



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

Winter 2019

Message From the Registrar - Revised Standards for the Provision of Pharmaceutical Care to Personal Care Homes Now in Effect

New and revised *Standards for the Provision of Pharmaceutical Care to Personal Care Homes* came into effect January 1, 2019. These updated standards of practice provide greater clarity and promote consistency in the delivery of pharmacy services to our province's personal care homes.

The Newfoundland and Labrador Pharmacy Board Personal Care Home Standards Task Force, comprised of community and hospital registrants, collaborated with other stakeholders, including representatives from the regional health authorities, to update the existing standards. Key requirements to note include:

- Development of a Policy and Procedure Manual specific to personal care home service.
- Medication Storage and Medication Safety Audits must be completed at the personal care home at least once every six months.
- Medication that is not packaged in a unit-dose or multi-dose package must be labelled with FULL instructions for use, as appropriate.
- Medication Administration Records (MARs) must be prepared for residents on a monthly basis and delivered to the personal care home for review at least four days before the start of the next cycle.
- Staff at the home must be provided with sufficient education and supporting information materials.
- A comprehensive medication review for each resident must be conducted at least annually.

Darlene Mansfield is pharmacist-in-charge of a Lawtons Drugs in St. John's. She has been involved in long term care and personal care home services for 12 years and was a member of the Task Force. She says, "the updates you see today are the result of a rigorous consultation process to ensure the standards are easy to understand and implement, and resolve any questions around this area of practice for those offering or delivering pharmacy care to a personal care home resident."

Heather Seeley is pharmacist-in-charge of a Shoppers Drug Mart in Mount Pearl. Seeley and her team recently won the NLPB Patient Safety Award for their work

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with a local personal care home regarding continuous quality improvement. Seeley, who also participated in the Task Force, welcomes the update. “The new standards are clearer and ensures consistency in all pharmacies across the province,” said Seeley. “The scope of work for pharmacy has changed considerably over the years since the initial standards were developed. Ultimately, these revisions will lead to better patient care.”

The Board appreciates the efforts of registrants who volunteer for the Board’s task forces as it helps to create informed practice documents that are more easily implemented. The regulatory processes to ensure safe, quality pharmacy practice must reflect the growth and expectations of the industry. The role of the NLPB is to ensure our standards and policies are reflective of the current environment and are continually reviewed and updated when necessary.

Registrants are encouraged to review the standards and, where necessary, create an action plan to ensure the policies and procedures at their site are aligned with the revised standards. If pharmacy professionals have questions about these, or any other, Standards of Practice, they are encouraged to contact the NLPB office for assistance. The revised standards can be found on the [Standards, Guidelines, Policies and Positions](#) page of the NLPB website.

The PostScript 2018 Recap

Throughout the year, the NLPB publishes a number of important pharmacy practice-related articles in our monthly e-newsletter, The PostScript. Many of these are also posted on the [Frequently-Asked Questions About Pharmacy Practice](#) page of the website. Check out the 2018 Archive, now posted on the [NLPB News](#) page of the website, to read articles about:

- **Registration and Licensing:**

- Returning to Work After a Leave
- The Expectation of Continuous Professional Liability Insurance
- “Pharmacy Technician” – A Restricted Title

- **Pharmacy Practice:**

- The Role of the Pharmacist When Dispensing Prescription Refills
- Injection Standards Reminders
- Reminders Regarding the Provision of Take-Home Naloxone Kits
- Revised Standards for the Provision of Opioid Agonist Maintenance Treatment
- Revised Personal Care Home Standards
- Revised Prescribing Standards to Reflect Changes to the TRPP Program

- New Standards for Pharmacy Compounding of Non-Sterile Preparations
- New Practice Policy – Registrant Use of Social Media
- New Health Canada guidance related to the Handling and Destruction of Narcotics, Controlled Drugs and Targeted Substances
- New Reporting Requirements for Medical Assistance in Dying

- **And:**

- Information related to the Rollout of the Prescription Monitoring Program and Changes to the TRPP Program
- Information related to the Rollout of the NLPB Learning Portal

Practice Resource

The University of Waterloo School of Pharmacy has developed a website designed to help pharmacists understand and apply their changing scope of practice. [Pharmacy 5in5](#) is home to a number of modules and resources on current topics such as cannabis, medical abortion and the new non-sterile compounding standards.

Complaints & Discipline Update

On April 24, 2018, the Registrar filed an allegation against a pharmacist (the “Respondent”) pursuant to s. 37 of the Pharmacy Act, 2012 (the “Act”). The Registrar alleged that the Respondent had two employees who were caught stealing large quantities of narcotics/controlled substances from the pharmacy while the Respondent was Pharmacist-in-Charge. The Registrar also alleged that the pharmacy was audited by Health Canada during two separate instances with both investigations finding irregularities in the pharmacy with regards to narcotics and other controlled substances.

In his responses to the Allegations, the Respondent acknowledged that he had made errors in procedure and accountability.

Following receipt of his responses to the Allegations, the Registrar and the Respondent both agreed to participate in Alternative Dispute Resolution to attempt to resolve the matter.

The Respondent has acknowledged that his actions constituted conduct deserving of sanction. In particular, he acknowledged that his actions were in violation of:

The Pharmacy Act, 2012:

s. 21.(3)(b) abide by the Act, regulations, by-laws, standards...

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

Pharmacy Regulations, 2014:

s.12. Duties of pharmacist in charge, specifically subsections (a), (e), (i), (m), (n), (p)

Newfoundland and Labrador Pharmacy Board By-Laws:

s. 94.(a) ...professional misconduct. (a) breach of the Code of Ethics or standards of pharmacy practice... [PLEASE NOTE: this is now section 85(a) due to a numbering change in the document]

Newfoundland and Labrador Pharmacy Board Code of Ethics

s. 6.1 ...obey the laws, regulations, standards and policies....

s. 6.5 ...raise concern if policies..., or the actions, performance ...of others has the potential to compromise patient care or public safety or is in conflict with the laws, regulations, standards or policies of the profession.

Security and Accountability Procedures for Narcotics and Controlled Drugs in Community Pharmacies (2010-2015)

s. 2.1 Storage Requirements. ...it is the responsibility of the Pharmacist-in-Charge to ensure all narcotic and controlled drugs are stored in this cabinet and not in other unsecured areas of the pharmacy.

s. 3.1 Purchase Records. All pharmacies must maintain a register or log of all receipts of Narcotic and Controlled Drugs in a readily retrievable format in accordance with section 30 of the Narcotic Control Regulations....

(Continued on page 4)

s. 3.2 Sales Records. All pharmacies must maintain a paper copy of a register or log of all sales/transactions of Narcotic and Controlled Drugs in an organized manner in the pharmacy in accordance with sections 38 of the Narcotic Control Regulations...

s. 4. The Narcotic and Controlled Drug inventory should be reviewed regularly for expired and/or otherwise unusable drugs.

s. 5. In accordance with section 42 of the Narcotic Control Regulations, Losses or Thefts must be reported by completing a Loss or Theft Report form

The Board's Standards of Pharmacy Operation – Community Pharmacy ("SOPO-Community"):

s. 1.6(c)(i) A physical inventory count of narcotics and controlled drugs must be performed and documented at least once every three months...

s. 1.6(d) Maintenance and Auditing of Purchase Records

s. 1.6(e) Maintenance and Auditing of Sales Records

Narcotic Control Regulations:

s. 43. A pharmacist shall take all reasonable steps that are necessary to protect narcotics on his premises or under his control against loss or theft.

The Respondent, the Complainant, and the Board agreed to the following disposition of this allegation:

- 1) The Respondent was cautioned for his admitted conduct deserving of sanction.
- 2) The Respondent was required to sign an undertaking that he will comply with all requirements for registration, and that he has read and understands the relevant legislation, standards, and procedures.
- 3) The Respondent was prohibited from serving as a pharmacist in charge or a preceptor for a period of two years.
- 4) The Respondent contributed towards the costs of the Board's involvement in the Allegations.
- 5) A copy of this Settlement Agreement will be placed in the Respondent's file and noted on any requests for a Letter of Standing from the Board.
- 6) This summary will be posted in the next issue of the Apothecary.

Lessons Learned...

⇒ Pharmacists-in-charge are reminded that they are responsible to the Board and the public for:

- actively directing, controlling or managing the pharmacy;
- ensuring that the pharmacy is appropriately secured against loss, theft and diversion;
- developing, maintaining and enforcing written policies and procedures for pharmacy staff in accordance with applicable legislation, the Standards of Pharmacy Operation and Standards of Practice; and
- ensuring compliance with all federal and provincial legislation pertaining to pharmacy practice and licensing including the Act, these regulations, the bylaws and the Standards of Practice.

Quality Assurance Program Update: Practice Site Assessments

The Pharmacy Act, 2012 requires the Newfoundland and Labrador Pharmacy Board to “establish and maintain a quality assurance program to promote high standards of practice within the pharmacy profession.” The QA program must be “designed to promote continuing competence and quality improvement.” The Board divides the components of the QA program into four main categories: registrant, practice site, practice support tools, and legislative and regulatory support.

In this edition of *The Apothecary*, we would like to provide registrants with an update on the QA programming under “practice site.” The Board has developed a practice site assessment program for community and hospital pharmacies in order meet its requirements to promote regulatory standards and facilitate quality improvement processes.

Practice Site Assessments - Community

Since 2014, when the NLPB started conducting community pharmacy practice site assessments as part of the QA Program, 120 pharmacies (~60%) across the province have been assessed. The goal is for the Board to have the capacity to routinely assess all pharmacies every three years. The Board hopes to have a Practice Site Assessor (Community) in place by this spring to assist with in meeting this goal.

For those who are not familiar with the assessment process, community pharmacy assessments involve a direct exchange of information between the pharmacist-in-charge of the pharmacy and NLPB staff. Pharmacists-in-charge complete a self-assessment prior to the assessment date and submit it to NLPB. The self-assessment form is primarily based on the Standards of Pharmacy Operation and Standards of Practice. It helps pharmacists-in-charge identify any standards that are unmet and questions they may have about the application of standards and guidelines. This helps the pharmacist-in-charge and Board staff prepare for the visit and make good use of time on assessment day. NLPB staff complete an on-site assessment form and this, along with the self-assessment and discussions during the assessment, informs the assessment report. Pharmacists-in-charge are required to respond to the report, including plans for addressing any standards that are unmet and implementing recommendations.

Upon reviewing assessment reports for 2019, key learnings can be identified and shared broadly for the benefit of all registrants.

Standards of Pharmacy Operation - Community Pharmacy

- Many pharmacists are unclear about the auditing requirements under Section 1.6 - *Security and Accountability of Narcotics and Controlled Drugs*. If you are uncertain about what this section of the Standards requires, please contact NLPB office for assistance.
- Section 3 of the SOPO-Community provides the expectations around Pharmacy Practice. All staff should review this section in detail, as there were changes in practice requirements included in this section when the standards were approved in June 2015. For example:
 - Schedule II medications are subject to the same documentation and labelling requirements as prescription medications.
 - For every medication dispensed, there must be clear documentation of who was involved at

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EACH STAGE of the dispensing process, resolution of any drug interactions, and counselling (for all new prescriptions, and where required for refills).

- o When filling or logging a prescription for continuing therapy, any existing prescriptions for the same drug therapy with refills remaining MUST be deactivated to prevent them from being inappropriately filled in the future.
- o When filling a prescription that was previously logged, it MUST be handled as if it were a new prescription including ensuring the accuracy and validity of the prescription (by checking it against the original order) and the continued appropriateness of the drug therapy.

Personal Care Home Standards

- The pharmacy must develop, regularly review, and maintain a policy and procedure manual specific to provision of services to personal care homes.
- All residents for personal care homes must receive a comprehensive medication review at least yearly, and documentation must be retained in the patients file at the pharmacy. To meet this requirement, many pharmacists-in-charge aim to schedule medication reviews throughout the year, taking into account busy periods and staff vacation time.
- Revised standards came into effect January 1, 2019; ensure you are familiar with the new requirements, and that any gaps between current practice and the new standards are addressed.

