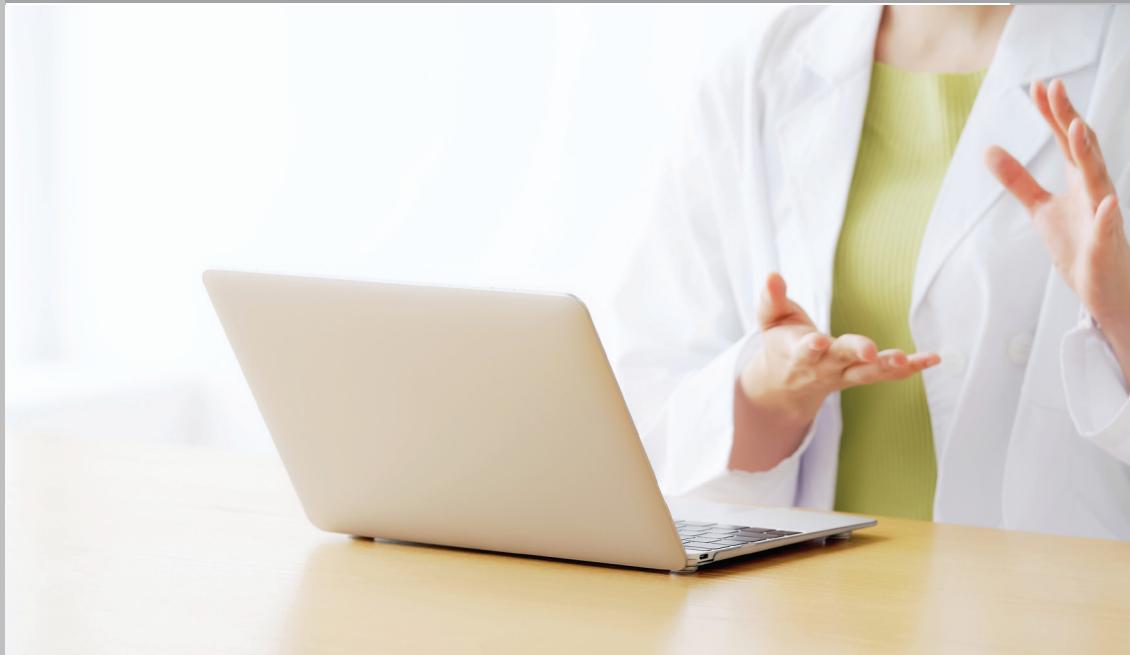


THE APOTHECARY

NEWSLETTER

FALL 2022 - nlpb.ca



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The official newsletter of the Newfoundland & Labrador Pharmacy Board.

Registrants are responsible for reviewing all information within this publication.



FAREWELL FROM THE REGISTRAR — MARGOT PRIDDLE

Reflections...

It has been my absolute honour and privilege to serve as your Registrar for the past 10 years.

When I first assumed this role in 2012, it was during a time of transition, as the Pharmacy Act, 2012 was enacted. Since that time, we have seen remarkable change in the practice of pharmacy, with expansions of scope and advancements in regulatory processes to ensure safe, quality practice. I was privileged to see pharmacists become authorized to prescribe for minor ailments during my tenure as Registrar.



During this time, we also welcomed new regulated practitioners into the profession. One of my proudest moments was signing the first pharmacy technician registration in Newfoundland and Labrador. Now, seven years later, we have more than 200 regulated pharmacy technicians practicing in the province.

Our many successes have been the result of strong partnerships and stakeholder support, including that of our registrants. There are truly few words to recognize the extraordinary efforts of the pharmacy professionals of this province during the last few years. I am reminded daily of the incredible responsibilities our registrants take with them every time they step into their practice.

I am pleased that as I retire from my position as Registrar, I am doing so with the knowledge that I leave NLPB in exceptional hands: a strong and dynamic board of directors, dedicated volunteers, a fantastic and devoted staff, and our new Registrar, Noelle Patten, who will guide the organization with strength, wisdom, and integrity.

Thank you for your commitment to your patients, your profession, and your support of professional self regulation. It is this commitment that has made this work so rewarding.

My parting words are to believe in yourself, trust in your knowledge, and remember, if the intentions of your actions are guided by the best interest of your patients, you will always be okay.

