

Illustrating Impact: School of Pharmacy Releases Video Annual Report

The School of Pharmacy's 2014-15 Annual Report is now online. The video features clips of visual artist Elayne Greeley creating a colourful graphic illustration of a presentation Dr. Carlo Marra (dean) gave at this year's PANL annual conference.



“Here in the School of Pharmacy, we strive to train pharmacists that will have a positive impact on our citizens and the health-care system,” narrates Dr. Marra in the video. “We want to show the impact of our profession. So, for our annual report this year, we are, literally, illustrating.”

Read more about the report on the [School of Pharmacy website](#) or watch the report on [Facebook](#) or [YouTube](#).



Report on Complaints and Discipline

On November 2, 2015, an adjudication tribunal of the disciplinary panel of the Newfoundland and Labrador Pharmacy Board accepted an Agreed Statement of Facts, an Admission Statement and a Joint Submission on disciplinary measures, all of which had been agreed to by the Respondent and the Registrar of the Board.

In the Agreed Statement of Facts, it was agreed that as a result of an inventory check conducted by the pharmacy owner in July 2015, it was discovered that a significant quantity of narcotic and controlled drugs were missing from the pharmacy. The Respondent acknowledged that he stole and ingested the majority of the missing drugs over the past two years due to his struggle with substance abuse and addiction. The Respondent acknowledged his problems with substance abuse and addiction as being the cause of his actions, stated that he is receiving treatment for his addiction, and that he does not plan to practice pharmacy anymore. He also voluntarily relinquished his Certificate of Registration as a Pharmacist to the Registrar, and generally took responsibility for his actions. He has also co-operated fully with the Board in its review and processing of the allegation, and in the complaints process.

In the Admission Statement, the Respondent pleaded guilty to violating section 35(c) of the *Pharmacy Act, 2012* defining conduct deserving of sanction, By-Laws of the Newfoundland and Labrador Pharmacy Board defining Professional Misconduct, and the Code of Ethics adopted by the NL Pharmacy Board.

The Adjudication Tribunal accepted the Respondent's guilty plea and the Joint Submission on Penalty and ordered that the

Respondent's Certificate of Registration, which was voluntarily surrendered to the Registrar, shall remain in the possession of the Board, and shall remain suspended pending satisfaction of the conditions set out below.

The Respondent is permitted to re-register as a pharmacist, subject to the Act, Regulations and By-Laws, at such time that the following conditions are met:

- The Respondent must produce, from a physician of the Board's choosing, acceptable certification, in writing, that he is medically fit to perform the duties required of a pharmacist practicing in a patient care setting.

In addition, upon any future re-registration,

- the Respondent is prohibited from being a Pharmacist-in-Charge as defined in the Act for a period of five years or such other time as the Board may permit; and
- the Respondent is prohibited from practicing as a sole practitioner in a licensed pharmacy and will be required to practice with another registrant of the Board, until such time as the Board may permit.

Looking for a Receipt?

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

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September 2015

- Pharmacist-in-Charge Requirements
- Expression of Interest – Pharmacy Technician Board Appointment
- Transition Period for Opioid Dependence Treatment Standards of Practice Ending Soon

October 2015

- FAQ Regarding the Prescribing Standards of Practice
- Results of 2015 Board Elections

November 2015

- FAQ Regarding Professional Development
- Reminders Regarding the Prescribing Standards of Practice
- Responsibilities of the Pharmacist-in-Charge
- Standards of Pharmacy Operation
- Reminder of Upcoming Deadlines - Opioid Dependence Treatment Standards of Practice

December 2015

- Narcotic and Controlled Drug Inspections by Health Canada
- Application to Register as a Pharmacy Participating in Opioid Dependence Treatment Services
- Medication Management Authorizations Will Expire on December 31, 2015
- Safety Concerns Regarding the Storage of Medications in Certain BD Syringes

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The Apothecary

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 Apothecary Hall
 488 Water Street
 St. John's, NL A1E 1B3

Tel: 709-753-5877
 Toll Free: 1-877-453-5877
 Fax: 709-753-8615
 E-mail: inforx@nlpb.ca
www.nlpb.ca



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BOARD STAFF

Margot Priddle, R.Ph., Registrar mpriddle@nlpb.ca
 Melanie Healey, R.Ph., Associate Registrar, Professional Practice mhealey@nlpb.ca
 Noelle Patten, R. Ph., Associate Registrar, Quality Assurance npatten@nlpb.ca
 Aileen O'Keefe, Registration & Licensing Administrator aokeefe@nlpb.ca
 Meghan Handrigan, Office Administrator mhandrigan@nlpb.ca
 General Information inforx@nlpb.ca

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Newfoundland and
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*Pharmacists are
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The Apothecary

Spring 2016

NL Pharmacy Board Symposium

Saturday, May 7, 2016

Ramada St. John's, 102 Kenmount Road, St. John's, NL

As previously announced through The PostScript, the NLPB will be hosting a Pharmacy Symposium to accompany the Annual General Meeting (AGM) of the Board. The Program of Events for the Symposium as listed below will include the AGM, a Professional Development Program and the NLPB Awards Luncheon.

At the Awards Luncheon, three new NLPB awards will be presented:

- The **Emerald Achievement Award** recognizing 35 years of registration with the NLPB
- The **NLPB Certificate of Recognition** recognizing registrants who have shown outstanding dedication and contribution to the Newfoundland and Labrador Pharmacy Board.
- The **Patient Safety Award** recognizing the achievement of an individual registrant, a group of registrants, an interdisciplinary group, or a pharmacy organization that has made a significant and lasting contribution to improving patient safety.

Program of Events	
8:30 am	Welcome (Coffee & Tea will be served)
9:00 am	NLPB Annual General Meeting
10:00 am	Nutrition Break (Coffee, Tea, Juice, Pastries & Fruit will be served)
10:30 am	Professional Development Program - Navigating the Gray Areas of Pharmacy Practice
12:30 pm	NLPB Awards Luncheon (Entrée is Apple Roasted Pork Loin - for dietary restrictions or allergy concerns, please contact the NLPB Office)

Registration is now open for the symposium. To register, visit www.nlpb.ca, log in using your username and password and click the blue "Events" button located at the top of the Member Home screen. From there, click on "View Upcoming Events" and click on "NL Pharmacy Board Symposium". The cost to register for the day is just \$30 per person - you may pay by VISA or MasterCard, or click "Invoice Me" to pay with cheque or cash later. Please note, payment must be received no later than May 3, 2016. Payments will not be accepted on the day of the event.

