NEWFOUNDLAND & LABRADOR PHARMACY BOARD

THE APOTHECARY NEWSLETTER

SUMMER 2019 - nlpb.ca

IN THIS ISSUE:

The official newsletter of the Newfoundland & Labrador Pharmacy Board.

Registrants are responsible for reviewing all information within this publication.

@NLPHARMACYBOARD

SELF-REGULATION

NEWFOUNDLAND & LABRADOR PHARMACY BOARD
self-regulating pharmacy practice for the people

1910 is the year the Newfoundland & Labrador Pharmacy Board (NLPB) began...

WHY?
government recognized a need for public protection when it came to pharmacy care.

HOW?
government legislation was developed as a framework for a self-regulating body to use to protect the public & advance pharmacy care.

WHO?
NLPB is the self-regulating body in place to ensure public protection; it has a Board of members who are elected registrants, public representatives, the Dean of the Memorial University School of Pharmacy & the NLPB Registrar--a group of pharmacy professionals & people with a common goal of safe & quality practice.

BENEFITS OF SELF-REGULATION

TRUST
years of successful self-regulation has lead to public trust in pharmacy care.

PRIVILGE
it's a privilege to shape the scope of practice to ensure public protection; it allows independence & control for the pharmacy profession.

PROFESSIONALISM
a public-focused approach promotes excellence within the profession; registrants are held accountable for providing the best care, the right way.

Dates to remember - FALL 2019

October 4: Professional Liability Insurance Audit
October 8: Webinar with SaferMedsNL, *see page 13 for details*
October 14 & November 11: NLPB office closures for Thanksgiving & Armistice Day
November 29: Board meeting
November 30: Deadline for annual registration & licensing renewal

MESSAGE FROM THE REGISTRAR

Welcome to the Summer edition of the Apothecary! Please read all of the content in this issue, and if you have any questions or comments you can email NLPB staff—see contact information on the back cover.

MARGOT PRIDDLE, **REGISTRAR**

Self-regulation & self-assessment

As summer wraps up and a new school year is upon us it seems like the perfect time to share insights gained over recent months regarding self-regulation and self-assessment. I'd like to particularly discuss what these two things mean to the pharmacy profession as a whole, and for NLPB as an organization.

Good self-regulation relies on accountability to foster public trust in the pharmacy profession. NLPB's quality assurance program is in place as one way to keep our registered professionals accountable for the pharmacy care they provide.

We ask you – our registrants – to complete regular self-assessments and we depend on the assessments to be accurate and to be completed with professionalism, honesty and integrity.

As the pharmacy regulator in NL, we too are accountable to the public and so we decided it was time for NLPB to complete a self-assessment to ensure that we are succeeding as a regulator.

In April 2019, Henry Cayton released a report on the operation of the College of Dental Surgeons of British Columbia (CDSBC) titled "An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act." While the report looked specifically at the operation and performance of the CDSBC in context of BC's *Health Professions Act*, the commentary and recommendations in the report presented valuable insights that can be used for self-evaluation and reflection for all professional regulatory bodies in Canada.

The release of this report offered an opportunity to execute an internal quality assurance self-assessment (of sorts) as a healthcare regulator.

Considering the recommendations in the report and having assessed NLPB against the established standards of good regulation, NLPB fared well and has a solid foundation of regulatory operation. However, there is always room for improvement. After reviewing this report in detail, a working list of action items has been drafted to assist NLPB with implementing and maintaining some of the key learnings.

As a self-regulatory body created for public protection, NLPB is continually striving to improve the way that it regulates pharmacy professionals to ensure that members of the public receive the high level of service they deserve and that our registrants strive to provide.

NLPB looks forward to the growth and opportunities that will come from our organizational self-assessment. I encourage all of our registrants to embrace the self-assessment process as the results we see lead to changes that drive enhancement and excellence within the pharmacy profession in our province.