Injection Standards

- Ensure that emergency kits for anaphylaxis management are appropriately stocked and routinely checked for expired products. The Canadian Immunization Guide, a required reference under the standards, provides guidance on emergency kit contents - see <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-2-vaccine-safety/page-4-early-vaccine-reactions-including-anaphylaxis.html#p2c3a4f>.
- For clarity, pharmacists *may* inform other health care providers about provision of an injection or immunization, however pharmacists are *required* to provide a patient with injection documentation.
- All injection administrations (including immunizations) must be appropriately recorded in the electronic health record. To ensure that you are using the best process for this, you may want to contact NLCHI or your software vendor. Using the “Add Immunization” or “Add Pharmacy Service” function to record this information is more appropriate than creating “injection service” as a drug file and submitting it since the latter will not be transmitted to the electronic health record.

Practice Site Assessments - Hospital

The Board piloted a process for assessing hospital pharmacies in Fall 2017. To date, six pharmacies have been assessed. There were many lessons learned from this pilot and we are integrating these learnings into existing processes. Staff support will be added early in 2019 to assist hospital registrants with meeting the Board’s standards and to ensure that hospital pharmacy sees meaningful outcomes. While all applicable NLPB standards are emphasized during site visits, currently, the key areas of focus for hospital pharmacy are:

- Implementation of standards for pharmacy compounding of sterile and non-sterile preparations

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- Implementation of the *Standards of Pharmacy Operation-Hospital Pharmacy*, which came into force January 1, 2018

Conclusion

In 2019, the Board will continue to develop the registrant and practice site components of the QA Program, including the development of medication safety standards and establishing processes for reporting medication incidents. We will also be evaluating QA processes that have been implemented since the program's inception and making improvements where necessary. The Board and its staff look forward to continuing to promote high standards of practice, continued competency, and quality improvement, and to working with registrants to ensure safe, quality pharmacy services are provided to the people of the province.

Building a Patient Safety Culture- Sharing Information about Medication Incidents

The Canadian Patient Safety Institute defines a medication incident as:

Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient, or consumer. Medication incidents may be related to professional practice, drug products, procedures, and systems. Medication incidents can occur due to wrong doses or wrong routes of administration, drug mix-ups, drug interactions causing harm, errors associated with drug packaging or labels, administration of medication to the wrong patient, or incomplete (or a lack of) medication reconciliation.

Unfortunately, even the most diligent pharmacists, pharmacy technicians, and assistants can be involved in a medication incident. The silver lining to an error or near miss is the learning that results from analyzing how the incident occurred. Sharing information about medication incidents with the pharmacy community and other health professionals can prevent future errors and patient harm.

Recently, a pharmacist reported to NLPB a dispensing error related to nitroglycerin ointment. The pharmacist detected two situations where nitroglycerin ointment 2%, which is a commercially available product prescribed for angina, was dispensed instead of compounded nitroglycerin 0.2% for anal fissures. In both situations, the patient was negatively affected due to side effects (severe headache) and delayed resolution of a medical issue.

Lessons Learned...

- ⇒ If not included on the prescription, pharmacists should collect information from patients about the indication for a medication's use. It is most efficient if this information is collected upon intake of the prescription. If the patient is unsure of the indication for use, it may be necessary to consult with the prescriber before dispensing the medication.
- ⇒ Pharmacists should be familiar with the various indications and related dosing of medications they are dispensing; if unsure, appropriate reference materials should be consulted. In the case described above, it is important for pharmacists who are checking prescriptions to be aware of the varied dosing, instructions for use, and duration of therapy for nitroglycerin ointment when being used for treatment of angina versus anal fissures.

Are you aware of a medication incident that others can learn from? Let us know! Contact Noelle Patten, Associate Registrar, Quality Assurance at npatten@nlpb.ca.

Professional Practice Webinars

The most recent Professional Practice webinar took place on February 12, 2019 from 9:30 - 10:30 am. The topic for this webinar was **Pharmacy Technician Scope of Practice - Myths and Misconceptions** and there was a very lively question and answer session during the webinar.

If you were not able to join us, a recording of the webinar and a handout will be posted, as always, to the [Professional Practice Webinars](#) page of the NLPB website within a week following the event.

Please visit the NLPB website any time to check the dates of upcoming webinars or to view recordings of past events. Our archive currently includes the following webinars:

- Oct 2018 NLPB Update – What's New and Upcoming?
- Aug 2018 Standards 101 and Frequently-Asked Questions - Opioid Agonist Maintenance Treatment
- June 2018 Current Issues - Cannabis: Know Your Role
- April 2018 Ethical Considerations: Professional Liability and Your Patient
- Jan 2018 Standards 101: Prescribing by Pharmacists - What's Holding You Back?
- Oct 2017 Frequently-Asked Questions - Professional Development Standards and Online Portal
- Aug 2017 Current Issues - Buprenorphine-Naloxone for the Treatment of Opioid Dependence
- June 2017 Standards 101 - Security and Accountability of Narcotics and Controlled Drugs

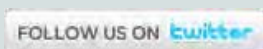
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The Apothecary

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BOARD OF DIRECTORS

Elected Members

Zone 1 Keith Bailey
 Zone 2 Ray Gulliver
 Zone 3 Shawn Vallis
 Zone 4 Henry White
 Zone 5 (Hospital Pharmacist) Brittany Churchill
 Zone 6 (Pharmacy Technician) Colleen Squires
 Zone 7 (At Large) Taggart Norris, Chad Parsons
 Dean, MUN School of Pharmacy Shawn Bugden

Public Representatives

Board-appointed Shirlene Murphy
 Mark Sheppard
 Government-appointed Ruby Chaytor
 Gerri Thompson

EXECUTIVE COMMITTEE

Chair Colleen Squires
 Vice-Chair Gerri Thompson
 Executive Member Henry White
 Past Chair Taggart Norris

THE APOTHECARY

NEWSLETTER

SPRING 2019 - nlpb.ca



The official newsletter of the
Newfoundland & Labrador
Pharmacy Board.

Registrants are responsible for
reviewing all information
within this publication.

IN THIS ISSUE:

- Our **CORE VALUES** defined
- Message from the Registrar: **OAMT** statement
- **BOARD MEETING/AGM** highlights
- **COMPLAINTS & DISCIPLINE:** Spotlight on lessons learned
- Timelines released for **NON-STERILE & STERILE COMPOUNDING STANDARDS**
- **AGM / NEW REGISTRANT RECEPTION & AWARDS** photos



@NLPHARMACYBOARD



OUR CORE VALUES DEFINED

You might be familiar with Newfoundland and Labrador Pharmacy Board's (NLPB) core values: **accountability, collaboration, integrity and transparency**. All of our activities, and decisions made, are based on these four values. We have gone a step further to define just how we apply them within our organization:

We stand by the same ethical behaviour and moral standards that we ask of our registered pharmacists, pharmacy technicians and student interns. It is our responsibility to the people of the province to ensure registrants are providing safe and quality pharmacy care in accordance with the *Pharmacy Act, 2012*, its Regulations, By-laws and Code of Ethics.

ACCOUNTABILITY

COLLABORATION

Collaboration plays a significant role in everything we do. It is a value we encourage our registrants to embrace, and one we hold ourselves to every day to continue working together towards enhancing self-regulation of pharmacy practice.

We act with integrity to advance pharmacy practice for the people of the province. Our actions are based on what is in the best interest for the public; our activities support the optimization of patient-focused pharmacy care, thus, promoting safe and healthy communities.

INTEGRITY

TRANSPARENCY

Transparency is a priority and is integrated throughout the organization. We continually make our best effort to effectively communicate Board approved goals, actions, and endeavours so that the public, our registrants and stakeholders are well-informed.



MESSAGE FROM THE REGISTRAR

Welcome to the Spring edition of the Apothecary! The look and feel of the newsletter has been updated. 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.

Harm Reduction: Increasing Demand for OAMT Services from Pharmacies

The increasing number of opioid-related overdoses and deaths is a national public health crisis (1). Federal and provincial governments have made addressing this crisis a top priority, and one key initiative is increased access to evidence-based treatment. Newfoundland and Labrador (NL) has the highest rate of prescribed opioids in the country (2) and the potential for opioid-related harms continues to be concerning. Dispensing prescribed opioids is part of everyday pharmacy practice, and so pharmacy professionals share the responsibility to reduce harms associated with opioid use.

Quantifying the societal health need

The number of NL residents requiring treatment for opioid use disorder (OUD) has grown significantly in the past decade resulting in a need for more pharmacies to participate in opioid agonist maintenance treatment (OAMT) services. Newfoundland and Labrador Prescription Drug Program (NLPDP) beneficiaries receiving methadone increased from 442 in 2007/8 to 1616 in 2017/18. In addition, buprenorphine/naloxone (Suboxone®) is now recognized as a first line treatment for OUD and is an open NLPDP benefit. In 2018, there were 1404 individuals with NLPDP coverage receiving buprenorphine/naloxone. Just considering the historical data available through NLPDP, the number of individuals receiving OAMT increased by almost 700% in a ten year timeframe. These numbers still do not fully reflect the increasing demand for OAMT as they do not include individuals who have other insurance coverage or who pay out-of-pocket, or those who are awaiting treatment.



MARGOT PRIDDLE, REGISTRAR



Respecting a patient's right to receive care

Based on the information above, pharmacy professionals can expect to be called upon to participate in OAMT services. The [Standards for Safe and Effective Provision of Opioid Agonist Maintenance Treatment](#) emphasize that registrants should reflect on the Board's [Code of Ethics](#) when deciding whether to offer OAMT services. The Code of Ethics states that registrants respect the patient's right to receive care; OAMT is a harm reduction measure that may be a critical component of an individual's health care. If OAMT services are requested, the registrant should provide the services to their best ability while maintaining quality and safety of practice—the request should be received the same as any other request for a new medication or pharmacy service.

The Board's goal is to support registrants in building OAMT services into their practices. In most situations there are opportunities for pharmacies to participate to some extent. Pharmacists-in-charge should consult with prescribers, colleagues, patients and individuals in their community to gauge the need for OAMT services and aim to optimize the pharmacy's involvement in harm reduction programs.

For more information on how to get involved, registrants can refer to the *Standards* as well as contact [NLPB](#) office for support and guidance.

(1) [Federal Actions on Opioids – Overview](#)

(2) [Pan-Canadian Trends in the Prescribing of Opioids & Benzodiazapines, 2012-2017](#)



2019 BOARD MEMBERS

On May 3, 2019, our Board members gathered for a meeting in St. John's. One item on the agenda was to announce the two newly elected Board members for Zone 2 & 3 and to inaugurate the new Board Chair for 2019-21. See below for 2019 Board members.

ADVANCING
PHARMACY CARE
FOR A SAFE
AND HEALTHY
COMMUNITY

NEW

EXECUTIVE COMMITTEE

CHAIR

Gerri Thompson

VICE CHAIR

Taggart Norris

EXECUTIVE MEMBER

Brittany Churchill

PAST CHAIR

Colleen Squires

PUBLIC REPRESENTATIVES

Board Appointed

Shirlene Murphy
Mark Sheppard

Government Appointed

Ruby Chaytor
Gerri Thompson

DEAN, MEMORIAL UNIVERSITY SCHOOL OF PHARMACY

Shawn Bugden

ELECTED MEMBERS

Zone 1 Pharmacist

Keith Bailey

NEW

Zone 2 Pharmacist

Jason Ryan

NEW

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

Taggart Norris
Chad Parsons

Welcome to our new members in Zone 2 & 3 and thank you to our returning members for your continued service. We look forward to a productive year ahead enhancing pharmacy care in the public's best interest!



BOARD MEETING & AGM HIGHLIGHTS

Strategic planning

How goals & objectives are developed

During the May 3 Board meeting, Registrar Margot Priddle provided Board members with an update of the current 2017-19 strategic plan. NLPB staff have been continuing to meet the initiatives outlined in the work plan so that, by 2019 year-end, goals will be achieved.

In keeping with our core value of transparency, we want to communicate how our goals and objectives are developed, maintained and implemented. Since we are concluding the current three year plan at the end of 2019, it will soon be time to introduce our strategic plan for 2020-22.