Sincerely,

A handwritten signature in black ink that reads "Margot Priddle".

LOG INTO THE NEW NLPB REGISTRANT PORTAL

The NLPB Registrant Portal is now available to all registrants. To access the portal please visit: nlpb.portal.ca. thentiacloud.net/webs/portal/service/#/login. Login instructions have been sent to all registrants. If you have not yet received your login credentials, please check your Junk Mail folder before contacting NLPB. Should you have any questions regarding navigating the portal or updating your profile information, please contact registration@nlpb.ca for assistance.

Please note, access to pharmacy profiles is not yet available for pharmacists-in-charge.



MESSAGE FROM THE REGISTRAR — NOELLE PATTEN

New Beginnings...

For the past 10 years, the NL Pharmacy Board has had a formidable leader in Registrar and CEO, Margot Priddle. She has led NLPB during a period of much change and unprecedented challenges – including significant expansion to pharmacists' scope of practice, regulation of pharmacy technicians, and, of course, Snowmaggedon and the ongoing COVID-19 pandemic. Throughout these turbulent times, Margot has been a steady hand, a reassuring voice, and a thoughtful decision-maker who has held the wellbeing of NLPB and the public we serve as her primary considerations. From an organizational perspective, Margot's strong business acumen has brought both growth and stability to the NLPB office. Her leadership style fostered innovation and struck the perfect balance of creating a sense of both accountability and empowerment amongst the staff. On behalf of NLPB, I cannot say "thank you" enough to Margot for all that she has done for the profession of pharmacy, regulators, and the people of the province.



Earlier this year, I celebrated my 8-year anniversary at NLPB, and I can honestly say it has been a wonderful journey so far. My role in quality assurance has afforded me the opportunity to meet many pharmacy colleagues throughout the province, to see where and how they work, and collaborate with them to improve the quality and safety of pharmacy practice.

Like pharmacy practice, health regulation is an evolving discipline; each year I've continued to learn about effective governance and regulation. In addition to building relationships within the pharmacy community, I have established connections within the provincial health system and with provincial and national regulatory counterparts. I am delighted to have the opportunity to serve NLPB in a greater capacity and look forward to continuing to work with NLPB's talented staff, dedicated board of directors, registrants, and all of NLPB's key stakeholders to promote the best possible healthcare for patients.

A new chapter is beginning for NLPB and pharmacy practice in NL. This fall, the Pharmacy Act will be opened and the legislative framework for the practice of pharmacy in NL will be reconsidered, which will support NLPB in fulfilling its public protection mandate and its vision to advance pharmacy practice for a safe and healthy community. Furthermore, as the work of the Health Accord gets underway, it is timely for NLPB to re-evaluate its strategic priorities. In November, NLPB will undertake the creation of a new strategic plan that reflects the current practice environment and the health needs of Newfoundland and Labradorians. I encourage pharmacy professionals to share their views on opportunities and challenges to help NLPB set the right strategic direction. Exciting times are ahead!

Sincerely,

Noelle Patten



BOARD MEMBERS

BOARD UPDATES

On August 8, the NLPB Board of Directors gathered for a meeting in St. John's. The next meeting of the board will take place in November 2022, along with a strategic planning session to develop new strategic goals and objectives.

EXECUTIVE COMMITTEE

CHAIR

Taggarty Norris

VICE CHAIR

Henry White

EXECUTIVE MEMBER

Jason Ryan

PAST CHAIR

Gerri Thompson

ELECTED MEMBERS

ZONE 1 PHARMACIST

Amy Randell

ZONE 2 PHARMACIST

Jason Ryan

ZONE 3 PHARMACIST

Jennifer Godsell

ZONE 4 PHARMACIST

Henry White

ZONE 5 HOSPITAL PHARMACIST

Nicole Kennedy

ZONE 6 PHARMACY TECHNICIAN

Jillian Thorne

ZONE 7 AT-LARGE PHARMACISTS

Timothy Buchanan

Taggarty Norris

PUBLIC REPRESENTATIVES

BOARD-APPOINTED

Shirlene Murphy

Mark Sheppard

GOVERNMENT-APPOINTED

Gerri Thompson

NON-VOTING

REGISTRAR

Noelle Patten

DEAN, MEMORIAL UNIVERSITY SCHOOL OF PHARMACY

Shawn Bugden



BOARD MEETING UPDATE

It is of note that the August 8 meeting of the NLPB Board of Directors was the last meeting to be attended by Margot Priddle as Registrar. The board thanked her for her contributions during her last 10 years as Registrar and wished her well in retirement.