2019 BOARD MEMBERS

EXECUTIVE COMMITTEE

CHAIR
Gerri Thompson

VICE CHAIR
Taggarty Norris

EXECUTIVE MEMBER
Brittany Churchill

PAST CHAIR
Colleen Squires

PUBLIC REPRESENTATIVES

Board Appointed
Shirlene Murphy
Mark Sheppard

Government Appointed
Ruby Chaytor
Gerri Thompson

ELECTED MEMBERS

Zone 1 Pharmacist
Keith Bailey

Zone 2 Pharmacist
Jason Ryan

Zone 3 Pharmacist
Jennifer Godsell

Zone 4 Pharmacist
Henry White

Zone 5 Hospital Pharmacist
Brittany Churchill

Zone 6 Pharmacy Technician
Colleen Squires

Zone 7 At Large Pharmacists
Taggarty Norris
Chad Parsons

we advance **pharmacy practice**

we regulate **pharmacy professionals**

we serve **the public**

we are the
NEWFOUNDLAND & LABRADOR
PHARMACY BOARD

BOARD MEETING UPDATE

**meeting took place on August 2, 2019*

Cayton Report Analysis

During the August 2 Board meeting, Registrar Margot Priddle provided Board members with an in-depth review of the self-assessment that NLPB recently conducted using the Cayton Report as a guideline.

The Cayton Report was released in December 2018 by Henry Cayton and is a report on the operation of the College of the Dental Surgeons of British Columbia (CDSBC), titled An Inquiry into the performance of the CDSBC and the Health Professions Act.

As indicated in the message from the Registrar, NLPB fared well. However, there is always room for improvement. NLPB is dedicated to implementing and maintaining the applicable key learnings from the report. Updates will be communicated as actions are put into motion.

Quality Assurance Program

Since May 2019, 29 community pharmacy QA assessments have taken place. Russell White, community pharmacy practice site assessor has been out in the field completing assessments and working towards the goal of assessing all sites that have not yet been through the process. The year end goal is looking achievable as **75% of pharmacies have been visited.** Russell is also updating assessment tools to make them more user friendly.

In early June, NLPB's QA program welcomed Ken Walsh as hospital pharmacy practice site assessor. Ken's main activities to date have been focusing on updating the hospital pharmacy QA assessment tools, as well as consulting on the development of the gaps analysis document for sterile compounding. Hospital pharmacy assessments are set to recommence in November.

Long-term Care Standards of Practice

New standards of practice regarding the provision of service to long-term care facilities are in development for Board review and approval. These standards have been developed in collaboration with a task force comprised of registrants with subject matter expertise from both community and hospital practice. A draft of the document was circulated along with a consultation survey to stakeholders throughout the province in July. A final version of the standards will be completed over the fall months for review by the Board during the next meeting in November.

Meeting with Department of Health & Community Services

In July, NLPB Registrar Margot Priddle, Board Chair Gerri Thompson, Associate Registrar (Professional Practice) Melanie Healey and Legal Counsel Natalie Payne met with officials from the Department of Health and Community Services (DHCS) .

The meeting was held to discuss draft amendments to the Authorization to Prescribe Regulations and the progress of the proposed collaborative practice regulations. The proposed timeline for opening the *Pharmacy Act, 2012* for amendments was also on the agenda.

The meeting went well, and NLPB looks forward to continuing good and collaborative relations with DHCS to advance pharmacy practice for the people of the province.

A REVIEW OF **PHARMACY TECHNICIAN SCOPE OF PRACTICE & LIABILITY**

Defining the role

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

Pharmacy Assistants can perform tasks under the direct supervision of a pharmacist or pharmacy technician. While providing direct supervision, the pharmacist or pharmacy technician must be present when the activity is taking place; they must observe, and promptly intervene and stop or change the actions of the individual being supervised as required.

Pharmacy Services and Competencies	Pharmacy Technician *(under oversight)*	Pharmacy Assistant *(under direct supervision)*
perform call back services	No	No
perform medication reconciliation	No	No
perform medication reviews	No	No
witness ingestion of buprenorphine or methadone	No	No
direct patients to the location of non-prescription medications	Yes	Yes
assist patients with non-prescription drug selection and education	No	No
accept accountability, liability, and regulatory responsibility for actions	Yes	No
protect patient confidentiality	Yes	Yes
gather and document information required to create a patient record	Yes	Yes
obtain patient consent, when required	Yes	Yes
answer questions that require therapeutic knowledge, clinical analysis or assessment	No	No
resolve drug-related problems	No	No
refer questions from patients, or actual or potential drug therapy problems, to a pharmacist	Yes	Yes
accept written prescriptions or refill requests from the patient or the patient's representative	Yes	Yes
determine that written prescriptions are current, authentic, and complete	Yes	Yes
receive verbal prescriptions from prescribers	Yes	No
transfer and receive prescriptions from pharmacists or pharmacy technicians	Yes	No
determine that it is appropriate to fill a new or refill prescription	No	No
confirm that the pharmacist has assessed the new or refill prescription and determined that it is appropriate to fill	Yes	Yes
calculate, convert, and document the result of dosage or compounding calculations	Yes	Yes
input patient, third-party insurance, and prescription information into computerized practice management systems and generate a label	Yes	Yes
select the necessary product	Yes	Yes

