



Newfoundland and
Labrador Pharmacy
Board

*The Apothecary is the
newsletter of the
Newfoundland &
Labrador Pharmacy
Board.*

*It contains information
on a wide variety of
topics intended to
enhance the practice
of all pharmacists in
the province of
Newfoundland &
Labrador.*

*Pharmacists are
responsible for
reviewing any and
ALL INFORMATION
contained within
including documents
which are made
available on the NLPB
website via links
throughout the
newsletter.*

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

The Apothecary

Summer 2009

2009 Board Election Now Complete

As communicated to pharmacists on June 9, 2009, this year's election of NLPB board members is now completed. This year, the election, which saw pharmacists nominating and electing members for Zone 1 and Zone 4, began on March 3, 2009 with a Call for Nominations. Nominations were subsequently received for Deborah Kelly and Heather Seeley in Zone 1 and for Joanne Howlett, Christina Tulk and Bert Warr, Jr. in Zone 4. Ballots were mailed to registered pharmacists in these zones and were counted on June 2, 2009 with Debbie Kelly elected in Zone 1 and Christina Tulk elected in Zone 4.

The elected members began their 3 year terms of office at the 2009 Annual General Meeting, which took place on June 7, 2009. Also at the AGM, John Rideout completed his term of office as Board Chair assuming the position of Past-Chair. Following the AGM, at a Special Meeting of the Board, a new Executive was elected with Keith Bailey elected Board Chair, Christina Tulk elected Vice Chair and Debbie Kelly elected Executive Member. For a complete list of the current Board as well as the Executive Committee members, please see the back page of this *Apothecary*.

Message from the Chair of the Board

It is indeed my pleasure to take this opportunity to address pharmacists of the province as the new Chair of the NL Pharmacy Board. The progress we have made over the past year has been tremendous and I congratulate John Rideout on his leadership and the office team for their diligent efforts. The upcoming year promises to be very exciting and, while the Board is responsible for the day to day practice of pharmacy, I believe that, using our strategic plan, we can chart a course for the future that will result in growth for both our professional practice and the quality of service to the public.

Certainly the Pharmacy Network, Medication Management and plans for technician regulation will be very prominent on the agenda this year and all these elements will be pillars to growing the profession. I encourage all pharmacists to get involved. We need collaboration and communication between the various stakeholders in pharmacy and individual pharmacists to move forward effectively. Continued Board communication and engagement will be high on this year's agenda.

To that end, I am more than available for feedback from pharmacists and will visit as many stores and hospital sites as I can over the year to talk to you. My cell number is (709) 689-0086 and my email kbailey@shoppersdrugtmart.ca. Contact me anytime!

Respectfully,
Keith Bailey

Complaints and Discipline Resolution

Case #1

The Complaints Authorization Committee (CAC) considered an allegation received from a patient that alleged he had been dispensed the incorrect dosage of prednisone and that this error had not been discovered for four consecutive months. The panel found that on the initial filling of the prescription, the pharmacist had dispensed the correct dosage of prednisone (5mg), but that the prescription had been mislabeled (as 50mg). Subsequent to this, the patient returned to the pharmacy for a refill, at which time, the prescription was refilled by another pharmacist in accordance with the record in the pharmacy computer. Because of the previously undetected error prednisone 50mg was dispensed instead of prednisone 5mg, resulting in the patient taking a dosage of the medication that was 10-fold higher than prescribed.

Decision of the panel:

The panel decided that there were reasonable grounds to believe that both pharmacists involved at some point with this prescription had engaged in conduct deserving of sanction. The panel directed that the allegation be considered as constituting a complaint and that letters of caution be sent to each of the pharmacists involved. The panel directed specific points should be noted in the letters of caution including:

- ◇ that the counselling and checking procedures

developed for the pharmacy as a result of this prescription error be implemented by all pharmacists and staff in the pharmacy.

- ◇ that counselling must take place on every new prescription and should take place on refills. Checking the prescription bottle or package at the time of counselling is a very important step that every pharmacist should be doing to help prevent medication errors.
- ◇ that a report on this complaint, on a no names basis, be placed in the next edition of *The Apothecary*, so that ALL pharmacists will be reminded by this incident of their responsibilities to review checking procedures, to counsel patients on original and repeat fillings of prescriptions, and to generally review policies and procedures in their pharmacy to ensure error prevention as much as possible.
- ◇ that a copy of the policy and procedure developed by the pharmacy be distributed as a guide to help other pharmacies develop policy and procedure for reducing medication errors (see attached)

Case #2

The CAC considered an allegation from a patient regarding an incident that had taken place at the pharmacy where it was alleged that the patient was treated discourteously by a pharmacist and

other pharmacy staff with respect to third party insurance coverage and income tax receipts.