Revisions to Standards of Pharmacy Operation — Community Pharmacy

Over the past year, NLPB has undertaken an extensive review of the *Standards of Pharmacy Operation – Community Pharmacy* (SOPO-Community). This included a consultation survey that was circulated to all registrants earlier this summer. At the recent meeting of the board, the revisions to the SOPO-Community were approved, with a final implementation deadline of September 2023.

Some of the changes made to the SOPO-Community are listed on page 6. Pharmacists-in-charge, pharmacists, and pharmacy technicians are encouraged to review the standards in their entirety at their earliest convenience. A copy of the updated SOPO-Community is available on the NLPB website at nlpb.ca/pharmacy-practice/standards-guidelines-policies/#standards-of-pharmacy.

The expectation is that the requirements of the standards should be met at earliest possible date but no later than September 1, 2023. All new pharmacy openings will be expected to meet the Standards at the time of opening.

To support registrants in implementing the updated SOPO-Community, NLPB will be offering resources, such as webinars or articles, related to the new requirements over the coming months. Upon review of the standards, we encourage registrants to share their feedback regarding resource topics.

Quality Assurance Program — Registrant Audit Plans and Schedules

Each year during registration renewal, registrants declare their compliance with registration requirements. In 2015, under the Registrant arm of the NLPB Quality Assurance Program, NLPB

began auditing some of these self-declarations to promote compliance with registration requirements and assure that registrants were meeting these requirements. To date, self-declaration audits may include professional development, professional liability insurance, practice hours, and First Aid/CPR. Due to both NLPB staff and registrants' need to prioritize addressing pandemic-related issues and increased demands for patient care, these audits have not been conducted since the start of the COVID-19 pandemic in early 2020. Prior to preparing to reinstate auditing processes, NLPB staff re-evaluated the previously determined audit plan, taking into consideration both the rationale for conducting audits and the results of a recent jurisdictional scan of auditing processes used by other Canadian pharmacy regulators. These findings were presented to the board of directors at the August meeting and the following auditing schedule was approved:

- **Professional Liability Insurance (PLI) Audit:** NLPB will continue to conduct a PLI audit yearly for 3 years and then reassess. The next audit is scheduled to be conducted in January 2023.
- **First Aid/CPR Certification Audit:** NLPB will conduct an audit to assess injection-authorized pharmacists' maintenance of First Aid/CPR certification at the earliest opportunity in 2023, following completion of the PLI audit. The results of the 2023 audit will be reviewed, along with a jurisdictional scan to determine an ongoing audit schedule. The routine schedule will be communicated to registrants once confirmed.
- **Professional Development (PD) Audit:** NLPB will not be rescheduling the PD audit that was postponed earlier this year. The Professional Development Review Committee will reconvene this fall to discuss a plan for the next scheduled PD audit in the spring of 2023. Registrants will be advised in advance of any changes to the process.



STANDARDS OF PHARMACY OPERATION — COMMUNITY PHARMACY

The following is a list of revisions to the *Standards of Pharmacy Operation – Community Pharmacy* (SOPO - Community). This list is not exhaustive and registrants are encouraged to read the updated SOPO-Community in its entirety.

- An Introduction with a set of definitions has been added, for clarity.
- A new section has been added requiring all pharmacies to have a continuous quality management program.
- More information regarding pharmacy security expectations has been added.
- The current requirement for a “safe or lockable cabinet” has been increased to a requirement for a “secure safe”.
- Language was added to clarify that all dispensaries are expected to have “an appropriate area” and “appropriate space, equipment and materials” for Level A compounding in accordance with the Standards for Pharmacy Compounding of Non-Sterile Preparations.
- The requirement to retain physical paper patient records for three years after they have been scanned has been removed.
- Sections pertaining to security and accountability of narcotics and controlled drugs have been reorganized, and more information has been added, to clarify the expectation that all controlled substances are protected against both external and internal

loss or theft.