PHARMACY TECHNICIAN SCOPE OF PRACTICE & LIABILITY

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

Liability as a registered pharmacy technician

Becoming a registered professional means that you have a never ending responsibility to use your ethical and professional judgment. Once registered as a pharmacy technician you are accountable for your actions regardless of whether or not you are practicing to full scope. Registration as a regulated professional cannot be turned off even if you occupy a different role in a workplace.

Remember: a registered pharmacy professional must meet their professional obligations—always!

COMPLAINTS & DISCIPLINE

SPOTLIGHT ON LESSONS LEARNED

Addressing practice concerns is an important part of NLPB's role in protecting the public. Several matters have gone through NLPB's complaints and discipline process over the last few months.
Pages **8-9** spotlight the scenarios, outcomes and important lessons learned for registrants.

Medication Errors

Some recent allegations show the importance of ensuring accuracy while completing all steps involved with processing and dispensing each and every prescription.

Provided verbal prescription narcotic as exempted codeine compound

An allegation was filed against a registrant who did not follow proper protocol for dispensing a narcotic.

The registrant provided Ratio-Cotridin syrup 100ml containing 2mg/ml codeine as an exempted codeine compound without a physician prescription. This product is a generic form of Coactifed syrup which requires a prescription written on a tamper resistant pad.

The Ratio-Cotridin syrup was provided with a Ratio-Oxycocet prescription for the same patient. Fortunately, in this case, there was no harm to the patient.

The registrant acknowledged the error and indicated she did not realize at the time that the wrong product was mistakenly chosen. She believed she chose a 100ml bottle of an exempted codeine cough syrup.

She acknowledged that she should not have rushed, that she didn't immediately recognize the name Cotridin, and did not calculate the quantity of codeine in the bottle.

The registrant also commented on conditions in the pharmacy, citing heavy workload, understaffing, and a lack of support from management. These comments were not disputed by the pharmacist-in-charge. The registrant indicated that she believed that these conditions may have contributed to her mistake, and recognized that she did not remove herself from the workplace when she felt she had reached her limit.

The complaints and discipline committee (CAC) determined that there were grounds to believe that conduct deserving of sanction had occurred and so the registrant was cautioned to:

- demonstrate awareness of the limitations of her knowledge;
- practice within the boundaries of her knowledge and competence;
- self-govern by removing herself from practice situations that knowingly may impact her ability to practice safely or that may increase the likelihood of dispensing errors; and,
- raise concern if policies, systems, working conditions, or any other factor has the potential to compromise patient care.

The CAC also noted that the pharmacist-in-charge at the pharmacy (who was not the subject of the allegation) has an obligation to bring workload concerns to the owners in the interest of public safety.

LESSONS LEARNED

⇒ Pharmacists-in-charge are obligated to communicate to owners any safety concerns that require additional resources to correct.

⇒ Use your professional judgment to recognize & be aware of your own limits in the workplace.

⇒ Registrants must not practice in areas they are unfamiliar with without gaining the necessary knowledge prior to dispensing.

COMPLAINTS & DISCIPLINE

SPOTLIGHT ON LESSONS LEARNED

Incorrect concentration for Baclofen Oral Suspension provided to patient

An allegation was filed against registrants of a pharmacy when a patient received a prescription for Baclofen Oral Suspension that was a higher concentration than prescribed.

A prescription for Baclofen 1mg/ml liquid was presented with instructions to be taken orally 6ml three times a day (TID). The patient's regular pharmacy did not have one of the ingredients required for compounding so the prescription was transferred to another pharmacy for filling.