To develop the overarching goals, Board members and NLPB staff get together for a strategic planning session. During this brainstorming session, current issues and opportunities are discussed and the high level goals are determined. Once approved by the Board, budgeting for resources to make them happen are planned. The Board is involved every step of the way to ensure everyone is in agreeance. A lot of collaboration goes into our strategic planning to enhance pharmacy care and ensure public safety within the province.

Once our plan for 2020-22 is approved and budgeted for, we will be sharing a public document outlining the goals and the reasoning behind them.

New term of office for Executive Committee

One year can pass by quickly, and so it was suggested that NLPB look at extending the period of time the executive committee members occupy their positions.



At the most recent Board meeting it was decided that the new term of office will go from one year to two years. The changes come into effect this year with new Board Chair Gerri Thompson serving in this position from 2019 until 2021.

Annual General Meeting

Thank you to the registrants, Board members and NLPB staff who came out to the annual general meeting on May 3 at the JAG Hotel in St. John's. Registrar Margot Priddle presented the NLPB [2018 Annual Report](#) which outlines work completed in 2018. In the report you can see NLPB registered 174 pharmacy technicians (up by 35 registrants from 2017), 726 pharmacists (up by 2 from 2017) and licensed 213 pharmacies across the province (an increase of 1 from 2017). A break down of the number of allegations that were filed in 2018 was discussed and an overview of the Quality Assurance activities was provided. If you haven't already, check out the annual report online, click the link above.

During the AGM the new Board Chair Gerri Thompson (right) was officially inaugurated by former Past Chair Taggart Norris (left).



IMPROVING MEDICATION SAFETY

Sharing info about medication incidents

In an effort to minimize medication incidents and maximize patient safety, NLPB asks pharmacists to share incidents of medication errors, near misses, or privacy breaches so we can create awareness around patient safety. There's a lot to learn from others' experiences!

The Canadian Patient Safety Institute defines a medication incident as:

Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient, or consumer. Medication incidents may be related to professional practice, drug products, procedures, and systems. Medication incidents can occur due to wrong doses or wrong routes of administration, drug mix-ups, drug interactions causing harm, errors associated with drug packaging or labels, administration of medication to the wrong patient, or incomplete (or a lack of) medication reconciliation.

Summary of recent medication incidents & important takeaways

Incident: Upon processing a prescription for an incarcerated patient, a pharmacist detected through the Pharmacy Network (PN) that the patient had a part fill of the same opioid dispensed from another community pharmacy. It was determined the patient did not pick up the prescription—another individual had impersonated the patient. The pharmacist filling the part fill missed alerts from the PN stating that the prescription for the same drug had been recently filled at another pharmacy.

Takeaway: *Confirming patient identity is a critical step in the dispensing process.* If a patient is unfamiliar, consider asking for photo identification or MCP card

Continued...

photo identification or MCP card (this should be compared to that noted in the PN). Note that the Standards of Pharmacy Operation require patient profiles to include MCP. In addition, at pick-up, two patient identifiers should be confirmed. The following document provides helpful information on patient identification processes: [Improving medication safety in community pharmacy](#)

Incident: “Look-alike, sound alike”

Paroxetine (Paxil) 20 mg was mistakenly dispensed for rabeprazole (Pariet) 20 mg. The patient received the medication and took it for about a week. The error was discovered when the patient reported feeling “funny and moody” since starting the medication.

In a separate incident, ropinerole 0.25 mg was filled and placed in a patient's compliance package instead of risperidone 0.25 mg. The mistake was discovered by a pharmacy staff member and the compliance package was repackaged with the correct medication.

Takeaway: *If not included on the prescription, pharmacists should collect info from patients about the indication for a medication's use.*

It may be efficient if this info is collected upon intake of the prescription and indication may need to be confirmed with the prescriber if the patient is unsure. These two incidents involved new medications. Patient counselling is the final opportunity to confirm or reiterate the indication for medication use and to detect any prescribing or dispensing errors. Ensure a process is in place for “flagging” prescriptions that require counselling and make sure that this is not lost during the packaging process when patients are receiving their medications in compliance packages.

Submit incidents to npatten@nlpb.ca



COMPLAINTS & DISCIPLINE

SPOTLIGHT ON LESSONS LEARNED

Addressing practice concerns is an important part of Newfoundland and Labrador Pharmacy Board's (NLPB) role in protecting the public. Several matters have gone through NLPB's complaints and discipline process over the last few months. Pages 5-8 spotlight the important lessons learned for registrants.



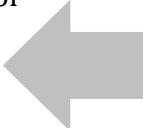
Failure to meet professional & registration obligations

Some recent allegations showcase the importance of maintaining all registration requirements throughout the practice year, and of complying with conditions of registration put in place by the Board and its committees.

Missed PANL membership & breach of an undertaking

The Registrar filed an allegation when a registrant failed to renew membership with the Pharmacists' Association of NL (PANL).

This was the second year in a row that the registrant failed to renew PANL membership. After the first recorded failure, the registrant signed an undertaking with the Board stating they would "provide proof of renewal of required membership with PANL to the Board within thirty days of renewal for the next two years..." and "will maintain all requirements of registration as required under the Act and Regulations and all other applicable legislation, at all times." Since the registrant did not comply after the first offence another allegation was filed for failing to renew membership with PANL, and for breaching conditions of the undertaking with the Board. The Complaints Authorization Committee (CAC) determined that there were grounds to believe that conduct deserving of sanction had occurred and cautioned the registrant for this conduct.




**Membership with
PANL is required
under the *Pharmacy
Act, 2012***

Missed liability insurance

An allegation was filed by the Registrar as a registrant was identified as not having active professional liability insurance (PLI) during the Board's PLI audit.

In this case, the registrant acknowledged the lapse in coverage and indicated that renewing the policy was usually delegated to their pharmacy's administrative staff. Upon review, the CAC found that there were reasonable grounds to believe that conduct deserving of sanction had occurred, and cautioned the registrant that failing to maintain appropriate PLI is a serious concern with potentially severe consequences for patients; the registrant was informed that signing professional documents is to be taken seriously—whether that be by written hand or electronic signature.



**Professional liability
insurance (PLI) is
necessary in order to
practice pharmacy**



COMPLAINTS & DISCIPLINE

SPOTLIGHT ON LESSONS LEARNED

Pharmacists must be registered with the Board to practice pharmacy

Did you know that only pharmacists who are properly registered are legally entitled to call themselves a pharmacist?

Missed registration renewal

A registrant failed to renew registration and practiced unregistered for a period of time so the Registrar filed an allegation.

The registrant acknowledged that only a pharmacist who is properly registered is entitled to practice pharmacy and call themselves a pharmacist. The matter proceeded through alternate dispute resolution and a settlement in the matter was reached. The Registrar and the registrant agreed to the following:

The respondent be reprimanded for the admitted conduct deserving of sanction; pay a fine of \$1000; pay a contribution towards the costs of the Board's involvement in the allegation; be reminded that liability insurance must be kept current as well as registration with the Board. Failure to comply will result in further sanctions. A copy of the Settlement Agreement will be placed in the registrant's file and will be noted on any requests for a Letter Standing from the Board.



Failure to respond to items “requiring attention” in Community Pharmacy Assessment Report

An allegation was filed against a registrant who did not respond to their Community Pharmacy Assessment Report, and refused to address items requiring attention.

The registrant involved with this allegation indicated that they did not have to comply with the notations in the report mentioned above because it was believed that another registrant was challenging the obligation to comply. The CAC determined that there were reasonable grounds to believe the registrant engaged in conduct deserving of sanction by refusing to cooperate and respond appropriately. The CAC agreed that if there is no statement from a recognized source (such as a court) to say a Board process is not legal and binding for all pharmacists then a registrant's refusal to participate may be conduct deserving of sanction. The registrant was cautioned to respond in a timely manner to all Board requests for responses and to comply with requirements of NLPB's Quality Assurance Program.



As the regulator for pharmacy practice in NL, all registered pharmacists are obligated to comply with NLPB rules & regulations



COMPLAINTS & DISCIPLINE

SPOTLIGHT ON LESSONS LEARNED

Refresh & Reflect

How's your professional judgement?

It's beneficial for pharmacy professionals to take some time and reflect on professional judgement and refresh their knowledge of the Code of Ethics. Read below for two of the latest matters concerning appropriateness of professional judgement in patient care. Upon reviewing the cases, ask yourself: *how you would deal with a similar situation?*

Refill refusal

A patient filed an allegation because a pharmacy refused to issue an early refill for medication.

One evening a patient attended a pharmacy hoping to get an early refill as said patient needed their next dose of medication the following morning; however, due to work they would not be able to visit the pharmacy in the morning. The registrant involved informed the patient of the 30-day refill policy associated with their medication and said that it could not be filled until the following morning.

The CAC determined there were reasonable grounds to believe the registrant had engaged in conduct deserving of sanction by breaching sections 1.2 and 6.6 of the Code of Ethics:

1.2. Registrants use their specialized knowledge and skills to make informed decisions that are in the best interest of their patients and the public.

6.6. Registrants do not practice under conditions which compromise their freedom to exercise professional judgment or which cause a deterioration of the quality of their professional service or care.

The registrant was informed that aside from strict language in legislation, there is no blanket policy with respect to refills of controlled drugs, and the application of strict policy should never act as a substitute for a pharmacist's professional judgment with respect to a patient's individual needs.

Proper prescription processing

A fellow registrant filed an allegation because a pharmacist failed to follow proper prescription handling and processing requirements.

Receiving prescriptions through fax can be tricky business. A registrant received a prescription via fax from a physician in another province. The drug was required to be written on a Tamper Resistance Prescription Pad (TRPP) and that requirement hadn't been followed. The registrant decided to contact the patient's out of province pharmacy to obtain information and contacted the patient's physician who indicated there were no concerns with misuse of the medication; the registrant and the physician discussed referring the patient to the emergency room to receive a new prescription and decided against it. The registrant dispensed the prescription based on the faxed prescription written on non-TRPP.



COMPLAINTS & DISCIPLINE

SPOTLIGHT ON LESSONS LEARNED...

Proper prescription processing continued...

A fellow registrant filed an allegation because a pharmacist failed to follow proper prescription handling and processing requirements.

The CAC determined that there were reasonable grounds to believe that conduct deserving of sanction had occurred. The TRPP program established at section 26(1) of the *Pharmaceutical Services Act* says:

26 (6) A pharmacist or dispensing physician shall not dispense a drug included in the list established under subsection (2) unless the prescriber prescribing the drug has written or typed the prescription on a tamper resistant prescription drug pad approved by and approved by and provided to the person by the minister...

Further, the *Standards of Pharmacy Operation—Community Pharmacy* contains the following relevant sections:

3.2(e) if the prescription is written for a narcotic or controlled drug that is subject to the Government of NL's TRPP program, the pharmacist or pharmacy technician must ensure that all requirements of the program are met.

3.2 (f) If the prescription is received through facsimile transmission, the pharmacist or pharmacy technician must ensure that all requirements of the Standards of Practice – Facsimile Transmission of Prescriptions are met.

The CAC was mindful of the circumstances in which the prescription was dispensed and the rationale for doing so (as it was articulated by the registrant). However, as legislation clearly states that a pharmacist shall not dispense a drug included on the TRPP program list, the registrant did not apply appropriate professional judgement for dispensing the medication in this case. The registrant was cautioned to review the relevant legislation and standards and to ensure that all possible solutions are explored so that both patient needs and regulatory requirements are met to the fullest extent possible.

!

Discussion with fellow registrants is another way to determine best possible patient-focused, but legal, pharmacy care decisions

Strict legislative requirements must be complied with. If registrants are ever unsure what to do they can consult with the Board or any relevant oversight body (Pharmaceutical Services Division)

Stay tuned for the next edition of the Apothecary that will look at cases involving medication errors and the important lessons learned.



IMPLEMENTATION OF COMPOUNDING STANDARDS

Implementation of NAPRA's compounding standards

Compounding plays an important role in pharmacy practice, allowing individual ingredients to be mixed together in personalized strengths and dosages based on patients' needs. High-quality standards are needed to ensure preparation quality and safety when compounding drugs for patients. Evolving practice as well as increased awareness of risks associated with compounding, led the National Association of Pharmacy Regulatory Authorities (NAPRA) to develop new model standards for pharmacy compounding of sterile and non-sterile products, and led the NLPB to subsequently adopt these standards.