Physician-Assisted Dying

As communicated in the April 2016 issue of The PostScript, physician-assisted dying (PAD) is about to become an important part of the Canadian healthcare landscape. To recap the key points:

- The Supreme Court decision in “Carter v. Canada”, in February 2015, created a new legal right to physician-assisted dying in Canada.
- While originally the decision was to come into effect in February 2016, the Supreme Court granted the Federal Government a four month extension to consider its approach. As such, Parliament now has until June 6, 2016 to act before the decision comes into effect.
- Between now and June 6, 2016, individuals who wish to seek assistance in ending their life may still avail of PAD through a court authorization process.
- The Supreme Court decision recognizes the role of physicians but does not address the involvement of other health care professionals. Therefore, many questions remain unanswered regarding a pharmacy professional’s involvement in PAD.
- With this in mind, pharmacists and pharmacy technicians are reminded that, as registrants of the Board, they:
 - ⇒ are compelled to comply with the law;
 - ⇒ are expected to practice within their scope and the limits of their professional competence, and to comply with the Code of Ethics and Standards of Practice to ensure safe delivery of quality health care;
 - ⇒ have a professional responsibility to provide respectful care for patients and have an obligation not to abandon patients under their care;
 - ⇒ have an obligation to provide patients with health information, referrals, and health services in an unbiased and respectful manner to enable patients to make well-informed decisions; and
 - ⇒ have a right to conscientious objection but such an objection must not impede the right of patients to receive unbiased information, including where to access legally permissible and available health services.

Without a doubt, implementing a safe and thoughtful PAD framework with equitable access will require substantial collaboration between the federal and provincial governments and health professional regulators. The College of Physicians and Surgeons of NL has recently approved a policy on physician-assisted dying, which can be found at: <http://www.cpsnl.ca/userfiles/file/CPSNL%20PAD%2029%20Mar%2016.pdf>.

It is important for pharmacists and pharmacy technicians to continually monitor information from NLPB about physician-assisted dying. Any development in policies, legislation and regulations will be communicated to the profession as it unfolds. In the meantime, if you are approached with a request to participate in PAD, please contact the NLPB Office and/or consult your own legal counsel for guidance before proceeding.

Pharmacy Awareness Month - Pharmacists: Doing More. For You.

Pharmacist Awareness Month (PAM) was celebrated across Canada during March, with the theme *Pharmacists: Doing More. For You.* Here is a summary of some of the activities that PANL participated in during this month:

- ⇒ PANL kicked off the month with a reception attended by members, partners and supporters, including pharmacists, the School of Pharmacy, the NLPB, government representatives and industry. Bernard Davis, Parliamentary Secretary to the Minister of Health and Community Services, attended the event on behalf of the Minister and the Premier.
- ⇒ During March, PANL also ran a radio ad campaign, *More Than Just Pills*, which highlighted the many services a pharmacist can provide.
- ⇒ Results of an Abacus Data poll were released mid-March, showing strong support and recognition for the important role of pharmacists in health care. These activities generated lots of media attention. It is always important to raise awareness and educate the public about the pharmacists' role in health care delivery.
- ⇒ PANL also participated in events with the School of Pharmacy and CAPSI - Executive Director Glenda Power served as a judge for NL's Next Top Pharmacist and Board member David Collins joined students at a public information display at the Avalon Mall to help spread the word about expanded scopes of pharmacy practice.
- ⇒ As part of PAM, PANL also opened up nominations for the third annual Pharmacist of the Year award - the deadline is April 29!

Two main goals of PAM were to educate the public and to recognize the many contributions of pharmacists - these goals were achieved with a successful strategic campaign that informed and generated a high level of interest. PANL would like to thank MUN School of Pharmacy students, volunteers, stakeholders, the pharmacy community, and the public for coming together to promote the pharmacy profession and celebrate pharmacists for "Doing More" to support the health and wellness of the people of NL.

Submitted by: Glenda Power, Executive Director, Pharmacists Association of Newfoundland and Labrador



Lupus - An Autoimmune Disease 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 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.

Shawn Layman (Pharmacist and Lupus NL Board member): (709) 745-2048 (H)

Provincial Office: (709) 368-8130

Email: lupus.nl.ca@gmail.com

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

Expectations for Inventory Management of Narcotics, Controlled Drugs, Benzodiazepines and Targeted Substances

Pharmacists-in-charge, as well as staff pharmacists and pharmacy technicians, are responsible to ensure the security of narcotic, controlled drug, and benzodiazepine and targeted substance inventory in the pharmacy. Security of the inventory must be maintained from the time drugs are received at the pharmacy to the time when they are dispensed to the patient or removed from inventory, until the point of destruction.

The applicable federal legislation and NLPB Standards include:

- Food and Drug Act and Regulations;
- Controlled Drug and Substances Act;
- Narcotic Control Regulations;
- Benzodiazepine and Targeted Substances Act Regulations; and
- NLPB Standards of Pharmacy Operation

While Health Canada's requirements for benzodiazepines and targeted substances may be less specific than for narcotics, documentation of purchases and sales is still required (the form is not specified) as well as loss/theft reporting. For this reason, in order to meet the loss/theft reporting requirements, pharmacists need to include benzodiazepines in physical inventory counts, reconciliations, and auditing procedures.

A drug reconciliation is a detailed audit of the perpetual inventory for a given drug (quantity of drug purchased minus the quantity of drug dispensed) compared to the current physical inventory on hand in order to assess for any shortages or overages.

Pharmacists-in-charge must take the following steps to ensure accurate inventory records for narcotics, controlled drugs, benzodiazepines and targeted substances:

1. Maintain a perpetual inventory. Ideally, this should be a computerized perpetual inventory within the practice management system; otherwise, a manual perpetual inventory must be maintained for each drug.
2. Perform a physical inventory count at least every three months and compare it with the expected inventory (perpetual inventory) to assess for shortages and overages that are to be investigated and documented.
 - a) All drugs in the active inventory should be included in the physical inventory count; including expired or damaged stock, products awaiting destruction, prescriptions with a balance owing, and compounded mixtures containing a narcotic or controlled drug.
 - b) Drugs returned by patients should not be included in the physical inventory count as they are not part of the pharmacy's active inventory (a record of drugs returned by patients should be maintained separately).
 - c) Inventory counts should be documented in a separate dedicated record that includes:
 - i) the name, strength, form, and quantity of each drug that is counted;
 - ii) the signature of who performed the count;
 - iii) the date the count was taken; and
 - iv) identified discrepancies and their resolution.
3. Reconcile invoices with purchase records upon receipt and perform additional random checks; 10% of invoices should be audited monthly.

(Continued on page 5)

4. Reconcile the sales report with filed prescriptions; 10% of monthly sales should be selected for audit. This involves checking that there is an original prescription on file for each sale that is audited, and that the related prescription was filled accurately.

Pharmacists-in-charge may also implement random spot checks for specific drugs with a high risk of diversion.

Pharmacists-in-charge should consider increasing the frequency of reconciliations based on a number of factors, such as:

- volume of drugs dispensed;
- number of staff with access to inventory; and
- a history of security issues.

In addition, reconciliations must also be completed:

- when there is a change in pharmacist-in-charge of the pharmacy (in this instance, the reconciliation must be conducted by both the new and departing pharmacist-in-charge, either separately or together, and the signatures of each pharmacist-in-charge must be recorded);
- when a pharmacy closes;
- when the security of drugs is compromised, such as a robbery or theft;
- to account for discrepancies caused by possible internal diversion or process losses (e.g. compounding, preparing methadone doses);
- to reconcile purchase/invoice discrepancies;
- to address allegations from the public questioning dispensed quantities; and
- to validate or monitor the pharmacy's storage and security.