- A requirement has been added for dispensaries to be monitored by an alarm system during times that a lock and leave enclosure is closed but the pharmacy remains open or accessible to non-regulated staff members and the general public.
- More specific references to the electronic health record, in general, and the Pharmacy Network, specifically, have been added throughout the Pharmacy Practice section.
- The SOPO-Community now specifically references the expectation that pharmacists and pharmacy technicians practice in accordance with the NAPRA Model Standards of Practice for Pharmacists and Pharmacy Technicians.
- Language has been added in relation to the registrant’s responsibility for validation and authentication of all prescriptions, regardless of the source of the prescription.
- More detail has been added regarding clinical and technical checks and the information that should be utilized and documented during these checks.
- Language has been added regarding prescription release including the expectation for informed consent when releasing to someone other than the patient, positive identification, and documentation requirements.

2023 SCHEDULE OF FEES

The 2023 Schedule of Fees has been posted to NLPB’s website: nlpb.ca/registration-and-licensing/fees-timelines.

As per NLPB’s Schedule of Fees Policy, annual fees are adjusted for inflation using the annual increase in the Consumer Price Index (CPI) for the prior year.



QUALITY ASSURANCE — GET THE MOST OUT OF A VIRTUAL ASSESSMENT

Over the past year NLPB's quality assurance team has conducted most community pharmacy practice site assessments using a remote, "virtual" model. Throughout this time, we have re-evaluated and refined our processes in response to lessons learned and feedback received from pharmacists. This has also revealed several tips that will help each pharmacist-in-charge (PIC) get the most out of the practice site assessment.

Scheduling and Pre-Assessment

Requests to schedule a community practice site assessment are sent directly to the PIC's primary email address, as listed in their registrant profile. It is important for this email address to be accurate and checked regularly to ensure all communications from NLPB are received, including scheduling requests.

Once an assessment is scheduled, the PIC is provided with a list of requested sample materials and photos. These may be submitted by email or through a secure cloud storage folder provided to the PIC. Consideration should be given to the format and quality of the electronic files submitted to ensure that they are usable. Please ensure all electronic document submissions adhere to the *NLPB Scanning Guidelines and Checklist for Document Submission Policy*. The following are some key points to note.

- All personally identifiable patient information must be removed from sample materials and absent from any submitted photos. Any files found to contain personal health information are deleted and therefore unusable for the assessment.
- Where possible, please use a scanner or "fax-to-email" when submitting sample documentation. If using a camera, please ensure the entire document is in-frame and suitably lit. Notably, light reflections often make glossy labels and documents illegible.
- If emailing photos from a mobile device, please ensure that they are included as an "attachment" as opposed to placed "in-line" with the email text. Photos placed "in-line" are often shrunk and compressed to an unusable size.

Assessment Call

Presently assessment calls are conducted using the Zoom platform. There is no requirement for the call to take place from the dispensary.

- A stable internet connection is key to a smooth conference call. Please be mindful of WiFi stability and connection quality when choosing a call location.
- The assessor will "share screen" for most of the assessment so that it is clear what material is being reviewed. As such, it is suggested that Zoom calls be taken from a tablet, laptop, or PC. Generally, cellphone screens are too small for this application.
- Video calls can be taxing on computer resources. It is recommended you close other applications, namely web browsers, to improve call quality.
- If a PIC does not have access to a webcam or microphone, arrangements can be made to conduct the call over the phone while screen sharing through Zoom.
- While there is no requirement to have a webcam, or enable it, doing so generally improves the conversation.

The quality assurance team looks forward to working with pharmacy professionals across the province to ensure optimal patient safety and continuous improvement in practice.



COMPLAINTS AND DISCIPLINE UPDATE

Failure to designate a replacement PIC upon resigning

The Registrar filed an allegation against a pharmacist-in-charge who left his position without fulfilling his responsibilities as set out by the *Pharmacy Act, 2012* ("Act") and the *Pharmacy Regulations, 2014* ("Regulations"). The pharmacist initially left the pharmacy on a leave of absence. Before leaving, he failed to ensure that the relief pharmacist hired to work in his absence was authorized to provide Opioid Agonist Maintenance Treatment ("OAMT"). Upon arriving at the pharmacy, the relief pharmacist, who was not authorized to provide OAMT, had to scramble to determine how to obtain the required authorization and to obtain that authorization before providing OAMT to the patients attending the pharmacy that day.