NAPRA's compounding standards may represent significant changes to pharmacy practice, and pharmacy teams will require time to: develop or revise policies and procedures, perform risk assessments of compounds, appropriately train personnel, upgrade equipment and facilities, and develop and implement quality assurance programs. To help registrants adapt to the changes, NLPB has developed a phased implementation schedule.

This process involved consultation with pharmacy professionals throughout the province who are engaged in various sterile and non-sterile compounding practices, as well as consultation with other pharmacy regulators throughout the country. The Board approved implementation schedules for sterile and non-sterile compounding standards in February 2019, which are available alongside the applicable standards on the Standards, Guidelines, Policies and Positions page of the NLPB website.

Key elements of Phase 1: *Assessing Risks and Gaps*

Phase 1 of sterile and non-sterile compounding standards implementation focuses on the following high-level objectives:

- **Familiarize with the standards and any related guidelines**
- **Complete a self-assessment of current compounding practices (i.e. gap analysis)**
- **Identify risks associated with current practice and mitigate these risks to the extent that is possible**
- **Create an action plan to meet implementation deadlines**
- **Aim to meet compounding standards at the earliest possible date**

See page 12 for steps on Phase 1 rollout

It covers:

- **Reading the applicable standards**
- **Assigning a compounding supervisor**
- **Conducting the applicable self-assessment**
- **Use self-assessment results to create an action plan**



IMPLEMENTATION OF COMPOUNDING STANDARDS

Rolling out timelines for the new sterile & non-sterile compounding standards

WHO?

All pharmacy personnel involved in compounding, including pharmacy management.

WHAT?

Read applicable practice standards:

[Standards for Pharmacy Compounding of Non-Sterile Preparations](#)

[Guidance for Pharmacy Compounding of Non-Sterile Preparations](#)

[Standards for Pharmacy Compounding of Hazardous Sterile Preparations](#)

[Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations](#)

1

WHO?

Pharmacist-in-charge and compounding supervisor, in consultation with other personnel where necessary.

WHAT?

Complete the [Non-Sterile Compounding Self-Assessment \(Gap Analysis\)](#)—**Now available!**

Complete the Sterile Compounding Self-Assessment within 3 months of release date—**Coming soon!**

SELF ASSESSMENTS

3

WHO?

Pharmacist-in-charge, in consultation with pharmacy owner or management for the organization.

WHAT?

Assign the compounding supervisor role(s) (this should occur as soon as possible). It may be the pharmacist-in-charge, a staff pharmacist, or pharmacy technician.

2

Next steps!

Self-assessments should be used to create an action plan for full implementation of applicable compounding standards, with Phase 1 elements highlighted for completion by December 31, 2019.

Our June webinar will provide a more in-depth review of Phase 1 of non-sterile compounding standards implementation, including examples of risk assessments. Submit questions in advance of the webinar to Noelle Patten, Associate Registrar- QA (npatten@nlpb.ca). If you can't join us, watch for a recording of the webinar on the Professional Practice Webinars page of the NLPB website.

The Board and NLPB staff are excited to collaborate with pharmacists and pharmacy technicians to ensure safe, quality compounding practices for the people of the province.

COMPOUNDING SUPERVISOR



THINGS OF INTEREST

Are you interested in being a member of our Disciplinary Panel?

We're looking for interested registered pharmacy professionals to serve as members on the NLPB Disciplinary Panel. All registered pharmacists and pharmacy technicians should have received an email with details explaining qualifications, desirable attributes, and time commitments to be expected. This is your opportunity to flex your ethical standards and integrity for the profession!

If you're passionate about providing safe and quality pharmacy care to the public then this might be a rewarding challenge for you. Check your inbox for the email sent on May 16 and send your application to gjohnson@nlpb.ca by June 14, 2019.

Upcoming WEBINAR - June 11, 2019 *Standards 101 - Breaking Down Phase 1 of Compounding Standards Implementation Plan*

You're not going to want to miss our next webinar on Tuesday, June 11. Phase 1 of the compounding standards implementation plan will be broken down and discussed to make this transition as easy as possible for registrants. We will be talking about:

- o Definitions of level A, B and C non-sterile compounding
- o The role of the compounding supervisor
- o Examples of how to conduct a risk assessment for non-sterile compounds
- o Self-assessment documents (gap analysis tools) for non-sterile and sterile compounding
- o FAQs received to date, and more!

Register [here](#).



Safer Meds NL

Public awareness campaign

SaferMedsNL is a public awareness campaign to optimize medication use in NL by sparking conversations between patients and healthcare professionals to ensure medications are continued when necessary and stopped when they are no longer needed.

This year, SaferMedsNL is targeting Proton Pump Inhibitors (PPIs). Our province has the highest prevalence of long-term PPI use in Canada with over thirty per cent of seniors taking PPIs for longer than 12 months. For most people, PPI use beyond 12 weeks provides little benefit yet increases the risk of harmful effects, such as vitamin B12 and magnesium deficiency, C. difficile infection, community-acquired pneumonia, fractures and kidney problems.

The public awareness campaign for PPIs is underway and pharmacy professionals can expect to have members of the public ask questions regarding their medication use and in particular about their PPI use.

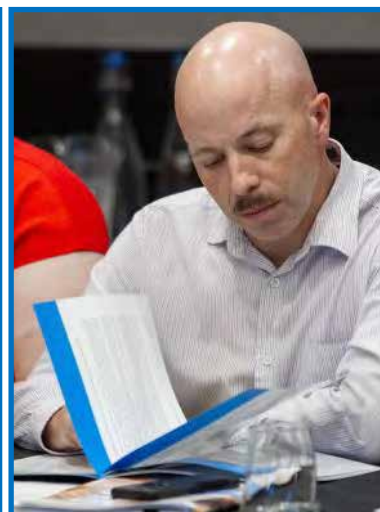
SaferMedsNL is challenging the public to get more involved in their healthcare experience and enhancing the patient-prescriber relationship as well as encouraging collaboration for quality pharmacy care.

For more information, visit their website: www.SaferMedsNL.ca

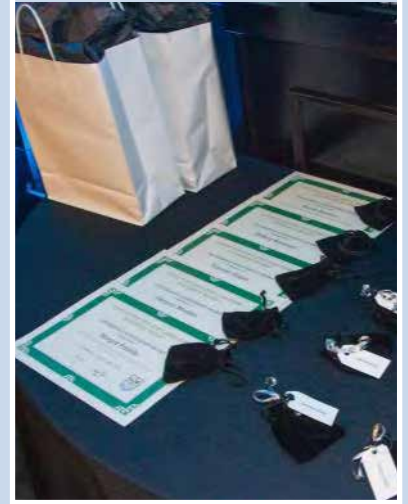


AGM — MAY 3, 2019

The annual general meeting took place on May 3, 2019, at the JAG Hotel in St. John's. Registrar Margot Priddle & Vice-Chair Gerri Thompson, who stood in for Chair Colleen Squires, presented highlights from the 2018 Annual Report.



NEW REGISTRANT RECEPTION & AWARDS PRESENTATION



NLPB CONTACT INFORMATION

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THE APOTHECARY

NEWSLETTER

SUMMER 2019 - nlpb.ca



The official newsletter of the
Newfoundland & Labrador
Pharmacy Board.

Registrants are responsible for
reviewing all information
within this publication.

IN THIS ISSUE:

- **MESSAGE FROM THE REGISTRAR:**
Self-regulation & self-assessment
- **BOARD MEETING** *Updates*
- **COMPLAINTS & DISCIPLINE:**
Medication errors
- **HEALTHCARE SERIAL KILLING** *Explained*
- **COMPOUNDING Q&A** *with Pharmacist Heather Warren*
- **PROFESSIONAL DEVELOPMENT:** *To-do's & Audit Insights*



@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.



PRIVILEGE

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.

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



MARGOT PRIDDLE, REGISTRAR



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

Taggart 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**Taggart 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.

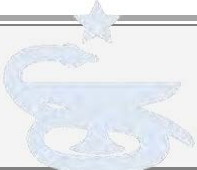


A REVIEW OF PHARMACY TECHNICIAN SCOPE OF PRACTICE & LIABILITY

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 <i>(under oversight)</i>	Pharmacy Assistant <i>(under direct supervision)</i>
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 <i>(under oversight)</i>	Pharmacy Assistant <i>(under direct supervision)</i>
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: <ul style="list-style-type: none"> the drug, dosage form, strength, manufacturer and quantity dispensed are correct according to the prescription; and 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:

- o demonstrate awareness of the limitations of her knowledge;
- o practice within the boundaries of her knowledge and competence;
- o 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,
- o 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 difficulty 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 use 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.

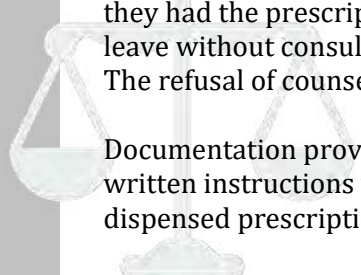
The registrants indicated that the pharmacy had subsequently made the decision that counselling should be made mandatory for all patients who are receiving a prescription where pharmacist counselling is recommended, and in the future patients will not receive their prescription until they have spoken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

- o **professional misconduct (defined in section 85 of the By-laws);**
- o **professional incompetence;**
- o **conduct unbecoming; or,**
- o **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...



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.

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.



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

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

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:

- o After you log in, choose "No" when asked if the learning activity you are documenting is accredited.
- o For Learning Activity, enter: "Service as a Preceptor."
- o For Date Completed, enter the ending date of the student or intern's rotation.
- o For Number of credits self-assigned for this activity, document appropriately according to the completed form.
- o 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."
- o 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.

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*)



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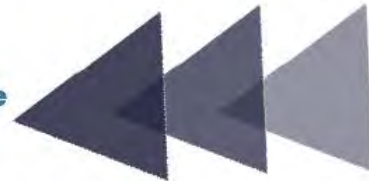


NEWFOUNDLAND & LABRADOR
PHARMACY BOARD



We've **UPDATED** our office space.

**Suite 201
145 Kelsey Drive
St. John's, NL
A1B 0L2**



Have you **UPDATED** our address?



@NLPHARMACYBOARD



THE APOTHECARY

NEWSLETTER

WINTER 2020 - nlpb.ca

NLPB 2020

encouraging a
positive patient
experience

The official newsletter of the
Newfoundland & Labrador
Pharmacy Board.

Registrants are responsible for
reviewing all information
within this publication.

IN THIS ISSUE:

- **MESSAGE FROM THE REGISTRAR**
Welcome 2020
- **BOARD MEETING** *Updates*
- **BOARD ELECTIONS & NLPB AWARDS** *Nominations*
- **NEW BY-LAW** *Additions*
- **Q&A** *with Pharmacist John Bautista*
- **COMPOUNDING** *Are you on track?*



@NLPHARMACYBOARD



STRATEGIC ACTION PLAN 2020-22

PROMOTE A CULTURE OF

PROFESSIONALISM

SUPPORT PHARMACY PROFESSIONALS IN OPTIMIZING

FULL SCOPE OF PRACTICE

FULLY OPERATIONALIZE

QUALITY ASSURANCE INITIATIVES

ENSURE EFFECTIVE

COMMUNICATIONS

NLPB is excited to embark on the next three years with the Board approved goals seen here. The detailed objectives can be found on **nlpb.ca** in our “latest news” section.

Dates to remember - WINTER 2020

January 1, 2020: New OHS Regulations on Workplace Harassment came into force

February 11: NLPB Revised Standards of Practice—Prescribing by Pharmacists

February 28: First Board Meeting of 2020

March 1-31: Pharmacy Awareness Month

March 8: Deadline for Board member nominations

March 13: Deadline to submit Board member nomination form

April 6: NL Registration Exam



MESSAGE FROM THE REGISTRAR

Welcome to the Winter edition of the Apothecary! Please read all of the content in this issue. If you have any questions or comments please email NLPB staff—see contact information on the back cover.

Welcome 2020

A new decade is upon us! Welcome to 2020, an exciting time in pharmacy lies ahead.