After two days of taking the drug, it was noticed that the patient was sleeping more and experienced difficultly waking up. The change in the prescription as dispensed was discovered following discussion with a nurse practitioner at the Janeway Hospital.

Following an investigation, it was discovered that a greater strength—5mg/ml, with written instructions to be given to the patient orally 1.2ml TID was dispensed by the pharmacy with no verbal discussion of the new instructions with the patient and/or caregiver.

The registrants indicated they relied on the compounding references at their pharmacy, which only had formulations for 5 and 10mg/ml. The pharmacist on duty decided to used the 5mg/ml suspension the pharmacy had a formula for and adjusted the dose to 1.2ml to be given TID. The original pharmacy was not contacted for the formulation.

The prescription was filled as per normal procedures and had a counselling sheet added to the bag to prompt the pharmacist for counselling at pick up. When the patient's caregiver arrived to pick up the medication, the assistant on duty confirmed the patient's demographics and offered counselling to the caregiver. The caregiver said they had the prescription before and was okay to leave without consulting with the pharmacist. The refusal of counselling was documented.

Documentation provided confirmed appropriate written instructions were provided with the dispensed prescription.

The registrants indicated that the pharmacy had subsequently made the decision that counselling should be made mandatory for all patients who are receiving a prescription where pharmacist counselling is recommended, and in the future patients will not receive their prescription until they have spoken to the pharmacist.

The CAC concluded that everything up until the point of dispensing the prescription was done properly and that a process for patient counselling was in place as required. Unfortunately, there was breakdown in communication between the patient's caregiver and the pharmacy that was caused by a number of contributing factors. It was determined that under these circumstances there were not reasonable grounds to believe that conduct deserving of sanction had occurred; however, they included a direction to the registrants with their dismissal of the allegation.

The CAC directed the pharmacy to implement a process in which a coloured label is attached to the prescription bag to draw attention to the fact that patient counselling must occur when the formulation or strength of a medication has changed.

LESSONS LEARNED

⇒ Pharmacists must assess the need for patient counselling with every prescription—paying attention to changes in dosage regimen.

⇒ The Code of Ethics requires that registrants take all reasonable steps to prevent harm to patients. Scenarios like this one where there was a change in dosage regimen for a vulnerable new patient may require extra steps to ensure safety, such as contacting the originating pharmacy to discuss the change.

⇒ Registrants have access to tools and resources to ensure accuracy and safety while filling a prescription; calling the originating pharmacy to ask questions, or using the Pharmacy Network for info are two reasonable methods to use during practice.

HEALTHCARE SERIAL KILLING *EXPLAINED*

Registrants have a duty to report

Healthcare practitioners are wise to pay attention to a phenomenon called "healthcare serial killing."

Following a case in Ontario where a registered nurse, Elizabeth Wettlaufer, confessed to a string of crimes committed during 2007-2016 while working at long-term care homes in Ontario, healthcare regulators have been advised through the findings of a public inquiry (1) to increase awareness of the possibility that healthcare practitioners may intentionally harm patients.

The College of Nurses of Ontario (CNO) has recently shared research on the issue of "how to prevent, deter, and detect healthcare professionals who may seek to intentionally harm those in their care." (1) While no algorithm for detecting healthcare serial killers was found, CNO indicates possible warning signs "such as frequent changes in employment settings, patterns of poor conduct, access to high-risk intravenous medications, and concerns from colleagues." (2)

As a self-regulated profession, it is important to observe the law, preserve high professional standards and in turn, uphold the dignity and honour of the pharmacy profession.

(In reference to ethic #6 of NLPB's Code of Ethics)

Keeping this is mind, registered pharmacy professionals in Newfoundland & Labrador have a duty, according to the *Pharmacy Act, 2012*, to report other registrant's irregular behaviour to the Registrar—that means you are required to report any knowledge of other registrants engaging in:

- **professional misconduct (defined in section 85 of the By-laws);**
- **professional incompetence;**
- **conduct unbecoming; or,**
- **any breach of the *Pharmacy Act, 2012*, NLPB Regulations, or the Code of Ethics.**

Likewise, as a registered pharmacy professional, it is also required to report any knowledge that another registrant is incapable or unfit to engage in pharmacy practice.