When investigating discrepancies, consider these questions:

- Are purchases accounted for?
- Is the narcotic sales report accurate?
- Could the shortage be due to a balance owing?
- Is there an error in record keeping for dispensed medications?
- Are all prescriptions accounted for?
- Are authorizations for destruction accounted for?
- Are drugs in compounds accounted for?
- Are there any patterns of false claims?

Any shortages or overages of narcotics, controlled drugs, or benzodiazepines or targeted substances must be investigated. Shortages must be reported to the Office of Controlled Substances within 10 days of discovery using the Health Canada Loss or Theft Report Form, available through Health Canada and also posted on the [**Pharmacy Practice Resources**](#) page of the NLPB website.

Following detection and investigation of discrepancies, changes should be implemented in the pharmacy to prevent such occurrences in the future.

All documentation related to narcotic, controlled drug, and benzodiazepine purchases, sales, physical counts, reconciliations, audits, and reported losses or thefts must be retained by the pharmacy in a retrievable manner for two years.

Communicating Health Statistics to Patients and the Healthcare Team

*Submitted by: Dr. Debbie Kelly, based on a presentation given by Dr. JM Gamble
at the CSHP 67th Summer Educational Sessions in August 2014*

I'm sure every pharmacist has struggled to find the appropriate response to "Is that drug going to give me side effects?" When you only have two minutes for counselling, your response is likely to be very brief – "It's very uncommon for this medication to cause serious side effects", or "Most people tolerate this medication very well, and the most common problems tend to be mild nausea or headache".

But sometimes a more thorough discussion of the risks and benefits of a medication are warranted. So what's the best way to describe these risks and benefits in a way that patients can understand? Dr. JM Gamble provided a very useful overview of this topic during his session at the SES conference last summer, and he provided some useful tips, which I'll summarize here.

The first point he made was that an in-depth discussion of risks and benefits cannot be provided in a two minute counselling session across the dispensary counter. But if you have the time to engage the patient in a more personalized counselling session, then knowing how to present health statistics in an understandable way can help patients decide whether a treatment is right for them, and will hopefully result in improved adherence to their therapy.

People have all kinds of different interpretations of statistics, and some people will relate to risks described as percentages (e.g. 2% of people will experience a rash while taking this drug) while others will prefer to hear these same risks presented in terms of natural frequencies (e.g. out of 100 people, 2 will experience a rash).

But however we present these numbers to patients, it is important to remember that up to 50% of people have poor health literacy, which has also been associated with poor health outcomes. It is expected that a similar number have poor numeracy as well, and while this has not been specifically proven, it follows that we should be checking to make sure that our messages are properly understood and interpreted by patients so they don't leave us more confused than when they started!

Here are some tips to consider when discussing health statistics with a patient:

1. **Use the simplest mathematical construct as possible.** For example, don't tell a patient they should aim for 5% weight loss to improve their blood pressure. Instead tell them they should aim to lose 10-15 lbs (or 4-7 kg).
2. **Avoid using descriptive terms only when discussing individual health risks.** Again, this is in the context of providing more in-depth counselling. People have different interpretations of descriptive terms like "very well tolerated" or "rare". In general, people tend to over-estimate the risk of "very rare" so whenever possible provide specific numbers and put them in context for your patient. You could use percentages or natural frequencies here to provide an estimate of risk, and also of expected benefits from therapy.

(Continued on page 7)

3. **Use absolute risks rather than relative risks when talking to patients.** Relative risk reductions tend to be more impressive in describing differences between treatment and placebo because they overestimate the effect in populations with a low baseline risk. A good example of this can be seen from the Shingles Prevention Study comparing the shingles vaccine to placebo. The relative risk reduction for the prevention of shingles was 51%, but the absolute risk reduction was only 1.7%. Why the huge difference? Because there was a low baseline risk of shingles in either group – only a few patients in the placebo ($642/19\,276 = 3.3\%$) and the vaccine group ($315/19\,270 = 1.6\%$) actually developed shingles throughout the 3 year study.

- The absolute risk reduction (ARR) is calculated as $3.3\% - 1.6\% = 1.7\%$
- The relative risk reduction (RRR) is calculated as $(3.3 - 1.6)/3.3 = 51\%$

Put another way, the ARR can be used to calculate the number of patients who need to be treated for 3 years to prevent one case of shingles:

- Number needed to treat (NNT) = $1/ARR$, or in this case $1/0.017 = 59$

So you could say, for every 59 people who receive this vaccine, one case of shingles will be prevented.

4. **Use a consistent denominator when discussing natural frequencies.** Larger denominators are often perceived as having a bigger risk. So avoid presenting the risk of therapy as occurring in 20 people out of 100, and the benefit occurring in 2 people out of 10. In this case, for every 10 people treated, 2 will experience the risk and 2 will experience the benefit.

5. **Offer positive and negative outcomes.** If you were discussing the effectiveness of an antibiotic, for example, you might say the cure rate is 97% with therapy, while the risk of death is 3%.
6. **Avoid compressing time frames.** Shorter time frames exaggerate risk. Generally it is preferable to speak in terms of years rather than weeks when discussing chronic therapy, for example.
7. **Use visual aids where possible.** Many websites offer visual aids to compare risks associated with a variety of common outcomes that people can relate to such as dying in a car accident, winning the lottery, etc. This can be helpful to put risks associated medication side effects or anticipated benefits of therapy into perspective for someone who has reservations about taking the therapy. Interactive decision aids can be used to help individualize risk estimates by considering that person's own risk factors. These involve answering a series of questions and/or describing the risk using visual aids. One example of a decision aid that is used to determine whether or not to take statin and ASA is found here:

<http://statindecisionaid.mayoclinic.org/>

In summary, I found this session to be very helpful in deciding how to present what can be fairly complex material to patients in a way that is much more understandable. Our goal is to help patients understand what they can expect from their medications and to manage those expectations realistically. These tips can be used to explain even the most complex health statistics to patients in an understandable way, so we can help them make the best decisions for their own health.