As most of us are surrounded by snow by now, a new class of pharmacy students are beginning their journey into the admirable profession we collectively grow through self-regulation. To kick off the year, in January, I had the pleasure of addressing 40 new students in Memorial's School of Pharmacy class at their White Coat Ceremony. The ceremony is always such a nice experience as it's exciting to see the promising future that pharmacy in our province holds.

While on the topic of new graduates, I would like to stress the importance of our current registrants considering becoming a preceptor if you haven't already done so. It is a valuable opportunity to share your wealth of knowledge with the upcoming young professionals. In this edition of the Apothecary, there is more information regarding becoming a preceptor on page 14.

The beginning of this year presented its challenges for the pharmacy world here in Newfoundland & Labrador (NL). Although our province is no stranger to poor weather conditions, a "snow bomb" severely took its toll on the Eastern NL region causing the City of St. John's and surrounding areas to declare a State of Emergency (SOE).

The SOE appears to have been a work in progress as it was happening, and NLPB worked diligently throughout to ensure the public interest was being protected by voicing



the need for pharmacy services during the crisis. I personally liaised with the Minister of Health and Community Services, Health Canada Office of Control Substances, PANL and contacted City officials throughout the SOE to ensure the necessity of access to pharmacy care was urged.

We continue to applaud the extraordinary efforts and long hours many of our registrants endured during the SOE, particularly those pharmacy professionals who were unable to leave their workplace due to the restrictions put in place.

It is especially during times of crises like these that the true passion professionals have for their work shines through; the dedication to your patient's safety was evident. Thank you!

NLPB is aware of the compromising position many professionals were put in given the circumstances, and we support your need to have used your best professional judgment to make difficult decisions during that time.

This SOE was a learning experience for all, and it is my hope that the debriefing from this event will lead to better outcomes during a similar situation in the future.



BOARD MEMBERS



**photo taken at the Board meeting in November 2019*

EXECUTIVE COMMITTEE

CHAIR

Gerri Thompson

VICE CHAIR

Taggart Norris

EXECUTIVE MEMBER

Brittany Churchill

PAST CHAIR

Colleen Squires

PUBLIC REPRESENTATIVES

Board Appointed

Shirlene Murphy
Mark Sheppard

Government Appointed

Ruby Chaytor
Gerri Thompson

DEAN, MEMORIAL UNIVERSITY SCHOOL OF PHARMACY

Shawn Bugden

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

Taggart Norris
Chad Parsons



BOARD MEETING UPDATE

*meeting took place on November 29, 2019

Strategic Action Plan 2020-2022

To kick off the Board meeting, Registrar Margot Priddle presented the new strategic action plan for 2020-2022 to Board members.

In early 2019, a strategic planning and development session with Board members and NLPB staff took place to discuss challenges and opportunities for NLPB. It was determined that the goals in this new plan support NLPB's vision of *advancing pharmacy care for a safe and healthy community*, and successfully reflect the organizations core values of *accountability, collaboration, integrity, respect and transparency*.

The four goals, listed on page 2, encourage a positive patient experience with a focus on:

- > *strengthening the professional identity of pharmacy professionals to foster greater pride in providing high quality care for each and every patient***
- > *reviewing and streamlining governing documents for simplicity and ease of use for registrants***
- > *enhancing the quality assurance program to ensure the mandate of public protection is achieved through promoting registrant competency, high standards of practice, and to align with national quality improvement initiatives***

As NLPB progresses through this strategic plan, a distinct and clear brand for the organization will be developed to effectively communicate activities and engage with the public, registrants, and stakeholders.

You can read the full plan on nlpb.ca under the "latest news" section.



2019 By-law Additions

As a result and continuation of the Cayton Report analysis that NLPB took on during the better part of 2019, new by-law additions were put forward to Board members and approved at the end of the year.

These additions affect the nomination procedures for Board elections, making them more fair and ensuring the separation between advocacy and regulation for the public is appropriate.

The second part of the additions relates to the information that is collected regarding pharmacy owners in the province. It has been determined that more information must be obtained from pharmacy owners so that NLPB can fulfill its duty of serving the public's best interest in pharmacy care in NL. The by-law changes are discussed in depth on pages 8-10.

New Long-term Care Standards of Practice—Approved

Following an extensive development and consultation process, the Board approved standards of practice related to the provision of service to long-term care facilities.

A delayed implementation date of July 1, 2021 has also been approved to allow pharmacists-in-charge time to work through the complex issues related to delivering this service, and for NLPB to create awareness and support the implementation of the standards.

To view the Standards of Practice - The Provision of Pharmaceutical Care to Long-Term Care Facilities, please visit the Standards, Guidelines, Policies & Positions page (<http://nlpb.ca/pharmacy-practice/standards-guidelines-policies/>).



NLPB BOARD ELECTIONS 2020

BOARD MEMBER ELECTIONS 2020



HAVE YOU CONSIDERED BEING A BOARD MEMBER?

NLPB's job is to promote and protect the health and well-being of the people of Newfoundland and Labrador (NL) by regulating the pharmacy profession and advancing pharmacy practice.

We need registrants who want to make an invaluable contribution to the pharmacy profession by helping ***regulate pharmacy in the public interest***. Board members play a role in advancing the quality and safety of pharmacy practice in NL.

We want your expertise on our Board.



ZONES UP FOR ELECTION 2020

ZONE 5: Pharmacists employed the majority of their time in a hospital —1 position

ZONE 6: Pharmacy technicians —1 position

ZONE 7: At large —2 positions

Registrants in these zones will receive an email on February 7, 2020 with the nomination form and links to information about the Board, NLPB's strategic plan and more. Increase your knowledge about NLPB and determine if you'd like to be a part of the movement to protect the public interest.

All nominees are required to review ***So you want to be a Board member, see here:*** nlpb.ca/media/Nomination-Orientation.pdf

***Deadline to submit nomination form: March 8, 2020.**

WE WANT YOUR EXPERTISE ON OUR BOARD



NLPB AWARDS NOMINATIONS: **RECOGNIZE YOUR COLLEAGUES**

NLPB AWARDS NOMINATIONS 2020



If you're looking to nominate a fellow registrant, read the details below & determine if all of the criteria are met. Then, fill out an Awards & Honours nomination form—it will be emailed to you, or visit nlpb.ca in the “latest news” section.

NLPB CERTIFICATE OF RECOGNITION

The purpose of the *certificate of recognition* is to recognize registrants for their outstanding dedication and contribution to NLPB. The number of certificates granted in one year is not limited, and certificates do not necessarily have to be presented in any given year; meaning, a registrant can be recognized for behaviour in past years.

Who's eligible & how?

To be considered for an NLPB Certificate of Recognition, the registrant must:

- Be currently registered and in good standing; and,
- Have made a special contribution to the NLPB on a local, provincial or national level.

Thinking of nominating?

The nominator is required to provide evidence of the nominee's:

- Commitment to the profession of pharmacy; and,
- Contribution to the work of NLPB *in fulfilling its mandate of public protection.*

PATIENT SAFETY AWARD

This award recognizes the achievement of an individual registrant, a group of registrants, an interdisciplinary group (that includes registrant (s) as key participants), or a pharmacy organization that has made a significant and lasting contribution to ***improving patient safety through a specific project or initiative.*** This award does not necessarily have to be presented in any given year.

Who's eligible & how?

To be considered for a patient safety award, the registrant must:

- Be currently registered and in good standing; and,
- Have made a special contribution to ensuring patient safety in their practice.

Thinking of nominating?

The nominator is required to provide evidence of the nominee's:

- Innovation in the delivery to patient centred care;
- Commitment to continuous quality improvement; and,
- Positive impact upon patient safety.



BY-LAW CHANGES & WHAT THEY MEAN

SPOTLIGHT ON NEW BY-LAW ADDITIONS

In November 2019, NLPB Board members approved a number of additions to the by-laws. These additions affect nomination procedures for Board elections & the information that is collected about pharmacy owners. Read below for the changes that were made:



NEW BY-LAWS

The new by-laws are listed below, with the newly added provisions in **bold**.

14. Nominations shall proceed as follows:

- a. Registrants shall be advised of their right to nominate at least 90 days prior to the Annual General Meeting of the board.
- b. Registrants may nominate more than one registrant in their zone.
- c. Nominations must be signed by at least two registrants entitled to vote in the zone for which the nomination is made and shall bear the consent of the registrant nominated.
- d. **Nominations must include the completed and signed Nomination Declarations form.**
- e. Nominations must be received by the Registrar at least 60 days prior to the Annual General Meeting of the board.
- f. **Registrants are ineligible to be nominated if any of the following are true:**
 - i) **The registrant is party to an outstanding allegation filed with the board;**
 - ii) **The registrant has been found guilty of conduct deserving of sanction by an adjudication tribunal and is subject to a decision or order that suspends the respondent;**
 - iii) **The registrant is subject to a settlement agreement or undertaking that suspends the respondent; allows or directs the respondent to surrender his or her licence; restricts the respondent's practice; or specifies conditions for the continuing practice of the respondent.**
 - iv) **The registrant is an adverse party in litigation against the board, a committee of the board, a panel of a committee of the board, or any of its directors, officers, employees, or agents.**
 - v) **The registrant is an employee, officer, or director of a pharmacy-related advocacy association.**
- g. **Subsections 14.(f)(ii) and (iii) do not apply if a period of six years has passed since the finding, settlement agreement or undertaking, and all restrictions or conditions are lifted.**
- h. **Subsection 14.(f)(v) does not apply if the registrant provides an undertaking to the board that he or she will resign from that position if elected to the board.**

See page 10 for a summary of what these changes mean for registrants...



BY-LAW CHANGES & WHAT THEY MEAN


SPOTLIGHT ON NEW BY-LAW ADDITIONS

73. The register of licensed pharmacies shall contain for each pharmacy:

- a. corporate name;
- b. trading name;
- c. mailing address;
- d. telephone number;
- e. email address;
- f. zone;
- g. the name of the pharmacist-in-charge;
- h. the names of any pharmacists, pharmacy interns, pharmacy students or pharmacy technicians employed by that pharmacy;
- i. the names, **mailing addresses, telephone numbers, email addresses**, and professions of all persons who own the pharmacy or partners in a partnership that owns or operates the pharmacy; and,
- j. the names, **mailing addresses, telephone numbers, email addresses**, and professions of all persons who are shareholders of a company that owns or operates the pharmacy, except where the company is a publicly traded corporation.

78. Not less than 90 days before opening a new pharmacy and not less than 30 days before acquiring an existing pharmacy, a corporation, partnership or individual must apply to the board for a pharmacy licence and such application shall include, at a minimum:

- a. the proposed corporate name and trading name of the pharmacy;
- b. the address, telephone number, email address, and zone of the proposed pharmacy;
- c. the name of the proposed pharmacist-in-charge;
- d. the names of any pharmacists, pharmacy interns, pharmacy students, or pharmacy technicians to be employed by the proposed pharmacy, if known at the time of application;
- e. the names, **mailing addresses, telephone numbers, email addresses**, and professions of all individuals who own or operate the proposed pharmacy, if applicable;
- f. the names, **mailing addresses, telephone numbers, email addresses**, and professions of all partners in a partnership that owns or operates the proposed pharmacy, if applicable;
- g. the names, **mailing addresses, telephone numbers, email addresses**, and professions of all persons who are shareholders of a corporation that owns or operates the proposed pharmacy, if applicable, except where the corporation is a publicly traded corporation; and
- h. the proposed date of opening or acquisition of the pharmacy.



The pharmacists-in-charge will be receiving a formal letter to provide to pharmacy owners. PIC's will collect & update this info on NLPB's registrant portal.



BY-LAW CHANGES & WHAT THEY MEAN

SPOTLIGHT ON NEW BY-LAW ADDITIONS

In November 2019, NLPB Board members approved a number of additions to the by-laws. These additions affect nomination procedures for Board elections & the information that is collected about pharmacy owners. Pages 8-9 outline the changes that were made, and below is a summary of what the changes mean.



WHAT DO THESE CHANGES MEAN?