Be aware

Awareness of irregular behaviour can come from direct observation of the registrant or from objective evidence. Anyone who dissolves a partnership with a registrant based on knowledge of these things is also required to file a report with the Registrar.

The Code of Ethics requires that "registrants take all reasonable steps to prevent harm to patients" (1.5) and that "registrants do not condone unethical or unprofessional conduct by colleagues, co-workers or other healthcare professionals and report such behaviour to the appropriate authorities." (6.2)

Registrants are reminded that preventing harm to patients can sometimes extend beyond your own individual practice. Be mindful of the possibility that intentional harm can occur in healthcare professions.

(1) https://longtermcareinquiry.ca/en/final-report/

(2) Erin Tilley et al., "A Regulatory Response to Healthcare Serial Killing," (2019) 10:1 Journal of Nursing Regulation 4

COMPOUNDING *QUESTIONS & ANSWERS* with Pharmacist Heather Warren

About Heather...

Heather's current role is Compounding Supervisor for non-sterile compounding & Laboratory Manager at Compounding Wellness Pharmacy, Mount Pearl, NL. Her focus is not only patient care, but also ensuring pharmacy compounding operations are up to standard.

Pharmacist Heather Warren (left), born and raised in Newfoundland & Labrador, graduated from Memorial University School of Pharmacy in 2005. Throughout her career in pharmacy, she has been a relief pharmacist, staff pharmacist and pharmacy manager. Warren also spent time as a pharmacy skills laboratory instructor with Memorial.

Over the years, Heather has embraced change in the pharmacy profession, and has obtained authorization to prescribe and administer drug therapy by inhalation and injection.

In 2016, she started working with Compounding Wellness Pharmacy where she completed further education in the field of pharmacy compounding including the Comprehensive Compounding Course and Advanced Compounding Course offered through Professional Compounding Centers of America.

Compounded Diclofenac Preparations

Compounded diclofenac creams are increasingly prescribed by physicians for acute inflammatory injuries, arthritis and chronic pain. While compounded diclofenac creams and gels may be a viable treatment alternative for patients, precautions must still be taken to ensure the safety of the patient and the compounder. Furthermore, pharmacy professionals must assess if compounding is warranted under the circumstances (i.e., Is a commercial product available that may be effective?, or Does the pharmacy have the necessary knowledge, skills, and equipment to make a product that is going to be as effective as possible for the patient?).

See page **12-13** for questions and answers to help guide pharmacy professionals with assessing if they are practising within scope and in a safe environment. As always, pharmacists and pharmacy technicians must ensure that patients receive a safe and effective treatment.

COMPOUNDED DICLOFENAC PREPARATIONS — Q&A

Is it ok to compound diclofenac in Glaxal base?

Knowing the difference between a topical and transdermal cream is crucial here. Only transdermal formulations are designed to penetrate through the skin layer and exert their effects on deeper or more distant tissues. Transdermal products utilize several methods of enhancing penetration through the stratum corneum – the primary barrier of the skin – allowing sufficient amounts of the drug to either reach systemic circulation or deeper underlying tissues. Glaxal base is a topical cream; topical compounds only minimally penetrate the skin layer which is its designed intent. They are used mainly for dermatological conditions. In order for diclofenac to exert beneficial effects for conditions such as arthritis, or to treat acute inflammation of muscles and tissues, it must be compounded in a transdermal base.

How much of the diclofenac will be absorbed into systemic circulation when it is compounded in a transdermal base?

Utilizing the transdermal route affords site specific treatment, minimizing issues with co-morbidities, adverse drug reactions, drug/drug interactions, and side effects that may result in GI, hepatic, renal, or other complications. A pharmacist with compounding experience should always consider the possibility of some systemic absorption when filling a transdermal cream for a patient; however, the exact amount of absorption varies from patient to patient and drug to drug.

Can a diclofenac cream be used for all patients?

No. While diclofenac cream can be suitable for a range of patients, it may not be a safe and effective therapy for all patients – compounding should always be a customized, individualized treatment approach. A pharmacist trained in compounding should assess each patient specifically to determine if a compound is appropriate based on current medications, co morbidities, age, etc.