While on the leave of absence, the pharmacist determined that he would not be returning to the pharmacy or to his role as pharmacist-in-charge. While he resigned his employment with the employer, he failed to notify the NLPB that he intended to leave his position as pharmacist-in-charge and failed to ensure that the pharmacy license was transferred to someone authorized to act as a pharmacist-in-charge in the manner required by the NLPB pursuant to the Act and Regulations. The NLPB only became aware that the pharmacist had left his position when the proposed new pharmacist-in-charge contacted the NLPB to initiate the process of taking over the role. Consequently, the pharmacist also failed to conduct a physical inventory count of narcotics and controlled drugs during the transition to the new pharmacist-in-charge.

The Complaints Authorization Committee reviewed this matter and found reasonable grounds to believe that conduct deserving of sanction had occurred. The matter was referred to an Adjudication Tribunal. The Adjudication Tribunal found the pharmacist guilty of breaching:

1. Sections 5.1 and 5.2 of the NLPB Code of Ethics by failing to take all reasonable steps to provide OAMT service to his patients and failing to ensure that patient care was not compromised when he was unable to provide OAMT services during his leave of absence;
 2. Sections 28(1) and 28(2) of the Act and sections 12(a) and 12(b) of the Regulations by failing as pharmacist-in-charge to actively manage the pharmacy pursuant to the Act and allowing another person to manage the pharmacy; and
 3. Section 1.6(c)(ii) of the NLPB Standards of Pharmacy Operation – Community Pharmacy by failing to conduct an additional inventory count of narcotics and controlled drugs when the pharmacist-in-charge changed.
- The pharmacist was sanctioned as follows:
1. The pharmacist was reprimanded;
 2. The pharmacist was ordered to pay the costs of the investigation and hearings in the amount of \$17,645.03 forthwith;
 3. The pharmacist, who was no longer registered to practice pharmacy in NL at the time of the hearings, was restricted from acting as a pharmacist-in-charge for a period of two years should he obtain a certificate of registration to practice in the province again in the future;
 4. Prior to obtaining a certificate of registration in NL in the future, the pharmacist must pay the costs in this matter in full, pass the NLPB's jurisprudence exam to the satisfaction of the NLPB, and provide a written declaration that he has read and understands the legislation, regulations, standards, by-laws, and Code of Ethics applicable in NL.

LESSONS LEARNED

The pharmacist-in-charge (PIC) is a key participant in the pharmacy profession's self-regulation process. While the board of elected and appointed members is tasked with setting the standards of practice and ethical guidelines for the pharmacy profession, the PIC is the "eyes and ears" of the board in the pharmacy.

contd. on page 9



COMPLAINTS AND DISCIPLINE UPDATE

The Pharmacy Act, 2012 directs that:

The pharmacist-in-charge of a pharmacy... shall ensure that that pharmacy is operated in compliance with this Act.... (s. 28(1))

A person other than a pharmacist-in-charge shall not direct, control or manage a pharmacy. (s. 28(2))

The PIC is ultimately responsible for ensuring that all federal and provincial legislation, regulations, bylaws, and standards are followed in the pharmacy. By doing so, the PIC assures patient safety to the best of their ability.

Where a PIC is unable, for any reason, to fulfill this role, whether on a temporary or permanent basis, it is their responsibility alone to ensure that:

- Where the PIC will be away from the pharmacy for less than 45 days (e.g. vacation, short-term medical leave), they may delegate their PIC duties to another pharmacist that is equipped to do so in their absence. However, the PIC is still the licence holder of the pharmacy during this type of short-term absence.
- Where the PIC is away from the pharmacy for longer than 45 days (e.g. long-term medical leave, parental leave), the PIC must notify the NLPB as much in advance as possible, and complete the required process to transition to a new PIC on an interim or permanent basis.