BY-LAW 14

- There are now more appropriate parameters regarding eligibility and procedures surrounding nominations for Board elections
- These parameters help prevent the creation of conflicts of interest at the Board level and **help ensure that Board decisions remain fair and unbiased**
- The timelines surrounding nomination have not changed
- Registrants will be notified of the right to nominate 90 days prior to NLPB's Annual General Meeting (*this year, in early February*)
- Nominations have to be submitted to the Registrar at least 60 days prior to the AGM
- All nominations must be signed by at least **two** registrants entitled to vote in the election zone
- Nominations must now be accompanied by the **Nominations Declaration Form**—it includes a list of declarations that must be reviewed and made by the person accepting the nomination
- Part of this process includes reviewing a presentation on the NLPB website

called [So you want to be a Board member](#), which provides information on the role and responsibilities of Board members

BY-LAWS 73 & 78

- By-laws 73 and 78 set out substantial contact information that **must** be provided to NLPB for pharmacy owners
- The info includes owners' mailing addresses, telephone numbers, and email addresses in the information on NLPB's registrant portal.
- Allows NLPB to contact owners with ease should the need arise
- This info **must** be provided to NLPB by the pharmacist-in-charge upon opening or acquiring a new pharmacy (By-law 78) and for existing pharmacies (By-law 73)
- **Pharmacists-in-charge should stay tuned for messages in the near future on how to provide this information for existing pharmacies.**

If you have questions regarding the by-law changes please direct them towards inforx@nlpb.ca



MEDICATION SAFETY IN THE EMERGENCY DEPARTMENT — Q&A with John Bautista

About John....



Pharmacist John Bautista (*photo: middle*) from St. John's, Newfoundland & Labrador (NL) graduated from Memorial University School of Pharmacy in 1999.

He has worked as a hospital pharmacist in Saint John, New Brunswick, Halifax, Nova Scotia, and is currently a clinical pharmacist with Central Health at the Central Newfoundland Regional Health Centre in Grand-Falls-Windsor, NL.

John most recently acted as the pharmacy lead for the development of the medication reconciliation processes at Central Health.

Seen here on the left, John Bautista is receiving the "Safety is Central" award given by Central Health to a group or person who demonstrates outstanding efforts to prevent patient harm through the identification of patient safety hazards and implementing change to mitigate harm within a department. ***Thank you, John, for your commitment to patient safety.***



Improving patient safety in the Emergency Department: *The pharmacy technician's role in medication history collection*

What is medication reconciliation?

Upon arrival to hospital, medication reconciliation (med rec) is the process of identifying differences between a patient's home medications and those prescribed on admission, and resolving any discrepancies with the physician. A key step in the med rec process is determining the patient's medication regimen prior to hospital visit, referred to as the best possible medication history (BPMH).

Admission med rec processes fit into two models: proactive and retroactive. The proactive process is ideal and occurs when the BPMH is created first and is referred to by the physician when writing admission medication orders. Thus, there are no discrepancies to resolve.



MEDICATION SAFETY IN THE EMERGENCY DEPARTMENT — Q&A with John Bautista

Continued from page 11

A retroactive med rec process occurs when a physician has already written admission medication orders. Any discrepancies between the physician's orders and the BPMH must then be clarified. This can result in a delay between the time the original orders are written and the reconciliation process, resulting in the patient potentially receiving incorrect medications/dosages temporarily.

What led to the involvement of pharmacy technicians in med rec?

Due to a decreased availability of clinical pharmacy resources, Central Health moved toward a retroactive registered nurse (RN)-led med rec process in the emergency department (ED) starting in June 2018. It was determined that RN-led BPMH was not being completed quickly, resulting in patients receiving incorrect doses of home medications for 24 hours or more.

As a result, the med rec steering committee proposed integrating a pharmacy technician in the ED to collect BPMHs. The pharmacy technician (PT) has been identified as a valuable resource in collecting information and generating BPMH, given their familiarity with dosage forms, appearance, strengths, and usual dosing schedules of numerous medications. (1)

From September to October 2018, six pharmacy technicians were trained in collecting BPMHs and full implementation started shortly after. ***The goal was to have the PT collect the BPMHs for all patients targeted for admission to hospital at the earliest opportunity resulting in a proactive med rec process.***

What were the results of having a pharmacy technician obtain the BPMH?

The retroactive, nursing-led med rec process, took about 34 hours to complete, with an average of three medication discrepancies per patient. There are approximately 3,000 admissions per year, when multiplied by three discrepancies per patient, equates to approximately 9,000 potential medication errors.

Analysis of the results showed that the PT in the ED collects an average of seven BPMHs per day and that the proactive process takes 1.7 hours—which eliminates 32.3 hours compared to the nursing-led retroactive med rec process. Patients who have a proactive BPMH collected by the PT have zero medication discrepancies or errors.

What challenges did you face?

A major challenge encountered during the initial phase of our project was lack of physician awareness of the proactive med rec process, which required them to use the BPMH as a reference when writing admission medication orders. As physician's awareness of the process improved, usage of the proactive BPMH form increased.

What kind of response have you received on this new practice?

The project team received positive informal feedback from physicians, RNs and patients. From a staff perspective, physicians and RNs appreciate that more time can be utilized on direct patient care instead of collecting medication information. Patients/caregivers felt empowered that they can play an active role in patient care.

In July 2019, Central Health was awarded a Leading Practice Award from Accreditation Canada for this work, see page 13.



MEDICATION SAFETY IN THE EMERGENCY DEPARTMENT — Q&A with John Bautista

“The Procurement of the Best Possible Medication History in the Emergency Department (ED) by a Pharmacy Technician” (2) and the 2018 Central Health accreditation survey report noted that the *“Best Possible Medication History initiative [in the ED is a shining example] of innovations in care.”*

FYI—Clarifying scopes of practice

The NAPRA Model Standards of Practice for pharmacy technicians indicate that pharmacy technicians can assist pharmacists in compiling BPMH for patients, but they are expected to refer to a pharmacist when a patient requires assessment, or, when a clinical analysis or application of therapeutic knowledge is necessary. Similarly, NLPB Standards of Pharmacy Operation state that pharmacy technicians may obtain, enter and record patient information. This includes gathering information from a patient about a drug or a medical condition to assist pharmacists and other members of the care team with preventing and addressing drug-related problems. However, it is important to note that pharmacists remain responsible for ensuring that they have sufficient information to assess the appropriateness of drug therapy.



John Bautista seen above with the Safety is Central award from Central Health.



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

Email inforx@nlpb.ca for details.

(1) Hosp Pharm. 2017 Jan;52(1):44-53. doi: 10.1310/hpj5201-44.

(2) <https://healthstandards.org/leading-practice/procurement-best-possible-medication-history-emergency-department-pharmacy-technician/>, accessed November 12, 2019.



BECOME A PRECEPTOR

Memorial University School of Pharmacy's Class 2024—time to welcome another class to the profession

Once you become a working healthcare professional it's easy to forget how you started out, where you gained your knowledge and experience, and even who helped you out along the way. In January 2020, NLPB attended Memorial University School of Pharmacy's White Coat Ceremony for the class of 2024.

The ceremony welcomes students into the pharmacy profession; it introduces them to their regulatory body—NLPB, and the code of ethics. The ceremony concludes after they don their white coats.


As a preceptor to a student, intern, or pharmacy technician candidate you will be the person primarily responsible for familiarizing them with the day-to-day practice of pharmacy. **You can be a part of shaping the young professionals we have coming into the profession.**

Ideally, a preceptor personally supervises their student, intern, or pharmacy technician candidate for approximately 50 per cent of their time in the pharmacy. At the end of the training period, the preceptor is expected to provide NLPB with an honest, candid and unbiased evaluation of student performance during the practical training.

To become a preceptor you can apply to NLPB by completing and submitting a form confirming:

- You are registered in good standing and have no restrictions on practice
- You have been registered and practicing for at least 12 months and have reasonable experience of systems and patients
- You have completed a preceptor education training program approved by NLPB

For more information on becoming a preceptor email inforx@nlpb.ca



46% of registered pharmacists & 25% of registered pharmacy technicians are authorized preceptors in NL

BECOME A PRECEPTOR



COMPOUNDING

Compounding standards—are you on track?

Compounding plays an important role in pharmacy practice, allowing individual ingredients to be mixed together in personalized strengths and dosages based on patients' needs. **High-quality standards are needed to ensure preparation quality and safety when compounding drugs for patients.**

Evolving practice, as well as increased awareness of risks associated with compounding led the National Association of Pharmacy Regulatory Authorities (NAPRA) to develop new model standards for pharmacy compounding of sterile and non-sterile products. NLPB subsequently adopted these standards.

At the time of the standards' adoption, NLPB recognized that NAPRA's compounding standards may represent significant changes to pharmacy practice, and pharmacy teams need time to: develop or revise policies and

procedures, perform risk assessments of compounds, appropriately train personnel, upgrade equipment and facilities, and develop and implement quality assurance programs.

To help registrants adapt to the changes, NLPB developed a phased implementation schedule and communicated the updated standards through our various communication channels- including the Postscript, Apothecary, professional practice webinars, practice site assessments, and one-on-one practice consultations.

Below is a
recap from
Feb 2016
to
Dec 2019

IT BEGAN →

Feb 2016: [Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations](#) adopted

Feb 2017: [Standards for Pharmacy Compounding of Hazardous Sterile Preparations](#) adopted

Fall 2017: Hospital pharmacy practice site assessments heighten awareness of gaps between sterile compounding standards & current practice

Feb 2018: [Standards for Pharmacy Compounding of Non-Sterile Preparations](#) adopted in principle, along with [Guidance Document for Pharmacy Compounding of Non-Sterile Preparations](#)

Spring 2019: Webinar providing overview of implementation schedules; Apothecary article highlighted requirements for Phase 1 of implementation schedules

Feb 2019: Implementation schedules for compounding standards approved by the Board

Summer-Fall 2018: Implementation schedules developed in consultation with task forces with representation from various types of compounding practices

May 2018: Postscript advises to familiarize with standards & guidelines for non-sterile compounding & implementation schedules are under development

June 2019: Webinar on "Breaking Down Phase 1 of Compounding Standards"

June 2019: Practice Resources Page of [nlpb.ca](#) updated to include sample risk assessments & templates from NAPRA standards; Non-sterile self-assessment on [nlpb.ca](#)

Summer 2019: Apothecary included Q&A on compounding diclofenac

Oct 2019: Sterile compounding self-assessment posted to [nlpb.ca](#)

NOW

Dec 2019: Deadline to complete all Phase 1 activities

[NEW!](#) Compounding FAQ now available on [nlpb.ca](#)



COMPOUNDING

Compounding standards—*are you on track?*

Sterile compounding is a practice that is mostly carried out in hospital pharmacies in Newfoundland & Labrador, while **non-sterile compounding** is a practice all pharmacies throughout the province participate in to some extent.

Since late 2017, there has been a significant focus on sterile compounding standards implementation across the regional health authorities as well as within our new community sites providing this service.



Based on recent results of QA assessments and questions received by NLPB, many registrants do not fully understand the requirements of the **non-sterile compounding standards** and the related implementation deadlines. Specifically, many pharmacies have yet to complete the activities of **Phase 1**.

It is critical that pharmacists-in-charge and compounding supervisors assess where they are with implementation of the standards and address deficiencies from Phase 1 early in the year so that they can still achieve full implementation of the applicable standards by the December 31, 2020 deadline.

