

# THE APOTHECARY

NEWSLETTER

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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.

INTREGENCY

### 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.

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

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



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.



## 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”

# #2

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](mailto: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](#)



#### 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



#### 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.



#### 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](mailto: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.

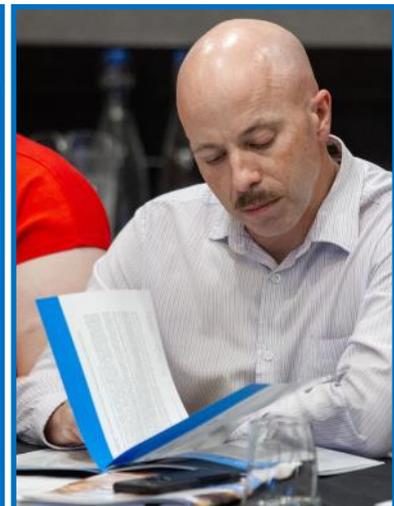
SaferMedsNL is challenging the public to get more involved in their healthcare experience and enhancing the patient-prescriber relationship as well as encouraging collaboration for quality pharmacy care.

For more information, visit their website: [www.SaferMedsNL.ca](http://www.SaferMedsNL.ca)

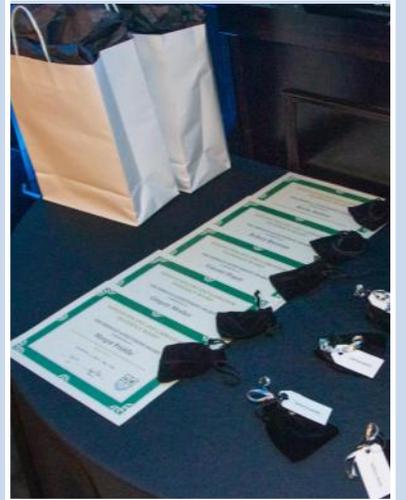


# AGM — MAY 3, 2019

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

Meghan Handrigan,  
Office Administrator

[mhandrigan@nlpb.ca](mailto:mhandrigan@nlpb.ca)

Melanie Healey,  
Associate Registrar,  
Professional Practice

[mhealey@nlpb.ca](mailto:mhealey@nlpb.ca)

Gayle Johnson,  
Complaints & Quality  
Assurance Coordinator

[gjohnson@nlpb.ca](mailto:gjohnson@nlpb.ca)

Amanda Martin,  
Communications Specialist

[amartin@nlpb.ca](mailto:amartin@nlpb.ca)

Aileen O'Keefe,  
Registration & Licensing  
Administrator

[aokeefe@nlpb.ca](mailto:aokeefe@nlpb.ca)

Noelle Patten,  
Associate Registrar,  
Quality Assurance

[npatten@nlpb.ca](mailto:npatten@nlpb.ca)

Natalie Payne,  
Legal Counsel

[npayne@nlpb.ca](mailto:npayne@nlpb.ca)

Margot Priddle,  
Registrar

[mpriddle@nlpb.ca](mailto:mpriddle@nlpb.ca)

General Information

[inforx@nlpb.ca](mailto:inforx@nlpb.ca)