Decision of the panel:

The panel ruled that there were not reasonable grounds to believe that the respondent had engaged in conduct deserving of sanction with respect to the practice of pharmacy and therefore the panel dismissed the allegation.

Case #3

An adjudication tribunal heard a complaint lodged by the Secretary-Registrar against pharmacist David McIsaac, practicing at the Pharmacy Department of the G.B. Cross Memorial Hospital in Clarendville. The tribunal also considered a complaint lodged against Mr. McIsaac by Mr. Gary Peckham, the Director of Pharmacy of Eastern Health.

As a result of the complaint by Mr. Peckham and upon the recommendation of the CAC, the Board suspended Mr. McIsaac's licence to practice pending a hearing into the complaints.

Decision of the panel:

The adjudication tribunal agreed to accept a jointly submitted Agreement on Disposition from the Secretary-Registrar and Mr. McIsaac that included a plea of guilty by Mr. McIsaac with respect to all the allegations under consideration. The tribunal ruled that Mr. McIsaac had committed a

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number of violations of the *Pharmacy Regulations*, including:

- ◇ failing to abide by the terms, conditions or limitations of a licence;
- ◇ acting as a pharmacist while the ability to perform an action as a pharmacist is impaired by alcohol or by a drug;
- ◇ failing to maintain the standards of practice of the profession, including written standards; and
- ◇ conduct or an act relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful dishonorable or unprofessional”

The order of the panel included the following conditions:

- ◇ that he be reprimanded by the Board.
- ◇ that he participate fully in a rehabilitation program for alcohol and/or drug dependency acceptable to the Board and continue to participate in such programs until notified otherwise by the Board.
- ◇ that he provide blood and/or urine samples on a random basis for screening to determine that he is alcohol and drug free.
- ◇ that, prior to reinstatement of his licence and his re-entry to practice, he provide the Board with written medical clearance from his attending physician that he is suitable to return to work, with no restrictions.

- ◇ that he advise the Secretary-Registrar, verbally or in writing, of every pharmacy where he practices, for any period of time.
- ◇ that he notify the pharmacist-in-charge of any pharmacy in which he practices of this order.
- ◇ that he cannot be designated as the pharmacist-in-charge of a pharmacy or be responsible for the general management and supervision of a pharmacy without the written consent of the Board.
- ◇ that violation of this order by him will result in an allegation being referred to the CAC.
- ◇ that the terms, conditions and restrictions on practice and all reporting requirements imposed by this order shall remain in effect until removed by notice in writing by the Board.
- ◇ that he agrees to pay to the Board the costs of the investigation and hearing related to this complaint and any costs to the Board associated with his participation in the rehabilitation program and the blood and/or urine screening.
- ◇ that there shall be publication of the Order of the Adjudication Tribunal in accordance with section 44 of the *Pharmacy Act*.

For Your Information...

A letter was received from a patient questioning the appropriateness of his pharmacist recording and labeling his Graval

purchases. The Secretary-Registrar determined that the pharmacist had not acted inappropriately and that this letter did not constitute an allegation. He did, however, respond to the patient in writing. Excerpts from his letter include the following:

“All pharmacists...are required to adhere to the Act, Regulations, By-laws, Standards of Practice adopted by the Board and to normally follow Guidelines adopted by the Board. These are minimum expectations and most pharmacists in this province practice to an even higher standard than the minimum set by this board.”

“In the Guidelines for the Sale of Dimenhydrinate in Community Pharmacies, pharmacists are advised to limit and monitor the sale of dimenhydrinate-containing products in their pharmacies. In particular, one item refers to documentation in a patient’s profile. While this statement refers primarily to the sale of quantities larger than 30 units, many pharmacists choose to document all sales in the patient’s drug profile, particularly if the drug is being taken on a regular basis, even when there is no evidence of abuse. The Pharmacy Board considers this to be an appropriate practice.