Is it safe for my pharmacy to compound using diclofenac?

Model Standards for Pharmacy Compounding of Non-sterile Preparations, and an accompanying guidance document, has been developed by the National Association of Pharmacy Regulatory Authorities (NAPRA) and adopted by the Newfoundland and Labrador Pharmacy Board (NLPB)—all pharmacies in NL are currently working towards compliance.

Before compounding, the compounding supervisor, in collaboration with compounding personnel, must complete a risk assessment for all compounds containing diclofenac powder. The risk of compounded diclofenac creams and gels should not be considered in isolation. The determined cumulative risk of all compounds prepared in the facility will indicate the appropriate level of facility requirements: A, B, or C. If there is any uncertainty about the level of risk, pharmacy professionals are expected to defer to the higher risk level.

A sample risk assessment for a compounded diclofenac preparation can be found on the nlpb.ca

Continued on page 13

COMPOUNDED DICLOFENAC PREPARATIONS — Q&A

Is it safe for my pharmacy to compound using diclofenac?

Continued...

This example categorizes compounding with diclofenac as a Level B (separate room, appropriate ventilation using a containment device) or Level C (separate room, under negative pressure, with a containment device) compound. Diclofenac creams and gels are considered a complex compound under USP <795> due to the fact they are transdermal preparations. Diclofenac is also considered a health hazard under the *Hazardous Products Act*; therefore, certain precautions must be taken to protect the quality of the product and the compounder. The compounding supervisor and personnel must refer to the SDS for diclofenac when completing the risk assessment. One such SDS for diclofenac states that, "compounding with this chemical requires adequate mechanical ventilation; fume hood, eyewash station, and safety shower, and is a reproductive risk."

Who can compound diclofenac cream?

As stated above, diclofenac is effective when compounded into a transdermal cream base. Transdermal pain creams are examples of complex compounds according to USP <795> and preparation of such requires special training, environment, facilities, equipment, and procedures to ensure appropriate therapeutic outcomes.

If pharmacy professionals do not have the appropriate training, facilities, and equipment to compound diclofenac on site, they should refer the patient to a pharmacy with the necessary resources.

Do you have a Q&A topic for the next edition of the Apothecary?

Email inforx@nlpb.ca for details.

Upcoming webinar - *Save the date!*

Tuesday, October 8, 2019 @ 9:30-10:30 am

This webinar, called **Current Issues — SaferMedsNL: Deprescribing Proton Pump Inhibitors,** will highlight the key role pharmacists can play in the reduction of inappropriate prescriptions by integrating deprescribing into practice.

Register here.

YOUR PROFESSIONAL DEVELOPMENT "TO-DO" LIST

Registration renewal is just around the corner

**deadline to enter professional development & renew registration is November 30, 2019*

As you put the finishing touches on your learning portfolio, be sure to review the NLPB Interpretation Guide Professional Development Requirements for Pharmacists and Pharmacist Technicians to ensure you have appropriately documented accredited and non-accredited learning activities and retained the necessary supporting documentation.

All learning activities should be documented in full before renewing your registration. *Failure to renew registration means you will not be able to practice pharmacy.* In January, NLPB will randomly select registrants for an audit of professional development activities completed in 2019. Registrants may also be selected for audit based on the outcome of last year's audit. Registrants who are selected will be notified by the end of January and given two weeks to submit supporting documentation for claimed learning activities.

During the annual professional development audit, the Professional Development Review Committee will review registrants' documentation to assess:

- **completeness and quality (i.e. appropriateness, depth, thoroughness) of the learning objectives, take-home messages and relevance to practice;**
- **assignment of CEU value; and**
- **acceptability of supporting documentation.**

YOUR PROFESSIONAL DEVELOPMENT — AUDIT INSIGHTS

2018 Professional Development Audit Insights

Last year, a number of pharmacists and pharmacy technicians received a request for additional information following the initial review of their learning portfolio. ***Here are the common reasons why, and suggestions on how to prevent similar feedback:***

No documentation for what was learned through service as a preceptor & how learnings were incorporated into practice

NLPB's FAQ's About Professional Development page of the website provides clear guidance on how to document service as a preceptor as a non-accredited learning activity.