Postscript Recap

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

January 2016

- Mark Your Calendar! NL Pharmacy Board Symposium
- Expectations for Inventory Management of Narcotics, Controlled Drugs, Benzodiazepines and Targeted Substances
- CCCEP Launches New Initiative to Increase Continuing Education Opportunities for Pharmacy Technicians
- Reminder Regarding Registered Pharmacy Technicians and Prescriptions for Benzodiazepines
- Standards of Pharmacy Operation- Community Pharmacy- Upcoming Implementation Dates

February 2016

- Clarifications Regarding Schedule II Products and the Prescribing Standards
- Provincial Drug Schedules
- Pharmacy Renovations

March 2016

- NL Pharmacy Board Awards – Nominations Now Open!
- Medical Marihuana
- Preceptor Training and Authorization

April 2016

- Update on the Scheduling Status of Naloxone for Emergency Use for Opioid Overdose
- Physician-Assisted Dying (PAD)
- Preceptor Training and Authorization
- Frequently-Asked Questions About Registration & Licensing
- Upcoming Professional Development Opportunities:
 - * St. John's Pain & Addiction Day
 - * The Prescribing Course – Safe Opioid Prescribing for Chronic Non-Cancer Pain
 - * Providing A Hastened Death: What Every Health Care Provider Should Know If They Receive A Request



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 Melanie Healey, R.Ph., Associate Registrar, Professional Practice mhealey@nlpb.ca
 Noelle Patten, R. Ph., Associate Registrar, Quality Assurance npatten@nlpb.ca
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National Association of Pharmacy Regulatory Authorities[®]
Association nationale des organismes de réglementation de la pharmacie

NAPRA Executive Director

Established in 1995, NAPRA is the national voluntary association of provincial and territorial pharmacy regulatory bodies as well as the Canadian Forces Pharmacy Services. Providing national leadership in pharmacy regulatory practices that enhance patient care and public protection, NAPRA's members regulate the practice of pharmacy and operation of pharmacies in their respective jurisdictions in Canada. Located in Ottawa, the association is governed by a Board of Directors consisting of practicing pharmacists as well as the Registrar or designated government representative of each member.

Reporting to the Board of Directors, the Executive Director will have overall responsibility and accountability for the operations of the Association. He/She, through the direction of the Board, will be looked upon to develop and implement NAPRA's next strategic plan. Leading a small team, the Executive Director will manage and provide support to NAPRA's programs, including: the *National Drug Schedules*; the *National Pharmacy Technician Bridging Education Program*; the *Pharmacists' Gateway Canada for international pharmacy graduates*; and maintaining the terms of the *Mobility Agreement for Canadian Pharmacists* (and, in the future, pharmacy technicians). As the primary spokesperson for NAPRA, the Executive Director will advocate and promote regulatory standards to the federal government, in particular Health Canada, other national professional associations, and stakeholders at the provincial, national, and international levels.

As the ideal candidate, you are a leader with vision and have experience managing in a complex, multi-stakeholder environment with changing and shifting priorities. You have proven skills in strategic and financial planning, and are a strong team mentor. You are an exceptional relationship builder and espouse respect, trust, and integrity in all of your interactions. Your strong communication and facilitation skills, as well as political acumen will be key in advising and supporting the Board, understanding and respecting the issues faced by each member, creating NAPRA's next strategic plan, and representing NAPRA as a key spokesperson. Written and oral fluency in English and French is highly desirable. Preference will be given to a licensed pharmacist.

If you are interested in leading NAPRA and being at the centre of pharmacy regulation in Canada, please contact Michael Naufal or Kathy Rahme of Boyden global executive search at 613-742-3204 or via email at krahme@boyden.com.



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Fall 2016

Clinical Decision Making in Times of Change

Due to recent expansion in the pharmacist's scope of practice, more than ever pharmacists are using professional judgement to make tough, clinical, patient-centered decisions.

Historically, pharmacy has been a rule-bound and rule-enforcing profession; however "the rules" are changing and pharmacists are being challenged to make decisions in the "grey" areas of practice.

Here are four key factors that can be used in guiding your decisions:

Taking actions in the patient's best interest

Actions and decisions must always be made from the perspective of what is in the best interest of the patient. Ask yourself "What does the patient need to optimize their health outcome?"

Applying knowledge and expertise

Apply the range of knowledge and experience gained through clinical practice to the information gathered from your assessment and dialogue with the patient to guide your decision-making.

Reasonable and acceptable

Decisions are often required immediately with no time for consultation with a colleague. To help validate if your decision is reasonable and acceptable, ask yourself "Would a peer make a similar decision, given the same circumstances?"

Documenting the rationale and actions

Documenting decision-making is critical. When considering how much detail to include ask yourself "What information would a colleague need to know in order to clearly understand what I did and why?"

The **Code of Ethics** and **Standards of Practice** are two of your most important tools to guide your professional judgement and clinical decision-making. But, it is important to also consider situational and patient-specific factors. Remember, not make a decision is still a decision that can affect patient outcomes.

Exempted Codeine Products

Revised Standards of Practice Approved

During the Board meeting held on September 9, 2016, the Board reviewed and approved revised *Standards of Practice for The Sale of Exempted Codeine Products in Community Pharmacies*.

Although exempted-codeine products (ECPs) are widely used, there are ongoing concerns about the risks associated with their use. Risk of opioid dependence is a primary concern; especially when used by adolescents as evidence indicates that early use may put this age group at an increased risk of developing other forms of substance dependence. Furthermore, a Health Canada review recommends that codeine not be used in patients under 12 years of age due to cases of serious side effects and death that have been attributed to codeine. Regardless of age, preparations that include acetaminophen are associated with acetaminophen toxicity in individuals who consume large quantities and/or are consuming other acetaminophen products concurrently.

The Narcotic Control Regulations state that: “No pharmacist shall sell or provide” an ECP “if the pharmacist has reasonable grounds to believe that the preparation is to be used for purposes other than recognized medical or dental purposes.”

Practice site assessments and questions received at NLPB office have raised concerns that some pharmacists may not be performing a patient assessment when receiving requests for ECPs, or are assessing repeat requests for ECPs based on the date of the last fill.

The updated Standards of Practice emphasize pharmacists' responsibility to assess patient requests for ECP's based on appropriate indications for ECP use, as well as the importance of pharmacist-patient consultation.

Summarized below are some of the key points from the revised Standards.

Patient Assessment

- Only a pharmacist may authorize the sale of an ECP, and prior to authorizing the sale, the pharmacist must personally consult with the patient to determine the appropriateness of the request.
- When considering whether or not the sale of an ECP is appropriate, pharmacists are expected to take into account:
 - the patient's age;
 - pregnancy and lactation status (if applicable);
 - relevant allergies and/or sensitivities;
 - other medical conditions and medications;
 - signs and symptoms of the condition to be treated;
 - length and severity of present symptoms; and
 - patient history with ECP usage for the current or other conditions.
- Pharmacists are expected to make reasonable attempts to ensure the patient has not received additional ECPs or similar prescription/non-prescription medications within an unreasonable time period that would put the patient at risk of additive toxicity. This is accomplished by consulting with the patient as well as checking the patient's Pharmacy Network profile.

(Continued on page 3)

- The onus is on the pharmacist to refuse to provide the ECP and refer the patient to another health care provider if it is determined that:
 - the condition or symptom(s) are chronic or serious in nature;
 - the ECP will inadequately treat the medical or dental reason for use; or
 - continued use of ECPs is not in the best interest of the patient.

Package Size Restriction & Documentation

As with the previous version, the revised Standard includes restrictions on how many tablets and millilitres of liquid may be provided to a patient at one time.

Additionally, the Standards still require each sale of an ECP to be documented in the patient's medication profile and be appropriately labelled in accordance with the Standards of Pharmacy Operation-Community Pharmacy.