There is growing recognition that non-prescription...drugs can interact with prescription drugs that ...and that by adding non-prescription drugs that a patient may be taking regularly to the patient’s drug profile such interactions may be detected more readily, leading to improved patient care and safety.”

Delegation to Pharmacy Assistants and the Future of Technician Regulation

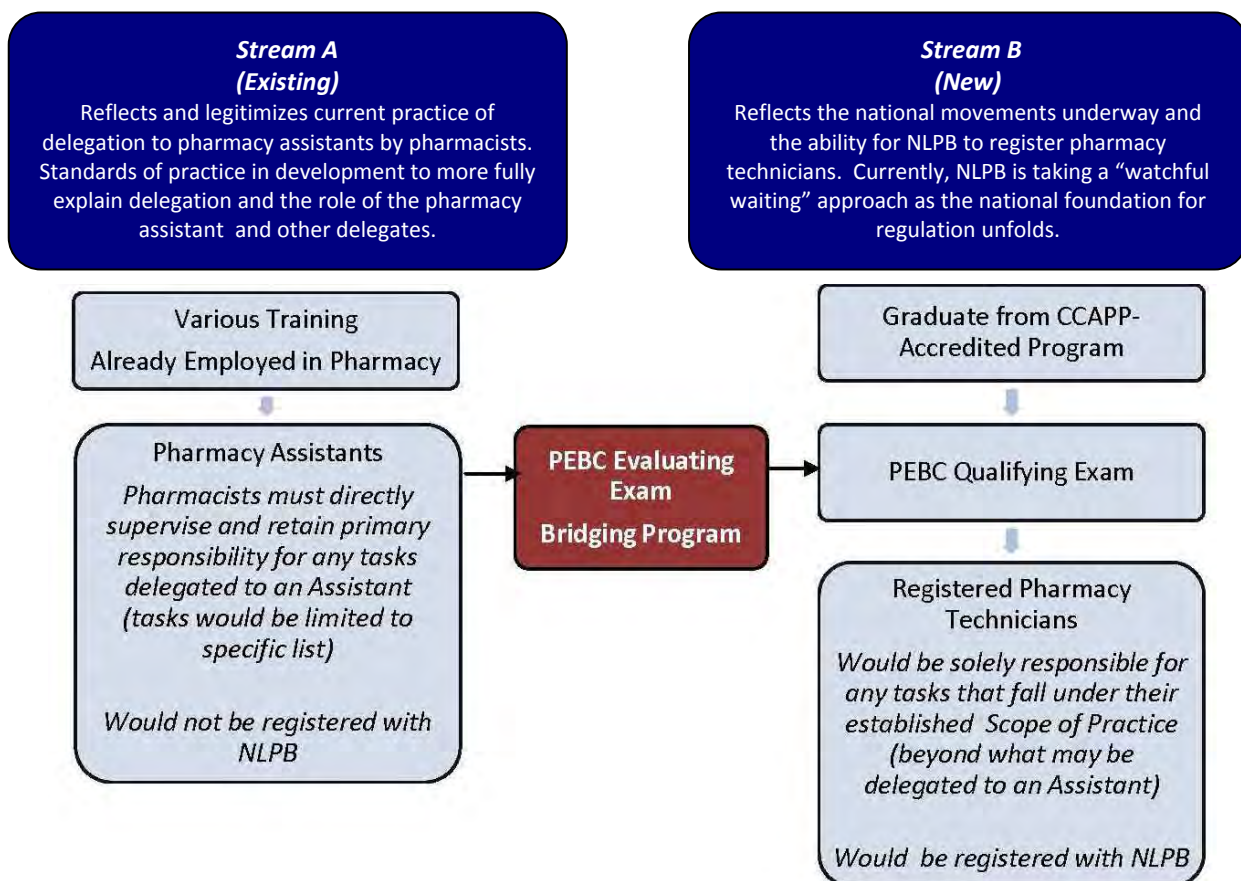
Background

Currently in this province, there is no definition in pharmacy legislation for the title of “Pharmacy Technician”. Despite this, there are many persons employed as such in almost every pharmacy in the province. This has been accepted up to now, as it was considered a job title with no legal ramifications above and beyond the employer’s job description for the position.