To record these credits on your online record, proceed as follows:

- After you log in, choose "No" when asked if the learning activity you are documenting is accredited.
- For Learning Activity, enter: "Service as a Preceptor."
- For Date Completed, enter the ending date of the student or intern's rotation.
- For Number of credits self-assigned for this activity, document appropriately according to the completed form.
- When asked to give a brief description of the learning activity, enter "Acted as a preceptor to (name of student/intern/technician candidate) from (start date-end date) for a total of (total number of weeks) weeks."
- When asked to describe what you learned from this activity and/or how you will integrate this learning into your practice, document anything that you learned from this experience as well as how you will integrate the learning into your practice.

No documentation for key learnings from First Aid/CPR courses & how this learning benefitted practice

Similar to the guidance for documenting service as a preceptor, pharmacists and pharmacy technicians are expected to include the key learnings from completing first aid courses, including how it benefits their practice.

Unclear documentation of take-home messages

Take home messages should describe what was actually learned from the program. These statements should be specific and reflect the learning objectives for a given program. For example, an acceptable statement would be **"Because vaccines are sensitive biological products, maintaining and monitoring the proper storage and transportation temperature is very important"** not, "storage of vaccines."

YOUR PROFESSIONAL DEVELOPMENT — AUDIT INSIGHTS

2018 Professional Development Audit Insights, *continued*

Limited details regarding the relevance of learning activities to individual practice

Provide a little more detail than "yes" or "no." For example, ***"this program was very relevant as we are planning to implement injection services at our pharmacy in the near future."*** If you feel that the activity was not necessarily applicable to your practice, still indicate what benefit was gained by completing the activity. For example, ***"While this program was not particularly relevant to my current practice, it was a great overview and update for this practice area. It improved my overall knowledge as a pharmacist/pharmacy technician"*** or ***"I undertook this learning because…"***

Unclear documentation for non-accredited learning activities

When documenting non-accredited learning activities, be sure to include a clear description of the learning activity, including details about how you determined the number of credits you assigned for the activity. The value you assign should reflect active learning time.

Further Information

For more information on professional development documentation, including good examples of documentation and answers to more FAQs, visit NLPB's Professional Development webpage. If you have questions about professional development requirements and documentation, contact:

Noelle Patten, Associate Registrar - Quality Assurance

Please see back cover for staff contact information.

Memorial University School of Pharmacy

Preceptors of the Year 2019

The Preceptor of the Year Award recognizes preceptors who provide outstanding contribution to the educational development of future pharmacists by demonstrating high standards of professionalism, ethics and pharmacy practice.

Congratulations to this year's recipients!

Community Pharmacy: Janice Audeau, Health and Performance Pharmacy, Corner Brook *(Nominated by Hailey Wiseman, Class of 2022)*

Hospital Pharmacy: Jonathan Edwards, Dr. GB Cross Hospital, Clarenville *(Nominated by Chelsey Hogan, Class of 2019)*

NEWFOUNDLAND & LABRADOR PHARMACY BOARD

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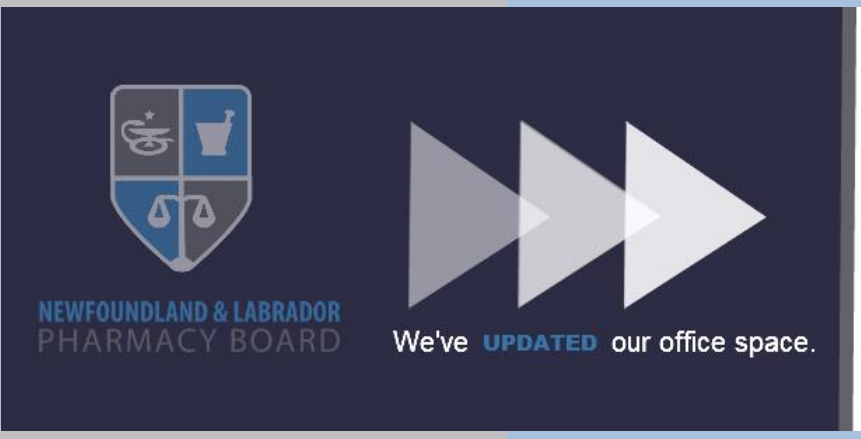

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