One of the resources referenced in the document is a sample *Documentation of Pharmacist-Authorized Exempted Codeine Requests* (posted on the [Pharmacy Practice Resources](#) page of the website). This template may be useful for pharmacists to document patient assessment and consultation activities associated with ECP requests.

Pharmacist-Patient Consultation

- While section 3.8 of the *Standards of Pharmacy Operation-Community Pharmacy* requires pharmacists to provide education and counselling to patients only on the original filling of a prescription, due to the issues associated with the inappropriate use of ECPs, pharmacists are expected to consult with the patient regarding each and every sale of an ECP.
- In addition to the information outlined in section 3.8 of the *Standards of Pharmacy Operation-Community Pharmacy*, the counselling provided should include warnings concerning the over-use of codeine as well as acetaminophen or ASA.
- In addition to verbal counselling, the pharmacist should provide the patient with supplementary written information on codeine use. The Standards also include a sample Patient Information leaflet as one of the referenced resources.

The full revised Standards can be found on the [Standards, Guidelines and Policies](#) page of the website.

Other Recent Revisions to Standards, Guidelines and Policies

Due to many recent changes to pharmacy practice, the Board has had a very busy year approving new Standards, Guidelines and Policies and making revisions to existing documents. Please see the website for the latest versions of the following:

- ⇒ Guidelines for Participating in Medical Assistance in Dying - approved Sept 2016
- ⇒ Guidelines Regarding the Sale of Naloxone Injection in Community Pharmacies - approved Sept 2016
- ⇒ Licensing Policy - Centralized Prescription Processing (Central Fill) - approved Sept 2016
- ⇒ Standards - Prescribing by Pharmacists - revised Feb 2016
- ⇒ Standards for the Safe and Effective Provision of Medication for the Treatment of Opioid Dependence - revised Aug 2016
- ⇒ Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations - approved Feb 2016

The Pharmacy Network – What's it like to connect?

2016 has been a busy year for the NL Centre for Health Information's Pharmacy Network. Already this year, more pharmacies than ever before have connected, with a total of 133 pharmacies connected to the Pharmacy Network as of September 30. The Pharmacy Network is busier than ever – from May to July, there were more than 1 million successful transactions each month, and the processing time is the best it's ever been. For pharmacies that haven't yet connected, you may wonder what it's like to connect. To assist with connection, the Pharmacy Network team offers onsite support to ensure connection and operation is as smooth as possible, and return visits are rarely required. The Pharmacy Network team will check in regularly just to ensure all questions are answered.

Here's what Patrick Ryan, Staff Pharmacist at the newly connected pharmacy Brookfield Pharmachoice, had to say about the Pharmacy Network and how it is working for Brookfield Pharmachoice.

"On June 21, 2016 my pharmacy joined the Pharmacy Network and there really was nothing to it. Unfortunately, there are a number of misconceptions about the Pharmacy Network that developed over the last couple of years.

I was told to add two-three hours to our wait times; I was told we were going to lose business; I was told the Pharmacy Network would slow us down and when it went down, it was a nightmare; I was told we would need extra staff and equipment and that compounds and OTC's were difficult to process.

With compliments to the hardworking staff at the Centre for Health Information, I have to say none of this was true.

Now when I am talking to friends that work at other pharmacies, I tell them there is really nothing to the Pharmacy Network and that the benefits far outweigh any negatives that may be associated with the Pharmacy Network. With respect to the benefits associated with the Pharmacy Network, they are obvious. Hospitals and other healthcare facilities will have access to patient profiles, which means less phone calls and faxes, and our patient profiles will be available after hours.

The Pharmacy Network helped us update our patient profiles and we were able to use patient MCP's for pharmacy duties such as medication management. We have also used the Pharmacy Network to update our doctor and dentist files.

The Pharmacy Network makes transfer of large patient profiles easier. We have used the Pharmacy Network to identify patients who double doctor and use multiple pharmacies for such things as codeine products.

Once all pharmacies are on the Pharmacy Network, it will be great having our patients' complete profiles.

Thank you to the staff at NLCHI for their patience and support and good luck with the rest of the roll out."

The Pharmacy Network team is available to help you get your pharmacy up and running. To make a connection appointment please call 1-877-752-6006 or email service@nlchi.nl.ca.

Submitted by: The Newfoundland and Labrador Centre for Health Information

Online Drug Information Resources

Finding Reliable Drug Information When You Need It

In a busy pharmacy practice, it is not always easy to take the time to find answers to drug information questions. This may be in part due to the fact that you do not always know where to look, and when you do find helpful information it is hard to assess the source's reliability. To help make this a little easier, the Memorial University Provincial Drug Information Centre will be sharing a series of articles that highlight some of the great, reliable, and freely accessible drug information resources. This first article will focus on the Health Canada-Drug Product Database.

Health Canada - Drug Product Database



Health
Canada Santé
Canada

Have you ever tried to determine if a product is available in Canada? Perhaps you needed to know if a particular dosage form existed? You may have looked to the CPS, but unfortunately this resource does not always provide definitive answers. Monograph submission to the CPS is voluntary and therefore incomplete and information on generic products is very limited.

The Drug Product Database (DPD) may be able to help answer those questions that the CPS cannot. The DPD is a user-friendly searchable database that contains entries for all of the products approved for sale in Canada (including products that are not yet marketed and those that have been removed from the market!). The DPD is not limited to human pharmaceuticals but also includes biological agents, veterinary drugs, radiopharmaceutical drugs and disinfectant products.

Below is an image of the **DPD's main search page**. As you can see, you can search for products in a variety of ways depending on the information you have. You can get product specific information by searching by DIN, ATC code, or the brand or generic name of the product. If you suspect your search will return many results you can refine your search based on the class of the agent, route of administration, dosage form or schedule.

Search by Drug Identification Number

Drug Identification Number (DIN):

Search by Anatomical Therapeutic Chemical

Anatomical Therapeutic Chemical (ATC):

Search by Other Criteria

Status: Marketed

Company:

Product Name:

Active Ingredient(s):

Active Ingredient Group Number:

Class(es): Select All
Disinfectant
Human
Radiopharmaceutical
Veterinary

Route(s) of Administration: Select All
0-Unassigned
Block/Infiltration
Buccal
Dental

Dosage Form(s): Select All
0-Unassigned
Aerosol
Aerosol, Foam
Aerosol, Metered Dose

Schedule(s): Select All
CDSA Recommended
Ethical
Homeopathic
Narcotic

The search will default to only identify products that are currently marketed in Canada, but you can change that using a drop-down menu to identify products that are approved and not yet marketed or products that have been withdrawn from the market.

Once you run your search, you will get a table listing all of the products matching your criteria. The table will list the DIN, manufacturer, product brand name, class, schedule, active ingredient name and drug strength. A simple search for the active ingredient “ethinyl estradiol”, as shown below, returned 77 products that are marketed in Canada containing that ingredient.