Over the past several years many provinces have made significant strides to regulate “Pharmacy Technicians”. This work has included, for some, establishing “Pharmacy Technician” as a recognized, protected title, setting qualifications for use of this title and introducing a requirement for registration with the

appropriate regulatory body. Further to this, some also intend to establish defined, protected responsibilities for “Pharmacy Technicians” as well as potentially requiring “Pharmacy Technicians” to retain liability insurance coverage and show proof of professional development

In NL, the intent is to develop Standards of Pharmacy Practice that will first recognize and build structure around the current practice of employing “pharmacy assistants” and will eventually enable either those assistants currently in the workforce or those entering the profession from an accredited program to become a registered “pharmacy technician”. The diagram below outlines this process.



Persons currently working in a “Pharmacy Assistant” role in the province would fall into Stream A and could, if desired, progress to Stream B by completing an approved “Bridging Program” and the PEBC Evaluating Exam. Eventually, graduates from CCAPP-Accredited Pharmacy Technician programs would enter Stream B directly.

Frequently-Asked Questions on Pharmacy Technician Regulation

Why do things need to change?

The need for pharmacists to transition toward medication management and a patient-centered practice has been clearly identified. Pharmacists, now facing greater demands on their time, will need to shift their focus from the mechanics of dispensing and administrative tasks to a more cognitive-based practice. Delegation of technical tasks to pharmacy assistants and the further enabling of qualified Registered Pharmacy Technicians will help allow this.

Will current pharmacy assistants have to retrain? Is stream B mandatory?

No. Pharmacies that wish to continue to operate “as is” may continue to do so and assistants currently working may go to work tomorrow doing the activities described in the standards of practice. The Board is very cognizant of the need to balance the future with present practice and the varied needs of each practice site.

What about those “technicians” already trained and in the workplace? Will they be “grandfathered”?

No, there will be no grandfathering. The training and experience of individuals who currently work in pharmacies is quite varied. This poses a challenge since the Board needs to ensure individuals applying for licensure have the defined competency to practice safely and effectively within the scope of their profession. Those already in the workplace who wish to become a Registered Pharmacy Technician will be subjected to the same evaluation and assessment measures required for registration as those who are new to the profession. With that in mind, it is anticipated a bridging education program will be available for a limited time that will prepare all current assistants who wish to become regulated for the new expanded role. The process will be challenging. Building on the knowledge these individuals have gained through formal education or on-the-job training, the bridging program will prepare them to attempt to meet the educational requirements for registration.

Can I still call myself a technician?

At some point very soon, the Board will deem the term

“Pharmacy Technician” a protected title meaning unless someone meets all the criteria (currently no one does) and is registered with the Board as such, then they cannot use the title “Pharmacy Technician”. Employers and staff should start using the term “Pharmacy Assistant” on signage, nametags and in conversation now.

Will there be fewer jobs for pharmacists?

With the growth in professional responsibility, scope of practice and number of pharmacies it is likely demand for pharmacists will remain very high.

Will pharmacists still be responsible for the actions of pharmacy assistants?

Yes. Very little will change under the Stream A delegation process. It really legitimizes current practice.

Will pharmacists be responsible for the actions of Registered Pharmacy Technicians?

Yes and no. The pharmacist in charge will remain the gatekeeper for activity in a pharmacy as is presently the case and individual pharmacists will remain responsible for many professional activities. However, Registered Pharmacy Technicians will be solely responsible for any tasks that fall under their established Scope of Practice and as such will need to maintain competency and have malpractice insurance.

Could a pharmacy have both pharmacy assistants and Registered Pharmacy Technicians working side by side?

Possibly. In the future, this will depend on the location, workload and type of practice. Some locations could have just pharmacy assistants, others all Registered Pharmacy Technicians and others a mix. Some pharmacies may have no supplementary staff at all. Delegation of tasks, in accordance with the Regulations, will be a decision of each pharmacist.

How much will it cost for a person to become registered as a Pharmacy Technician?

There is no question there will be costs associated with becoming registered but, at this point, we are not able to give a credible estimate as there are many

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variables to consider: training, certification, licensing fees to name a few.

Are the terms regulated and registered the same? Different provinces and people seem to use them interchangeably.

These terms mean basically the same thing but the nomenclature does vary a little. To be regulated, one must be registered with the NLPB. The term “Pharmacy Technician” will be a protected title.

Will the salary of a Registered Pharmacy Technician be higher than that of a non-regulated pharmacy assistant?

Unfortunately, any answer to this question would only be an assumption on our part. It is not the Board’s mandate to comment on salary-related issues.