Insufficient documentation policies and procedures

A complainant filed an allegation against a pharmacist alleging, among other things, that the pharmacist made a medication error by incorrectly filling the complainant's medication with a generic brand when the prescription contained a specific brand direction. In the circumstances, the brand discrepancy was caught and rectified before the patient took the medication home. The Complaints

Authorization Committee ("Committee") reviewed this matter and did not find reasonable grounds to believe that the pharmacist had engaged in conduct deserving of sanction. The Committee noted, however, that it appeared that the brand selection error occurred while a relief pharmacist was on duty. Therefore, they issued a direction to the pharmacist-in-charge to ensure that pharmacy staff have a consistent process for documenting important information on a patient's file, such as a specific brand direction on a prescription, so that anyone involved in the patient's care will be made aware.

LESSONS LEARNED

- Maintaining proper checks and balances in the pharmacy workflow can catch near misses early in the dispensing process. This not only prevents inefficiencies, but also prevent patients from being exposed to near misses and having their faith in the safety of the pharmacy disrupted as a result.
- Pharmacists-in-charge should implement and regularly review policies and procedures for documentation to ensure that critical patient information is being documented consistently, and that all pharmacy staff, including relief, contribute to and access the patient record when providing care.
- Pharmacy management systems should have their workflow set up so that an image of the original prescription is displayed and utilized when checking both first fills and refills.

Adapting a prescription where there is specific direction not to

A complainant filed an allegation against a pharmacist alleging that he had dispensed a sixty-day supply of a medication when the prescription was for a thirty-day supply. The prescription included an instruction that the prescription was not eligible for medication management by the



COMPLAINTS AND DISCIPLINE UPDATE

pharmacist as the patient required assessment each month by the prescriber. Further, it was alleged that the pharmacist did not indicate remorse when the prescriber contacted him to discuss the matter.

Upon reviewing the matter, the Registrar determined that the matter may be resolved through alternative dispute resolution. The pharmacist and the complainant agreed, and a Settlement Agreement was put in place. Pursuant to the Settlement Agreement, the pharmacist admitted that he had engaged in conduct deserving of sanction by breaching:

1. Sections 1.7 and 8.3 of the NLPB Code of Ethics ("Code of Ethics") by failing to take all reasonable steps to prevent harm to the patient and failing to consult with the prescriber when appropriate; and
2. Sections 3(f) and 4(c)(iv) of the *NLPB Standards of Practice – Prescribing by Pharmacists* ("Prescribing Standards") by adapting a prescription where the original prescription contained a specific indication not to and by making that decision based on the risk of having to absorb the cost of having a part bottle of the medication left over instead of what is in the best interests of the patient.

The following disposition was agreed upon:

1. The pharmacist is reprimanded;
2. The pharmacist is ordered to pay a contribution towards the costs of the NLPB's involvement in

the matter within thirty days of signing the Settlement Agreement;

3. The pharmacist will abide by the requirements of the Code of Ethics and Prescribing Standards and will provide a signed undertaking acceptable to the Registrar within thirty days of signing the Settlement Agreement confirming that he has reviewed and understands them
4. A copy of the Settlement Agreement will be placed on the pharmacist's file and will be noted on any requests for a Letter of Standing from the NLPB.

LESSONS LEARNED

- Registrants are reminded that the best interests of the patient must always come first. Financial considerations for the pharmacy as a business can never take priority over patient safety.
- *The Standards of Practice – Prescribing by Pharmacists*, prohibit registrants from adapting a prescription where the original prescription contains a specific indication otherwise (s. 3(f)). If a registrant has reason to question any direction from a prescriber, the registrant should contact the prescriber directly to discuss the issue before taking action.

PREVENTION OF SIRVA — THE IMPORTANCE OF LANDMARKING

With flu season and fall COVID-19 boosters on the way, now is a great time for injection-authorized pharmacists to review their injection technique and landmarking. Shoulder Injury Related to Vaccine Administration (SIRVA) is the sudden onset of persistent and prolonged shoulder pain with restriction of function following administration of a vaccine into the deltoid area. Improper landmarking, where the injection is administered too high in the deltoid, is the most common reported cause of SIRVA. Pharmacists should always landmark, not eyeball, the injection location, marking 2-3 fingers down from the acromion to ensure the injection is administered at least 3 cm from the lateral edge of the acromion process. Pharmacists administering vaccines are encouraged to review their injection technique and vaccine preparation process regularly, using resources such as the [Intramuscular and subcutaneous injection: a guide for pharmacists video by Immunize Canada](#).



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