Search Results

77 results found, 1 to 25 are displayed

[Next Results](#)

List of Returned Drug Products

Status	DIN	Company	Product	Class	PM	Schedule	#	A.I. Name	Strength
Marketed	02236974	PFIZER CANADA INC	ALESSE 21	Human	Yes	Prescription	2	ETHINYL ESTRADIOL	20 MCG
Marketed	02236975	PFIZER CANADA INC	ALESSE 28	Human	Yes	Prescription	2	ETHINYL ESTRADIOL	20 MCG
Marketed	02387875	APOTEX INC	ALYSENA 21	Human	Yes	Prescription	2	ETHINYL ESTRADIOL	20 MCG
Marketed	02387883	APOTEX INC	ALYSENA 28	Human	Yes	Prescription	2	ETHINYL ESTRADIOL	20 MCG
Marketed	02317192	TEVA CANADA LIMITED	APRI 21	Human	Yes	Prescription	2	DESOGESTREL	0.15 MG
Marketed	02317206	TEVA CANADA LIMITED	APRI 28	Human	Yes	Prescription	2	DESOGESTREL	0.15 MG
Marketed	02298538	TEVA CANADA LIMITED	AVIANE 21	Human	Yes	Prescription	2	ETHINYL ESTRADIOL	20 MCG
Marketed	02298546	TEVA CANADA LIMITED	AVIANE 28	Human	Yes	Prescription	2	ETHINYL ESTRADIOL	20 MCG
Marketed	02187086	PFIZER CANADA INC	BREVICON 0.5/35 TABLETS (21-DAY PACK)	Human	Yes	Prescription	2	ETHINYL ESTRADIOL	0.035 MG
Marketed	02187094	PFIZER CANADA INC	BREVICON 0.5/35 TABLETS (28-DAY PACK)	Human	Yes	Prescription	2	ETHINYL ESTRADIOL	.035 MG
Marketed	02189054	PFIZER CANADA INC	BREVICON 1/35 TABLETS (21-DAY PACK)	Human	Yes	Prescription	2	ETHINYL ESTRADIOL	0.035 MG

You can then click on any of the DINs to obtain further information on specific products, including date the product was first marketed, dosage form, route of administration, AHFS code, and a complete list of active ingredients with their strength. Many product-specific pages will also contain a [link to the official product monograph](#).

Current Status: Marketed

Current Status Date: 2015-05-20

Original Market Date: 2007-11-05

Product Name: AVIANE 21

Help on accessing alternative formats, such as Portable Document Format (PDF), Microsoft Word and PowerPoint (PPT) files, can be obtained in the [alternate format help section](#).

DIN: 02298538

 [Product Monograph \(PDF Version ~ 175K\)](#)

Company:

TEVA CANADA LIMITED
30 Novopharm Court
Toronto
Ontario
Canada M1B 2K9

Class: Human

Dosage Form(s): Tablet

Route(s) of Administration: Oral

Number of Active Ingredient(s): 2

Schedule(s): Prescription

American Hospital Formulary Service (AHFS): 68:12.00 CONTRACEPTIVES

Anatomical Therapeutic Chemical (ATC): G03AA PROGESTOGENS AND ESTROGENS, FIXED COMBINATIONS

Active Ingredient Group (AIG) Number: 0220415005

List of Active Ingredient(s)

Active Ingredient(s)	Strength
ETHINYL ESTRADIOL	20 MCG
LEVONORGESTREL	100 MCG

The Drug Product Database is a simple and reliable Canadian tool for gathering drug product specific information. If you are looking for more information on resources or have a request for the drug information pharmacist, please contact the Drug Information Centre with the contact information below.

In the next newsletter, look for an article on dose conversion tools for opioids, with a special look at the online calculator available from the Hopkins Opioid Program.

Submitted by: Jennifer Donnan, Memorial University Drug Information Centre

Email: Jennifer.donnan@mun.ca; Phone: 709-777-7584

Postscript Recap

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

June 2016

- NLPB Practical Training Program
- NLPB Symposium Success!
- Armed Robberies and Workplace Violence Information Session

July 2016

- Medical Assistance in Dying
- Destruction of Expired or Unusable Narcotics and Controlled Drugs
- Pharmacy Technician Bridging Update
- MUN School of Pharmacy - Interim Dean Appointed

August 2016

- NLPB Eliminating Fax Communications
- Destruction of Narcotics
- Documenting Service as a Preceptor in Your Online Portfolio

September 2016

- New Practice Guidelines Posted to the Website
- Opioid Dependence Treatment Standards of Practice Revised
- Sound Alike, Look Alike Drug Names
- Scope of Practice of a Pharmacy Student

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 Apothecary Hall
 488 Water Street
 St. John's, NL A1E 1B3

Tel: 709-753-5877
 Toll Free: 1-877-453-5877
 Fax: 709-753-8615
 E-mail: inforx@nlpb.ca
www.nlpb.ca



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BOARD STAFF

Margot Priddle, R.Ph., Registrar mpriddle@nlpb.ca
 Melanie Healey, R.Ph., Associate Registrar, Professional Practice mhealey@nlpb.ca
 Noelle Patten, R. Ph., Associate Registrar, Quality Assurance npatten@nlpb.ca
 Aileen O'Keefe, Registration & Licensing Administrator aokeefe@nlpb.ca
 Meghan Handrigan, Office Administrator mhandrigan@nlpb.ca
 General Information inforx@nlpb.ca

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 Past Chair Donald Anthony



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.
All registrants are
responsible for
reviewing any and all
information contained
within including
documents which are
made available on the
NLPB website via links
throughout the
newsletter.*

*The Apothecary is now
circulated
electronically and is
available in hard copy
format only upon
specific request.*

The Apothecary

Winter 2016

*Best Wishes for a Wonderful Holiday Season and a very
Happy New Year from the Board Members and Staff of
the Newfoundland and Labrador Pharmacy Board.*



Holiday Hours for NLPB Office

Please note that, in recognition of the Christmas and New Year
holiday season, the Board office will be closed from
Monday, December 26th through Monday, January 2nd.

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

Important Message for Registrants

On October 25, 2016, an application was submitted to the Supreme Court of NL by lawyer James Goodwin of Rogers Bristow Moyse, on behalf of pharmacists Karen Francis, Mary Byrne and Todd Squires. The application requested an injunction to prevent the NLPB from enforcing compliance with the *Standards of Pharmacy Operation-Community Pharmacy*; in specific, the requirements for a private consultation area, capability for electronic storage of patient health records, and a connection to the Pharmacy Network. On November 30th, the Court heard the request and, on December 14th, a decision was issued by Justice Robert M. Hall denying the injunction. As a result, the Board's Standards remain in full force.

NL pharmacists and pharmacy technicians are privileged with one of the broadest scope of practice in the country. The Board recognizes that pharmacists and pharmacy technicians are healthcare professionals, not simply vendors of drugs. As the regulatory body, it's our job to ensure work environments support our registrants to practice to their full scope and meet the public's expectations for safe, quality pharmacy care. It is also the Board's responsibility to set and maintain high ethical and practice standards, and protect the integrity of the pharmacy profession.