Will Registered Pharmacy Technicians be required to show evidence of continuing competency like pharmacists?

Yes. Registered Pharmacy Technicians will be responsible for maintaining and improving their core competencies through continuous professional development and be able to show evidence of such. The Canadian Council on Continuing Education in Pharmacy (CCCEP) has partnered with the Canadian Association of Pharmacy Technicians (CAPT) to accredit educational activities for these individuals.

Could you describe the national and assessment initiatives underway?

There are three national initiatives underway with respect to pharmacy technician regulation:

- The National Association of Pharmacy Regulatory Authorities (NAPRA: www.napra.org) has developed the document “Professional Competencies for Pharmacy Technicians at Entry to Practice”. This is a key document because these competencies are the basis for requirements for entry into regulated pharmacy technician practice; examinations required to enter the profession; and standards for pharmacy technician programs accreditation. As well, these competencies may assist in developing or revising legislation and regulatory authority’s standards, by-laws, ethics, and codes of conduct. These competencies describe the roles and responsibilities that pharmacy technicians must be

competent to perform. They do NOT authorize pharmacy technicians to immediately assume their expanded role nor do they authorize pharmacists to immediately delegate these activities.

- The Canadian Council for Accreditation of Pharmacy Programs (CCAPP: www.cccap-accredit.ca), the organization that accredits pharmacy programs in Canada, has agreed to undertake accreditation of pharmacy technician training programs. More than a dozen programs have already been accredited but no schools in NL presently meet the criteria.
- The Pharmacy Examining Board of Canada (PEBC: www.pebc.ca), the national entry to practice certification board for the pharmacy profession, is developing and administering the exam for pharmacy technicians which will be based on the NAPRA Professional Competencies for Pharmacy Technicians at Entry to Practice. The exam has a written and a practical component just like the one for pharmacists and is called the **PEBC Pharmacy Technician Qualifying Exam**. This exam will be critical for licensure and the technician will have to pass both parts of the exam to be licensed. A **Pharmacy Technician Evaluating Exam** will also be available for current assistants who are considering regulation.

Will this all apply to hospital practice?

No, not initially. Hospital pharmacies currently have well defined policies and procedures and the goal is not to create barriers in their practice but to see community pharmacy progress.

When will all these changes happen?

The Board is actively working on Stream A which involves delegation of task to pharmacy assistants. This will more or less reflect current practice. Stream B is not the current focus of the NLPB but it will be once the programs and exams have been tested and proven in other jurisdictions. Due to limited resources, NLPB has adopted a “watchful waiting” approach for now. Stakeholder consultation, communication and education will continue to flow in the months ahead.

The Newfoundland and Labrador Pharmacy Board appreciates any and all feedback from pharmacists and current pharmacy technicians. Please feel free to discuss this issue with any Board Member or send your comments through inforx@nlpb.ca or the [Feedback](#) form on the NLPB website.

NAPRA News

NAPRA Board elects new President for 2009-2010

Dianne Donnan will serve as the new President of the National Association of Pharmacy Regulatory Authorities (NAPRA). Elected from among her peers on April 26, 2009, Ms. Donnan will serve a one year term concluding in April 2010.

"It is my pleasure to serve as President of NAPRA for the coming year," says Donnan. "I believe my practice and volunteer experience will serve me well to advance the association's key initiatives."

A graduate of the University of Alberta, Ms. Donnan entered her professional career as a pharmacist manager in 1986. Most recently, Ms. Donnan has enjoyed

building the pharmacy services department for the Lamont Health Care Centre, an Acute and Surgical Care Hospital and large Long Term Care Centre in Lamont, Alberta.

A strong leader in the pharmacy community in both her work and volunteer settings, Ms. Donnan served at the provincial level as President of the Canadian Society of Hospital Pharmacists Alberta Branch and as the President of the Council for the Alberta College of Pharmacists.

NAPRA also welcomed David McLeod, representing the Prince Edward Island Pharmacy Board, as the new Vice President for 2009-2010.

The recent Board meeting also marked a significant milestone – a

Yukon representative participated at this meeting for the first time since rejoining the association last January.

"Yukon's membership in NAPRA comes at an important juncture. There is a significant amount of change in the profession of pharmacy as a whole," says registrar Fiona Charbonneau. "We look forward to being a part of NAPRA in order to approach and resolve regulatory issues together."