Get on track for Feb 2020

PHASE 1

**COMPLETED*

- Read & gain an understanding of the standards & guidelines
- Assign compounding supervisor role
- Complete self-assessment of current facility & practices (gaps analysis)
- Complete risk assessments for all commonly encountered compounds
- Determine level of compounding (A, B, &/or C)
- Identify training needs for compounding & cleaning personnel
- Start policy & procedure (P&P) development, create a plan to complete all P&Ps by end of 2020
- Identify the facility upgrades that are needed & plan renovation
- Assign beyond-use-dates to all compounds
- Start creating master formulation records, create a plan to complete all by the required deadline
- Ensure standards for compounding records, conduct of personnel & verification of compounds are fully met
- Put risk mitigation measures in place for preparations that present health hazards (PPE, proper deactivation/decontamination of compounding area, optimization of space)

PHASE 2

**YOU SHOULD BE
HERE*

- Submit renovation application to NLPB (if not already submitted in Phase 1) - meet all level A physical requirements by end of year, also, B&C infrastructure upgrades should be in progress & completed at earliest opportunity
- Train all personnel identified in Phase 1 & develop a skills assessment program
- Continue to complete P&P development throughout the year, with a plan to have all completed by end of 2020
- Continue to work on all master formulation records, with a plan to have all completed by end of 2020
- Develop & implement QA processes



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PHARMACY REGULATION CHANGES 2020



As of Jan 31, 2020, NL pharmacists
can prescribe for:

- * hepatitis A
- * hepatitis B (including TWINRIX)
- * shingles
- * human papillomavirus
- * chickenpox



@NLPHARMACYBOARD



THE APOTHECARY

NEWSLETTER

FALL 2020 - nlpb.ca

IN THIS ISSUE:

- **MESSAGE FROM THE REGISTRAR**
- **BOARD MEMBER ELECTION RESULTS**
- **BOARD MEETING UPDATES**
- **COMPLAINTS AND DISCIPLINE SUMMARY**
- **QUALITY ASSURANCE PROGRAM UPDATE**

The official newsletter of the
Newfoundland & Labrador
Pharmacy Board.

Registrants are responsible for
reviewing all information
within this publication.



@NLPHARMACYBOARD

*Welcome to the Fall 2020 edition of The Apothecary!
Please read all of the content in this issue. If you
have any questions or comments please email
inforx@nlpb.ca*



MESSAGE FROM THE REGISTRAR

Can the COVID crisis spark positive change in health care?

Without a doubt COVID-19 has taken, and continues to take, a huge toll on our health care system, and while it has been a most disruptive and unwelcome force, the pharmacy profession has risen to the challenge and, in collaboration with other health professions, has contributed to meaningful change.

Collectively our health system has responded swiftly to the pandemic. New strategies have been conceived, new policies created, new solutions developed - all implemented in a short period of time during a rapidly evolving public health crisis.

Federal and provincial regulation changes that would normally have taken years - with long decision-making processes - occurred in matter of weeks, and the adoption of technology and virtual care models triggered by necessity have changed the way patients interact with the health care system. How these and other changes are maintained will have lasting impacts on health care post-pandemic.

When the dust settles, NLPB will be taking time to reflect and review the 2020-2022 Strategic Plan through the lens of this new world we find ourselves in. Is this a window of opportunity to accelerate the changes needed in health care? How will the profession respond to the opportunity? How will the role of the regulator change? There are just so many questions.

One thing that the COVID crisis has shown is that even with all the advancements and change, **people remain the most critical element of the health care system**. As we navigate through this pandemic, please continue to look after yourselves. You are essential.

Kind regards,



GUIDANCE FOR
PHARMACY
PROFESSIONALS
– CLICK HERE –

**Reminder**

Registrants are reminded that NLPB continues to maintain a [COVID-19 Guidance for Pharmacy Professionals](#) page on our website.

This page is regularly reviewed and updated as the situation evolves throughout the pandemic.

While the NLPB office continues to be closed to the public, staff continue to work to support both registrants and the public. Please contact staff as you would regularly do so, or email inforx@nlpb.ca if you have questions.



BOARD MEMBER ELECTIONS 2020



While initially delayed due to the pandemic, board member elections took place over the summer of 2020 with the following registrants being elected to the board:

ZONE 5: Nicole MacDonald

ZONE 6: Jillian Thorne

ZONE 7: Tim Buchanan and Taggart Norris

This fall, the Minister of Health and Community Services also reappointed Gerri Thompson and appointed Christopher Smith to the board as government-appointed public representatives.

NLPB would like to thank out-going board members Ruby Chaytor, Brittany Churchill, Chad Parsons, and Colleen Squires for their service to the NLPB and the pharmacy profession.

NLPB EXECUTIVE 2020-21

CHAIR

Gerri Thompson

VICE CHAIR

Taggart Norris

EXECUTIVE MEMBER

Henry White

PAST CHAIR

Colleen Squires (ex officio)

NLPB BOARD 2020-21

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

Nicole MacDonald

Zone 6 Pharmacy Technician

Jillian Thorne

Zone 7 At Large Pharmacists

Tim Buchanan
Taggart Norris

PUBLIC REPRESENTATIVES

Board Appointed

Shirlene Murphy
Mark Sheppard

Government Appointed

Christopher Smith
Gerri Thompson

DEAN, MEMORIAL UNIVERSITY SCHOOL OF PHARMACY

Shawn Bugden



Board Meetings Update 2020

This year, the NLPB board had to quickly adapt to working virtually to achieve its goals. This was key to the NLPB's success in providing support to registrants throughout 2020. In addition to the numerous practice changes posted on the [COVID COVID-19 Guidance for Pharmacy Professionals](#) page of the website, highlights from this year's meetings include the following:

February 2020

- By-law amendments were made in relation to:
 - the nomination procedures for Board elections
 - the information that is collected in relation to pharmacy ownership in the province

For more information on these by-law changes, see the [Winter 2020 issue](#) of *The Apothecary*.

- The board approved new *Standards for the Provision of Pharmaceutical Care to Long-Term Care Facilities*. This document is complementary to existing Standards of Practice for personal care homes. The long-term care standards were approved with a delayed implementation date of July 1, 2021 to allow pharmacists-in-charge time to work through the complex issues related to delivering this service, and for NLPB to create awareness and support the implementation of the standards.

August 2020

- Revisions were made to the NLPB Code of Ethics for Pharmacists and Pharmacy Technicians following an internal and jurisdictional review. In this revision, a number of the "Guidelines for Application" have been either revised or relocated within the document. It is intended that these changes will fill a number of noted gaps as well as clarify sections that have been identified as confusing or ambiguous.
- The *Standards of Practice regarding the Facsimile Transmission of Prescriptions and Personal Health Information* were also revised for currency and relevancy to practice.

Additionally, the following two sections were deleted:

- The requirement that registrants confirm ALL faxed prescriptions for drugs subject to the Tamper Resistant Prescription Drug Pad Program; requiring instead that registrants use their professional judgement to authenticate and validate prescriptions as they determine is appropriate.
- The requirement for "Signed certification that the prescription represents the original of the prescription, the addressee is the only intended recipient and there are no others, and the original prescription will be invalidated or retained so that it cannot be re-issued."

October 2020

- The *Standards for the Provision of Compliance Packages* were revised to:
 - include more detail in the "Patient Assessment" section, including clarifying what information should be discussed with the patient prior to initiating the service
 - include more detail on the package labelling requirements
 - separate the counselling expectations when the patient is picking up the packages from the earlier pre-service discussion
 - clarify the roles of pharmacists and pharmacy technicians in the service, including details regarding the clinical check vs. the final "packaging check"
- New *Guidance for the Dispensing and Administration of Buprenorphine Extended-Release Injection (Sublocade®)* was approved. This guidance document is supplementary to both the NLPB's OAMT Standards and Injection Standards.

Please visit the NLPB website to view these and other pieces of legislation, Standards of Practice, Guidelines, and Policies.



Complaints and Discipline Summary 2019-20

Failing to assess prescription for appropriateness, and problematic pharmacy workflow

A pharmacy received a prescription for metoclopramide hydrochloride, 10 ml per dose, three times per day, for three days. Although it was not noted on the prescription, the patient was a child weighing 22 pounds. The prescription was accepted by an assistant, input by one pharmacist, prepared by an assistant, and the clinical verification was performed by another pharmacist. Neither the registered or non-registered pharmacy staff members questioned or obtained the patient's weight, and the prescription was filled as it was written - for ten times the maximum dose for a patient of that weight. The prescription was also not flagged for counselling, no counselling was provided at the time of pick-up, and no reason was documented for not providing counselling. After taking the second dose of the medication, the pediatric patient fell into a paralyzed state with extrapyramidal symptoms.

The two pharmacists involved, as well as the pharmacist-in-charge, all agreed that a medication error had occurred, and that there were breakdowns at several stages in the dispensing process. The Complaints Authorization Committee ("Committee") found that there were reasonable grounds to believe that sections 3.1, 3.4, 3.5, and 3.8 of the *Standards of*

Pharmacy Operation – Community Pharmacy ("SOPO-Community") were breached during the dispensing process. The medication profile was not properly updated or reviewed, in particular with the weight of the patient, and the prescription was not flagged for counselling. The two pharmacist respondents were counselled as follows:

- Remember the importance of identifying the patient and all relevant information about them upon intake to ensure that the appropriate medication and dose is determined
- Look at the patient as a whole and not just the prescription itself
- Ensure that counselling happens for all new prescriptions

The Committee also found that there were reasonable grounds to believe that the pharmacist-in-charge breached sections 12(e) and (p) of the *Pharmacy Regulations, 2014* by failing to enforce and ensure compliance of the staff with the Standards. The pharmacist-in-charge was counselled to ensure that legislation and standards applicable to pharmacy professionals, as well as processes and policies established to enable and ensure compliance with the legislation and standards, are understood and followed by all staff.

LESSONS LEARNED

- ⇒ Lack of clear policies and procedures for safe dispensing, and breakdowns in the dispensing process can lead to significant patient harm - pharmacy professionals must be mindful of this in the busy-ness of their daily practice.
- ⇒ Section 3 of both Standards of Pharmacy Operation outline practice requirements and professional roles and responsibilities. A number of these professional responsibilities were not met in the medication error case described above - relevant patient information was not collected to support clinical verification of dose appropriateness and patient counselling was not provided.
- ⇒ Patients must be counselled on all new medications and pharmacists are expected to gauge the need for follow-up counselling on refill medications by asking questions regarding changes to dosage regimens, compliance, efficacy, and the presence of adverse effects.
- ⇒ All counselling must be documented. If a patient refuses counselling, this should also be documented in the patient record.
- ⇒ Pharmacists-in-charge (PICs) are expected to have processes in place for appropriately managing medication errors, including documentation of the error, disclosure to patients and follow-up, root-cause analysis, and implementation of error prevention measures. PICs should support safety culture within the workplace and take a systematic approach to assessing what may have led to a medication incident. Additionally, making an error can be very traumatic for a pharmacy professional. Supports should be in place to assist the professionals involved.



Complaints and Discipline Summary 2019-20

Missed PANL membership and breach of an undertaking

An allegation was filed by the Registrar when a registrant failed to renew membership with the Pharmacists' Association of NL ("PANL"), and by doing so, breached a previously signed undertaking in which she promised to "comply with all requirements for registration with the Board." The Complaints Authorization Committee ("Committee") determined that there were reasonable grounds to believe that conduct deserving of sanction had occurred, and cautioned the registrant for the conduct. In issuing the caution, the Committee advised the registrant that due to the repeat nature of the matter, if another allegation were to be filed in the future a caution would not likely be sufficient to address the matter.

Breaching an undertaking and failing to respond appropriately to NLPB communications

On December 19, 2019, a hearing of the Adjudication Tribunal of the NLPB was held in the matter of a complaint against a pharmacist registrant ("respondent"). Following the hearing, the Adjudication Tribunal issued a decision finding the respondent guilty of breaching an undertaking given to the NLPB and of failing to respond appropriately and within a reasonable period of time to written inquiries from the NLPB. On August 24, 2020, the Adjudication Tribunal reconvened to hear submissions on the appropriate sanctions.

The complaint originated when NLPB received information that the respondent had not renewed his PANL membership as required in April 2019. Two years prior, the respondent had also failed to maintain his PANL membership and had resolved the resulting complaint by signing an Undertaking stating that he would ensure that he kept up all registration requirements in the future. The NLPB wrote to the respondent in May of 2019 about the alleged breach of his Undertaking and requested a response. In the months following this initial correspondence, two subsequent written inquiries and a telephone call were made to the respondent on the matter. The respondent did not respond to any of the NLPB's inquiries until August of 2019 when the NLPB notified the respondent

that the matter was moving forward in the complaints and discipline process. It was subsequently confirmed that the respondent did not renew his PANL membership until more than two months after it expired.