A copy of the judgement can be found at <http://www.nlpb.ca/media/Decision-Francis-v.-NLPB-20161214-RMH.pdf>

Important Information Regarding IWK Health Centre Pharmacy Compounding Formulations

The pharmacy department at the IWK Health Centre maintains a [webpage](#) that includes non-sterile compounding formulas for selected oral and topical medications. This resource was developed to provide pharmacists with information on the most common non-sterile and oral and topical formulations prepared at IWK for inpatient use. Pharmacists should be aware that the contents of the page are continuously being reviewed and updated as new standards and stability studies are published and considered. In addition, the page includes a disclaimer that indicates that the information on the page is being provided for informational purposes and that IWK does not assume responsibility for the continued currency of the information or for any errors or omissions, and/or consequences arising from the use of the information outside of the IWK.

In light of this, IWK advises the following:

- Pharmacies are encouraged to bookmark the webpage for reference and visit the site as needed for the formula with each new prescription or refill.
- Do not print hard copies of formulas for ongoing use or hard code a formula into a pharmacy system.
- Do not use a search engine such as Google to locate an IWK compounding formula as IWK cannot guarantee that the search results will yield the most current formula.

Submitted by the Pharmacy Department at the IWK Health Centre

Update on Community Pharmacy Working Conditions Survey

Last March, in conjunction with researchers at the School of Pharmacy, the Newfoundland and Labrador Pharmacy Board surveyed pharmacists in the province to seek direct feedback on community pharmacy working conditions. The role of the pharmacist has changed over the past few years with wide acceptance by both the profession and the public that it serves. With this change in role comes new concerns about how well the current working environment supports this change.

Concerns about the impact of “quotas/targets” on the provision of pharmacy services have been one of the emerging issues for practicing pharmacists. Preliminary NL survey data highlight some interesting findings.

Pharmacists reported the frequency with which they prescribe for minor ailments; prescribe schedule II, III, and unscheduled drugs; provide interim supplies, prescription extensions, prescription adaptations and therapeutic substitutions; administer injections; and conduct medication reviews.

The type of pharmacy (whether Independent or Chain/Banner) and the presence or absence of a service quota had no significant impact on the frequency of minor ailments prescribing; schedule II, III, and unscheduled drug prescribing; providing an interim supply, prescription extension, or prescription adaptation. Pharmacists working in Independent pharmacies reported providing more frequent therapeutic substitution services, compared to pharmacists working in Chain/Banner pharmacies. In contrast, pharmacists working in Chain/Banner pharmacies reported providing more frequent injection services compared to pharmacists working in Independent pharmacies. In both cases, the presence or absence of a quota had no impact on service frequency.

The only service significantly impacted by the presence of a quota was medication reviews. Pharmacists who reported having to meet a medication review quota were 3.9 times more likely to conduct more frequent medication reviews compared to pharmacists who reported having no quota. There was no impact of pharmacy type on frequency of conducting medication reviews.

Keep watching NLPB communications for a complete report on the survey findings, which we hope to release early in the new year.

Meet the New Board Members



Colleen Squires graduated from the pharmacy assistant program at Keyin College, Grand Falls-Windsor in 2010 and began her career in pharmacy as an assistant with Gander PharmaChoice. She then began working towards becoming registered as a pharmacy technician, which she successfully completed by becoming the 5th person to be registered as a pharmacy technician in NL in January of 2016.

Colleen is the first pharmacy technician to sit on the NL Pharmacy Board. She is passionate about her position on the Board, the expanded scope of practice for pharmacy technicians, and how that can be integrated into community and hospital pharmacy practice.

Colleen currently practices at Shoppers Drug Mart in Gander where she lives with her husband, Mark, and her two sons, Kyle and Jack.



Shawn Vallis grew up in the small town of English Harbour West on Newfoundland's south coast where pharmacy services were something the people knew very little about, with the closest pharmacy nearly 80 km away.

After graduating MUN School of Pharmacy in 1999, he practiced with The Drug Store Pharmacy at various locations, until returning to rural Newfoundland to take a position with Sagona Drugs in Harbour Breton in January 2000, where he continues to practice today.

Shawn's love of rural Newfoundland, coupled with his belief that it is important to bring the rural perspective to the table where the course of the profession is being plotted led him to run for a second term on the Board, having previously served as an "at large" Board member from 2011-14.

Shawn currently lives in Harbour Breton with his wife, Sheena, and his daughters, Madelynn and Meghan.

Complaints and Discipline Resolution

Summary of 2016 Activities

Case # 20160310

An allegation was received from a patient in March 2016 alleging that a medication error had occurred in July 2015 and again in September 2015 (on refill of the original prescription) resulting in her receiving the incorrect drug for six months.

A panel of the Complaints Authorization Committee (CAC) met in April 2016 to consider the allegation and the response from the pharmacist. As the panel felt there was not enough information to make a decision at this time, they referred the allegation back to the Registrar for investigation.

The panel reconvened in August 2016 to review and discuss the results of the subsequent investigation. They considered information including:

- A description of the event and the actions taken upon discovery of the incident;
- Analysis of incident indicating possible contributing factors such as workload, staffing, workflow disruptions and preventative actions implemented;
- The results of a Community Pharmacy Self-Assessment which the respondent was required to complete prior to the investigative site visit; and
- The findings of personal interviews with the complainant and the respondent.

The panel reviewed the information presented with a focus on whether system failures and/or behavioural choices by the pharmacist could have contributed to the error. They also noted that:

- The pharmacist did not exhibit malicious intent or willful disregard towards the patient.
- The pharmacist co-operated fully with the investigation, and appeared to be genuinely distraught over the medication error. He appeared to have genuine concerns for the impact of his actions on the patient.
- Upon discovery of the error, the pharmacist implemented changes to the pharmacy workflow to help prevent future incidents.

Considering these factors and the documentation presented, the panel determined that while the pharmacist's actions did result in a negative health outcome for the patient, there was no malicious intent or apparent disregard to the patient exhibited. It also determined that the pharmacy met the Standards of Practice in place at the time of the incident and while risks to patient safety were identified, an action plan was implemented by the pharmacist to mitigate future occurrences.

As such, the panel found no reasonable grounds to believe that the respondent engaged in conduct deserving of sanction and, in accordance with the *Pharmacy Act, 2012*, dismissed the allegation.

The panel, while concerned about the actions of the pharmacist, felt that the most appropriate way to address the concerns in the interest of public safety was to direct the pharmacist with respect to his practice, requiring him to complete and submit to the Board within 90 days a policy and procedure manual, clearly identifying medication error risks within the pharmacy workflow and mitigating procedures.

Case # 20160311

An allegation was made by the Registrar in March 2016 against a pharmacist-in-charge alleging that the pharmacist has not demonstrated cooperation with the Board's Quality Assurance (QA) Program.