For more information on NAPRA and their initiatives, visit their website at www.napra.ca or click [HERE](#) to see the latest issue of their newsletter, NAPRA Notes, on our website under News & Communications.

Pandemic Preparedness

As communicated to pharmacists and pharmacies on April 30, 2009, Charles Coady, Director of Public Health Information & Surveillance, Department of Health and Community Services has contacted the NLPB concerning monitoring taking place at the Department as part of the provincial pandemic preparedness strategy.

The Department particularly would like to monitor any changes in the number of prescriptions for the anti-viral drugs Tamiflu or Relenza in this province.

Regardless of the fact that availability of these drugs is often limited, pharmacists-in-charge are being asked to provide daily reports of the number of prescriptions filled for Tamiflu or Relenza in their pharmacies. This report should also include an account of any prescriptions presented to the pharmacy that were unable to be filled. Do not include information regarding general requests for information about

these drugs and how they can be obtained, as the Department wants only to monitor actual prescriptions.

It is not being asked that patient or pharmacy identification be disclosed, only the number of prescriptions and in which Regional Health Authority area the prescription occurred.

You are asked to report prescription activity for these two drugs on a daily basis until notified further. Reports should be faxed directly to the Department of Health and Community Services at (709) 729-4647.

If you have any further questions please contact Charles Coady at (709) 729-5306.



Tip!

Visit the [Frequently-Asked Questions](#) page on our website for quick answers to many common questions

Continuing Professional Development Audit Results

The Continuing Professional Development (CPD) Audit Process is now completed. This year, 184 pharmacists were audited and the results of the reviews are as follows:

First Review (March 5/6/9 th)	Second Review (April 21 st)
184 reviewed	39 reviewed
◇ 145 compliant	◇ 36 compliant
◇ 39 asked for additional information	◇ 3 given one final week to clarify information

The Registration and Licensing Committee would like to point out the following:

- ◇ The Professional Development (PD) Log and Learning Portfolio Record Sheet have been revised over the past year to reflect changes made to the Standards of Pharmacy Practice on Continuing Professional Development. **All pharmacists should now be using the updated versions of these forms.**
- ◇ When recording credits on the Learning Portfolio Record Sheet and the PD Log, **credit should be submitted as either accredited or self-assigned, not both.**
- ◇ Credit should be recorded on the PD Log for the year in which the credit is being claimed. This is usually the year in which the program was completed. However, programs completed in December may be documented in the same calendar year OR in the next calendar year.
- ◇ When completing programs that contain timely information (e.g. *Pharmacist's Letter*) pharmacists should ensure the programs are still relevant (ideally, from within the last 2 years).
- ◇ Pharmacists attending multiple sessions at one event (i.e. a conference) **must document each session separately.**
- ◇ **Certificates of Completion** must always be included for online programs and for video presentations borrowed from PANL (issued from PANL upon return of the video). These

certificates should indicate success in the program and the number of CE's acquired.

- ◇ **The form for documenting Credit for acting as a Preceptor to a Pharmacy Student or Intern can be found on the NLPB website** and must be submitted as part of the Learning Portfolio when claiming credits for being a preceptor.
- ◇ **If audited, pharmacists should ensure that Learning Portfolios** (Learning Portfolio Record Sheets and supporting documentation for each program) **are submitted in an organized fashion** – i.e. in the order the events are documented on the PD Log.
- ◇ If audited, pharmacists must submit Learning Portfolios by mail, courier, or hand. **Faxed portfolios will no longer be accepted** as there have been too many issues with this mode of delivery.
- ◇ Any pharmacist, who has been non-compliant in the previous audit year, will, in most circumstances, be audited again in the next year.
- ◇ Once the audit process is concluded a copy of the result is placed in the pharmacist's file, and documentation submitted for audit purposes is shredded.

For copies of all forms as well as the Standards of Pharmacy Practice, please visit the [Professional Development](#) page of the NLPB website.

Reminders

Out-of-Province Prescriptions

As discussed in the June 5, 2009 notice to pharmacists, Newfoundland and Labrador pharmacists are now permitted to dispense prescriptions written by prescribers licensed to practice in other provinces of Canada. For more information on the legislative change, please see the FAQ Re: Filling Prescriptions from Out of Province Prescribers, which can be found with the Pharmacy Act on the [Legislation](#) page of the NLPB website.