The Adjudication Tribunal determined that the respondent had breached his Undertaking and had not responded appropriately and within a reasonable period of time to written inquiries from the NLPB, and thus found him guilty of breaching sections 85(o) and (p) of the *NLPB By-Laws*.

The respondent had four prior infractions on his disciplinary record in the previous eight years for matters relating to compliance with NLPB administrative requirements, including completing required continuing education and maintaining his PANL membership. The Adjudication Tribunal stated the following with respect to the respondent's conduct:

While no patient or individual was adversely affected by the respondent's conduct, the troubling nature of his offences and the gravity associated with them relate to the lack of respect shown toward the regulatory body. The significance that such conduct has is with respect to the public image of the profession and the public confidence in the profession, and the ability of the regulator to effectively regulate in the public interest is threatened if actions such as those taken by the respondent are not the subject of a regulatory response.

The Adjudication Tribunal stated that "undertakings are not just pieces of paper...if an undertaking is breached it is something that has to be dealt with by the regulator or it would be allowing its ability to govern to be compromised."

Since the incidents occurred, the respondent had retired from practice. The Adjudication Tribunal considered that the respondent was a mature member of the profession whose behaviour could not be accounted for by inexperience or immaturity, and the offences had occurred over a period of time during which the respondent showed no remorse or understanding that he had acted inappropriately. Although some personal stressors in the respondent's life were considered somewhat mitigating, his history with the NLPB demonstrated his lack of respect



Complaints and Discipline Summary 2019-20

towards the NLPB and an unwillingness to follow requirements over a period of time. The need to maintain public confidence in the integrity of the profession was an obvious consideration. The Adjudication Tribunal ordered the following:

- a. The respondent be reprimanded;
- b. The respondent pay a fine of \$3,000.00
- c. The respondent pay the cost of a one day hearing;
- d. Prior to re-entering into the profession the respondent complete at his own cost an ethics course as prescribed by the board as well as the continuing education requirements for each year that he is out of practice and that he meet any other requirements for re-entry that may exist at the time he re-enters the profession; and
- e. To assist with general deterrence a summary of the decision and the sanctions shall be published on a no-name basis in The Apothecary.

LESSONS LEARNED

- ⇒ Under s. 21, 3(a) of the *Pharmacy Act, 2012*, pharmacists are required to be members of PANL as a condition of their registration certificate, which means that if a pharmacist does not maintain PANL membership the validity of their registration is questionable. Therefore, NLPB is compelled to address situations where a pharmacist is found to have not met this condition of provincial legislation.
- ⇒ Undertakings may be used in situations where a registrant is found to have not fully met regulatory requirements; the registrant acknowledges their professional misstep and agrees to ensure it does not happen again.
- ⇒ An undertaking is a legal agreement between a registrant and the NLPB. Registrants should be aware that breaches of undertakings result in escalated disciplinary processes so that NLPB meets the responsibility to effectively govern the pharmacy profession.

Self-prescribing and self-dispensing

An allegation was filed by a pharmacist-in-charge that a pharmacist employee had prescribed and dispensed medications to himself. The matter was referred to the Complaints Authorization Committee (“Committee”).

With respect to self-prescribing, the registrant acknowledged actions which the Committee found created reasonable grounds to believe that he had self-prescribed medications on several occasions, as well as extended prescriptions for himself, omitted completion of the required documentation at the time of his prescriptions for himself, and adapted prescriptions for himself by changing the dispense quantity prior to submitting to his insurer. The Committee found that there were reasonable grounds to believe that these actions amounted to conduct deserving of sanction based primarily on section 3 of the *Standards of Practice – Prescribing by Pharmacists* (“Prescribing Standards”), which states that “a pharmacist may not prescribe for themselves,” as well as based on documentation requirements of the Prescribing Standards, sections 85(a), (e), (i), and (k) of

the NLPB *By-Laws*, and sections 6.1 and 6.3 of the *Code of Ethics*.

The Committee issued a caution to the registrant. He was warned not to self-prescribe in the future and to reflect seriously on the provisions of the Prescribing Standards and the Code of Ethics, considering how his actions and decisions as a pharmacist reflect on the profession as a whole and the trust that the public places in the profession.

With respect to self-dispensing, the registrant acknowledged doing so with the intention of protecting his privacy. The Committee determined that where a legitimate prescription was in place, there were no reasonable grounds to believe that the registrant had engaged in conduct deserving of sanction by dispensing his own medication and dismissed this portion of the allegation. The Committee did, however, direct the registrant to review section 2.6 of the Code of Ethics and to avoid self-dispensing medication whenever possible.



Complaints and Discipline Summary 2019-20

Self-prescribing and failing to follow Tamper Resistant Drug Pad ("TRPP") Program rules

An allegation was filed by a registrant when he became aware that, on three occasions, another registrant had provided herself an interim supply of a drug that was required to be written on a TRPP. These actions were in violation of section 3 of the *NLPB Standards of Practice—Prescribing by Pharmacists* ("Prescribing Standards") and section 2.6 of the *Code of Ethics*.

The registrant acknowledged her breach of the Standards and Code of Ethics, and the matter proceeded through alternate dispute resolution. A Settlement Agreement in the matter was reached. The Registrar, the reporting registrant, and the registrant in breach agreed to the following disposition of the Allegation:

- a. The registrant is reprimanded for her admitted conduct deserving of sanction.
- b. The registrant will abide by the requirements of the following documents and will provide a signed

undertaking confirming that she has read and understands each one:

- *Pharmacy Act, 2012*
 - *Standards of Pharmacy Operation – Community Pharmacy*
 - *Standards of Practice—Prescribing by Pharmacists*
 - *Code of Ethics*
 - *Pharmaceutical Services Act*
 - *Pharmaceutical Services Regulations*
 - *List of Drugs Covered By The Tamper-Resistant Prescription Drug Pad Program*
- c. The registrant will recomplete the *Orientation to Prescribing By Pharmacists in Newfoundland and Labrador* course.
 - d. The registrant will not serve as pharmacist-in-charge or a preceptor for a period of one year.
 - e. The registrant will pay a contribution towards the costs of the NLPB's involvement in the allegation.
 - f. A copy of the Settlement Agreement will be placed in the registrant's file and will be noted on any requests for a Letter Standing from the NLPB.

LESSONS LEARNED

- ⇒ In accordance with the NLPB Code of Ethics, pharmacy professionals are expected to avoid providing pharmacy services to themselves and immediate family members, unless the care is related to a minor condition or emergency circumstances exist.
- ⇒ Registrants should reflect on the appropriateness of providing care to any individual with whom they have a close relationship as the ability to make unbiased professional decisions may be compromised as this could be considered a conflict of interest.
- ⇒ Section 3.d) of the Prescribing Standards directly prohibits pharmacists from prescribing for themselves (this applies to all categories of prescribing, including interim supply, extension, and adaptation).
- ⇒ Under federal legislation, pharmacists are not permitted to prescribe controlled substances (including narcotics, controlled drugs, and targeted substances), except under a specific exemption issued by Health Canada, such as in the case of the COVID-19 pandemic. In these cases, pharmacists must follow the specific conditions of the exemption.



NLPB Quality Assurance Program - Practice Site Assessment Update

2020 has certainly been an interesting year. Not unlike other areas of practice, the events of Snowmageddon along with the COVID-19 pandemic have created challenges with the administration of the NLPB practice site assessment (PSA) program. Early in the pandemic, NLPB halted all PSA activities so that both pharmacy professionals and NLPB staff could focus on the critical issues facing pharmacy services and patient care. Some sites were partway through the assessment process at that time and were made aware of areas where improvements were needed, but we held off on following up on action items until later in the summer, given the challenges that pharmacists-in-charge (PICs) and pharmacy staff were experiencing. Throughout the summer, the NLPB QA team consulted with pharmacy regulators in other jurisdictions about resuming QA programming and how to offer continuing supports to assist registrants in the field with meeting pharmacy practice and regulatory standards. Subsequently, QA activities resumed this fall as described below.

Community Pharmacy Assessments

The modified community pharmacy PSA process that launched in late October enables assessments to be partially completed by distance, reducing the amount of time NLPB assessors are on-site. This plan was communicated to registrants in the October issue of *The PostScript*. Key revisions include:

- A more extensive pre-assessment component, including PICs submitting their completed Self-Assessment Form earlier, and a pre-assessment phone call with an assessor to review the self-assessment and help prepare for the in-person visit.
- Assessors spending less time on-site - ideally no more than 2 hours - during which they will focus primarily on assessing physical elements and documentation that cannot be adequately assessed electronically.

- While on-site, assessors will follow Public Health guidance as well as the pharmacy's policy for COVID-19 risk mitigation, including having both the assessor and pharmacy staff wear face masks.
- Following the assessment, assessors will arrange a time to discuss the overall findings and areas for improvement with the PIC by telephone, email, or video conference.

Despite this year's challenges, NLPB is pleased to say that we have completed 22 practice site assessments in 2020, to date.

In the interests of "*Lessons Learned*", we have identified the following common area of practice where improvement is generally needed:

Implementation of Compounding Standards:

- ⇒ Many community pharmacies have still not met the implementation deadlines for Phase One of compounding standards implementation, which were required to be completed by December 31, 2019. For clarification, the Phase One deadline was not extended by NLPB as a result of COVID as this deadline should have already been met. Phase Two and Three deadlines were extended by one year; however, pharmacy professionals are expected to meet standards as soon as possible.
- ⇒ NLPB is particularly concerned that some community pharmacies continue to compound preparations without completing risk assessments and implementing associated risk mitigation plans. This results in continued risk to pharmacy personnel as they may be exposed to products that pose health hazards without adequate protection, and also may present continued risks to patients if they are receiving compounded products that do not meet quality standards.



NLPB Quality Assurance Program - Practice Site Assessment Update

⇒ **Bottom line:** If pharmacy professionals cannot provide a rationale for their compounding activities that is supported by references and addresses quality and safety concerns, they must cease compounding until such expectations are met.

• Use of Required References

⇒ Most PICs declare that they have all of the required references to support practice, but when assessors confirm references on site, the PIC is unable to locate them. This raises concerns that they may not be readily available to pharmacy staff and utilized by pharmacists to support clinical decision-making.

• Opioid Agonist Maintenance Treatment (OAMT)

⇒ NLPB has specific concerns about pharmacists' familiarity with required clinical references for OAMT, based on the questions received during practice site assessments and by NLPB office. Pharmacy professionals involved in OAMT should ensure they are up-to-date with current practice guidelines for this rapidly evolving area of practice, and should complete additional education to address any identified knowledge gaps.

• Security and Accountability of Narcotics and Controlled Drugs

⇒ Despite previous NLPB communications, assessors continue to detect issues with timely and consistent completion of physical inventory counts and reconciliation, and completion of required audits of purchases and sales. PICs are responsible under federal legislation to protect controlled substances from loss or theft. It is concerning when PICs are not meeting inventory monitoring requirements as it may present risk of diversion.

• Documentation of Vaccinations

⇒ Assessors have identified that many pharmacists are unfamiliar with how to properly document administration of vaccinations in the provincial electronic health record via the Pharmacy Network. The NL Centre of Health Information and/or the pharmacy's software vendor should be consulted to ensure that this necessary information is being successfully transmitted.

Hospital Pharmacy Assessments

In comparison to the community program, the PSA program for hospital pharmacies is in the early phase of implementation. Baseline assessments have been completed for all hospital pharmacies in the province. The primary goals of these initial assessments were to introduce QA program objectives to hospital pharmacy teams and Regional Health Authority senior management, and to work with the teams to identify areas where NLPB standards may not be fully met and set improvement priorities.

NLPB has not yet resumed the on-site portion of the hospital PSA program. However, since early fall, the Practice Site Assessor (Hospital) has been holding regular virtual meetings with representatives from each hospital pharmacy in the province. Currently, the focus of these meetings is implementation of the sterile and non-sterile compounding standards, and monitoring of associated complex site renovations. At this time, NLPB plans to continue to provide virtual support for hospital pharmacies into 2021.

Concluding Remarks

The NLPB QA team looks forward to engaging with pharmacy colleagues in the field to a greater capacity as soon it is safe to do so. Thank you to all registrants who have participated in QA programming this year - your commitment to quality and safety is appreciated.



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