A panel of the CAC met to consider the allegation in April 2016 at which time they reviewed the allegation; a Community Pharmacy Assessment Summary Report ("the report") from July 2015, regarding an assessment completed by the Assistant Registrar, Quality Assurance ("the Associate Registrar") that month; the pharmacist-in-charge's initial response to the report; and a more detailed response, dated March 25, 2016, submitted following the allegation. The panel reviewed this information, noting that:

(Continued on page 5)

- When she provided the pharmacist with the report in July 2015, the Associate Registrar indicated that a response to the report was required within 30 days describing the plan to correct the noted deficiencies.
- At the 30 day mark, no response had been received from the respondent.
- 84 days later, in September 2015, the Associate Registrar received an email from the respondent identifying an incomplete list of corrective measures that she had implemented.
- Six subsequent attempts from the Associate Registrar to receive a full response from the respondent were unsuccessful.
- In January 2016, the respondent was advised by email that if a response was not received within three days, the file would be forwarded to the Registrar and that noncompliance with the QA Program could be grounds for an allegation.
- When no response was received, the Registrar attempted to call the respondent, leaving messages on five occasions before finally reaching her in February 2016 when the respondent indicated that she would email the required correspondence to the Board that day. To the date of the allegation, the Registrar had still not received the required correspondence from the respondent.
- Following notice of the allegation, the respondent did finally submit a more detailed response which identified the corrective actions taken in response to the report.

The panel expressed concern about the lack of a complete and timely response to the issues raised in the report. Issues surrounding the best practices for the security, handling and dispensing of narcotics, including methadone, are of utmost importance as noncompliance can pose a significant public safety risk to both staff and patients. As pharmacist-in-charge, the respondent should have addressed these concerns much earlier than they were.

The failure to respond fully and affirmatively on a timely basis suggests the respondent did not cooperate in the manner expected with the Board

generally and with the Associate Registrar, in particular. There was no explanation provided by the respondent as to why she did not respond fully to the report within the time frame indicated, nor did she indicate that she disagreed with the dates set out in the letter of allegation.

Based on the information presented, the panel decided that there were reasonable grounds to find that the respondent has engaged in conduct deserving of sanction and directed that the allegation shall be considered as constituting a complaint.

In determining whether or not the complaint should be referred to the disciplinary panel, the panel noted that the deficiencies set out in the report were eventually addressed to the satisfaction of the Board. As such, it would not instruct the Registrar to do so.

The panel decided to issue a caution to the respondent that in future she must cooperate fully with the Board or any person appointed by the Board to conduct its regulatory functions. The letter of caution also advised the respondent that compliance with the Board's QA Program is not only mandatory but essential to ensuring the safest possible practice environment which consequently minimizes public safety risks. Further noncompliance and disregard could in turn result in a further allegation and subsequent disciplinary actions.

Case # 20160513

An allegation was received from a regional health authority (RHA) in May 2016, alleging that a pharmacist had violated sections of the Code of Ethics through unprofessional communications with and towards the complainant and its employees via email correspondence and by posting comments on social media.

A panel of the CAC met initially in August 2016 to review information related to this allegation and discuss the issues. Following this initial meeting, the panel referred the allegation back to the Registrar for investigation.

The panel met again in November 2016 to review the additional information and make a determination.

(Continued on page 6)

In reviewing this information presented, the panel considered the following:

- The objects of the Board, as set out in section 7 of the *Pharmacy Act, 2012*;
- Whether or not there was evidence to demonstrate that the respondent exhibited unprofessional behaviour in e-mails sent to employees of the RHA and in Facebook comments, thereby breaching the duty of honesty and integrity set out in article 10.1 of the Code of Ethics; and
- Whether or not there was evidence to demonstrate that the respondent breached the duty to avoid conflicts of interest as set out in article 6.7 of the Code of Ethics.

The panel appreciated the concern of the complainant about the abrasive and disrespectful manner of communication engaged in by the respondent, but also recognized that the respondent does have certain rights to express his opinion. No issues regarding the pharmacist's competency, standards of pharmacy practice, or standards of pharmacy operation had been brought forward. As such, the panel found no reasonable grounds to believe that the pharmacist had violated articles 6.7 or 10.1 of the Code of Ethics. Pursuant to section 39 (2) of the Act, since there was no evidence of conduct deserving of sanction, the panel dismissed the allegation.

Case # 20160516A

An allegation was received from the Chair of the NLPB Professional Development Review Committee in May 2016 alleging that a pharmacist had failed to comply with the 2015 Professional Development Audit in accordance with *Pharmacy Regulations, 2014* and the *Standard of Practice-Professional Development for Pharmacists and Pharmacy Technicians*.

A panel of the CAC met to consider the allegation in August 2016. They reviewed the allegation; communications between the Board and the respondent regarding the audit; the respondent's Learning Portfolio records; a timeline of issues related to the respondent's history with the audit between

2011 and 2016; and a previous adjudication tribunal decision related to non-compliance with the Professional Development audit process.

The panel reviewed the information presented and expressed concern that there appears to be a level of disrespect exhibited by the respondent with respect to participation in the mandatory Professional Development audit process. While the respondent did ultimately meet the audit requirements, he did not do so in a timely manner, and made negative comments regarding the audit process and the role of the Board and its staff. The panel felt that the respondent treats the professional development requirements as a nuisance, and the efforts of the Pharmacy Board staff to enforce those requirements in the same light. This is disappointing, and is behaviour not expected from a professional.

Considering the documentation presented and the respondent's history with the audit process, the panel determined that there were reasonable grounds to find that the respondent has engaged in conduct deserving of sanction and directed that the allegation shall be considered as constituting a complaint.

Subsequently, the panel carefully considered the option of referring this complaint to the disciplinary panel, and ultimately decided not to instruct the Registrar to do so. This decision was made in part because the respondent did eventually show compliance with the requirements of the Board, and therefore, there do not appear to be any concerns for public safety.

The panel did feel that a very strong caution must be given to the respondent, given the repeat nature of the conduct that is the subject of the present case. Therefore, the respondent was strongly cautioned to be fully compliant, in a timely manner, with the Board's professional development audit requirements and processes in the future. He was also cautioned to show the respect expected from all professionals for Board processes and that failure to be mindful of this caution could result in a further allegation and subsequent disciplinary actions.

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October 2016

- Standards of Pharmacy Operation - Community Pharmacy - Approaching Deadlines
- Questions Related to Physician Suspension/Withdrawal From Practice
- CPD Reminder

November 2016

- 2017 Annual Renewals
- Professional Development Reminder & FAQ
- Professional Development Program - Medical Assistance in Dying in NL
- Memorial University Survey

December 2016

- Reminder of Board Office Holiday Hours
- Memorial University Call for Preceptors

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BOARD STAFF

Margot Priddle, R.Ph., Registrar mpriddle@nlpb.ca
 Melanie Healey, R.Ph., Associate Registrar, Professional Practice mhealey@nlpb.ca
 Noelle Patten, R. Ph., Associate Registrar, Quality Assurance npatten@nlpb.ca
 Aileen O'Keefe, Registration & Licensing Administrator aokeefe@nlpb.ca
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