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naproxen sodium (Aleve®)

Though Aleve® is now commercially available in Canada, pharmacists in Newfoundland and Labrador may not sell it just yet. We have written the Minister of Health and Community Services to request the necessary change be made to our Provincial Drug Schedules but at the time of publication, we have received no notification of this change. As soon as we do, we will update the Provincial Drug Schedules accordingly (See [Drug Schedules](#)) and notify all pharmacists.

Professional Practice Issues

Are You Responsible?

If you are the *Pharmacist-in-Charge* of a pharmacy, remember that you are responsible for:

- ◇ all professional activities occurring in the pharmacy including ensuring that the pharmacy is compliant with all applicable legislation and standards of practice
- ◇ personally managing, controlling, or supervising the pharmacy, including devoting the majority of your working time and attention to the operation of the pharmacy
- ◇ being present in the prescription department for a reasonable portion of the operating hours of the pharmacy
- ◇ prohibiting an owner or other person who is not a pharmacist from directing, influencing, controlling or participating in the management or operation of the pharmacy
- ◇ maintaining adequate and suitable stock, dispensing equipment, and a reference library
- ◇ maintaining the pharmacy, its stock, dispensing equipment and library in a clean and sanitary condition suitable for the practice of pharmacy
- ◇ notifying the secretary-registrar:
 - ◇ of the names of pharmacists employed by the pharmacy and when a pharmacist ceases employment with the pharmacy
 - ◇ of any change in ownership, corporate name or location of the pharmacy
 - ◇ of any lock & leave enclosure being used in the pharmacy
 - ◇ if the pharmacy intends to dispense methadone
 - ◇ of the cessation of operation of the pharmacy



Pharmacy Technicians
Mark Your Calendars!

The 4th Annual NL Pharmacy Technician Conference will be held
on September 25-27, 2009

At
Comfort Inn Airport
St. John's, NL

Special Room Rates available for Conference attendees!
Come and join us for a weekend featuring a wide variety of speakers &
topics – something for everyone!
Register early to take advantage of a reduced Registration fee!

For all the latest updates and registration forms:
Email: techconference2009@gmail.com to be added to the
mailing list
Or
Join our **Facebook group** – 'The 2009 Pharmacy Technician
Conference'



Updates to the NLPB Website

New!

- Annual Report 2009
- FAQ on Out-of-Province Prescriptions
- Letter of Standing template
- MedEffect advisories & Canadian Adverse Reaction Newsletters April & July 2009
- NLPB Board Meeting Minutes February 2009
- Registration and Practice Experience Requirements for International Pharmacy Graduates
- Pharmacy Assistants / Technicians section of Professional Practice Resources page

Updated!

- Contacts and Committees pages
- Frequently-Asked Questions
- NLPB Pharmacy Binder
- Pharmacies and Pharmacists Registers
- Pharmacy Act, Board Bylaws & Schedule of Fees
- Registration and Practice Experience Requirements for New Grads & MRA pharmacists
- Program of Examinations
- Standards of Pharmacy Practice—Required Reference Library

Q & A on Narcotic and Controlled Drug Records

Why is it necessary to print and review a monthly Narcotic Sales Report?

The Narcotic Sales Report is an important management tool in curbing diversion and theft, when properly reviewed. Owners and managers should review the report in conjunction with narcotic prescription files to ensure that all reportable narcotics and controlled drugs are properly recorded; all prescriptions are accounted for; all narcotics and controlled drugs requiring a written prescription are present and unusual patterns of drug usage are monitored or identified.

Why should I do a regular narcotic inventory count?

Narcotic inventory counts are necessary to provide a starting point or baseline to perform narcotic reconciliations. Counts of your narcotic and controlled drug inventory (including benzodiazepines) should be done on a regular basis, preferably monthly, in conjunction with random reconciliations on specific drugs. This will help to identify any shortages, possible

diversion, or theft. As well, the introduction of perpetual inventory management by software providers is a useful tool for facilitating the reconciliation process.

What must a pharmacist report to Health Canada regarding narcotics and controlled drugs?

Both the *Narcotic Control Regulations* (section 42) and the *Regulations to the Food and Drugs Act* (s.G.03.013) requires a pharmacist to report any loss or theft of these drugs within 10 days of discovering the loss.

What is considered a loss of controlled substances?

A loss can take many forms but is basically anything that results in a shortage in your inventory of controlled substances. Some examples are theft or robbery, diversion or unexplained loss, spillage or wastage, damage or contamination of products, etc.

How do I report a loss?

Forms can be found on the NLPB website under "[Miscellaneous Forms](#)." Copies of this form should also be sent to the NLPB and retained in the pharmacy.



The Apothecary

published quarterly by the
Newfoundland and Labrador
Pharmacy Board
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Newfoundland and Labrador Pharmacy Board

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BOARD MEMBERS

Elected Members

Zone 1 Debbie Kelly
Zone 2 David Jenkins
Zone 3 John Rideout
Zone 4 Christina Tulk
At Large Keith Bailey, Brian Healy, Linda Hensman

Appointed Members

..... Don Mifflin
..... Eugene Toope

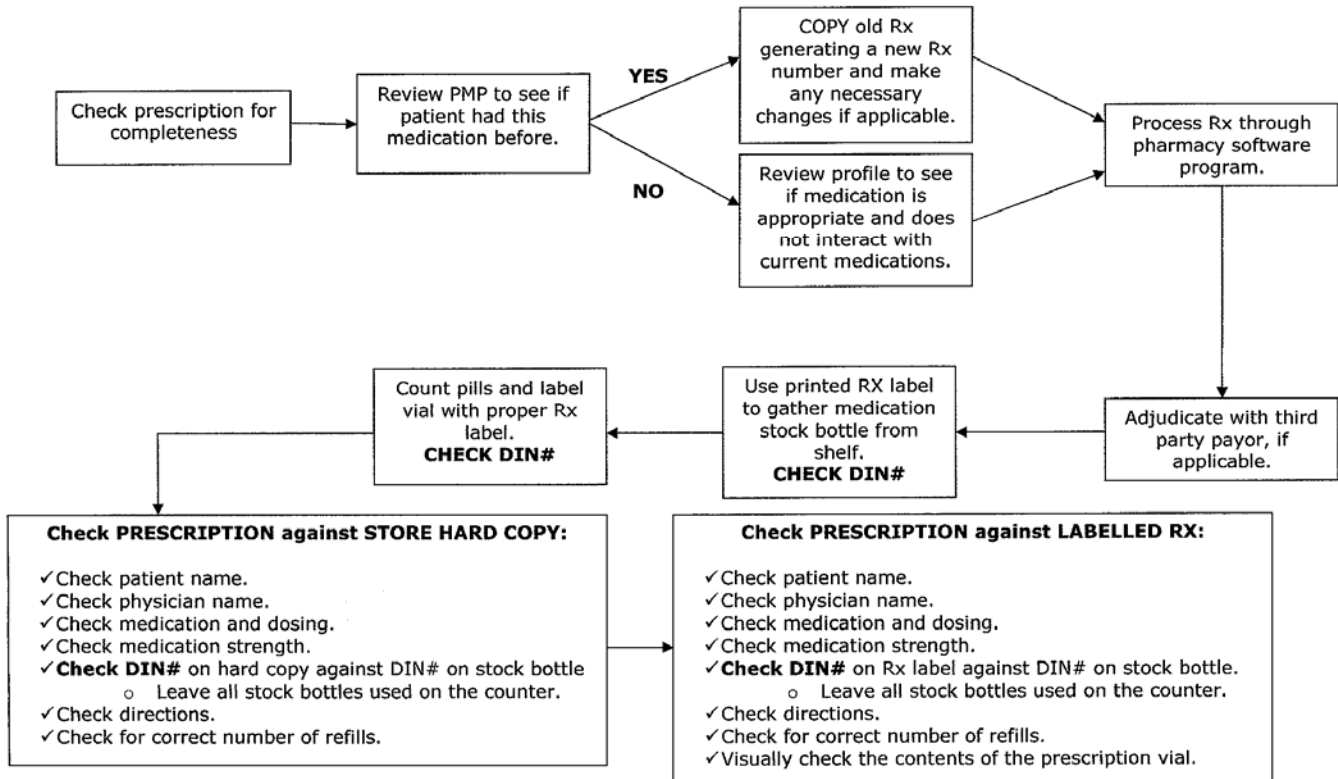
Observer

MUPS Representative Megan Dawe

EXECUTIVE COMMITTEE

Chair Keith Bailey
Vice-Chair Christina Tulk
Executive Member Debbie Kelly
Past Chair John Rideout

Process in Filling a NEW Prescription



Process in REFILLING a Prescription

