



Newfoundland & Labrador Pharmacy Board

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NOTICE TO PHARMACISTS

Filling Prescriptions from Out-of-Province Prescribers

On May 28, 2009 an amendment was made to the *Pharmacy Act* to allow for prescriptions written by prescribers licensed and practicing in another province of Canada to be filled in this province. Below is a selection of anticipated questions about this long-anticipated regulatory change.

Frequently-Asked Questions

1. Can I now fill a prescription from a prescriber licensed to practice in another country but not in Canada?

No, this change only applies to prescribers licensed and practicing in a province or territory of Canada, as indicated in section 2(p)(v) of the *Pharmacy Act*. (see the attached Appendix)

2. Can I only fill prescriptions written by physicians, or are prescriptions from other types of prescribers acceptable as well?

Sections 2(p)(v) and 24.1(a) of the *Pharmacy Act* do allow for pharmacists to dispense a prescription written by any prescriber as long as he or she is licensed to practice in a province or territory of Canada. However, section 24.1(b) states that the prescriber also must belong to a class of persons who would be entitled by law to prescribe that drug if he or she was licensed to practice in Newfoundland and Labrador. Right now, the only practitioners entitled to prescribe in Newfoundland and Labrador are: medical practitioners (physicians), dentists, veterinarians, optometrists and nurse practitioners.

For example, a prescription from a nurse practitioner in British Columbia would be acceptable in NL as long as it was within their scope of practice of a nurse practitioner in NL. However, a prescription from a naturopath who may be able to prescribe in British Columbia would not be acceptable in NL since naturopaths do not have prescribing authority in NL.

3. What information about these prescribers should I record in my practice management system (pharmacy computer)?

The full name and address of the prescriber as well as the category of prescriber (i.e. physician, dentist, etc.) must be recorded. The registration or ID number of the prescriber and his or her telephone number should also be recorded if it is available. Registers of licensed practitioners across the country can often be found on their respective websites. Websites that may be of use in verifying prescriber information include:

- for physicians: Federation of Medical Regulatory Authorities of Canada (www.fmrac.ca)
- for nurse practitioners: Canadian Nurses Association (www.cna-aiic.ca/CNA/about/members/provincial/default_e.aspx)
- for dentists: Canadian Dental Regulatory Authorities Federation (www.cdraf.org/english/members.html)

4. How will this work with the Pharmacy Network?

The way in which out of province prescriptions will be documented in the Pharmacy Network will be determined by the Newfoundland and Labrador Centre for Health Information (NLCHI). The Pharmacy Board has consulted

with NLCHI on the information that pharmacists will likely need to know with respect to documenting out of province prescriptions on the Network. Please see the NLCHI Pharmacy Network User Guide for more information.

5. What does the phrase “as long as the pharmacist takes reasonable steps” in section 24.1(b) mean, and who will determine what is reasonable?

Pharmacists will be expected to take the same reasonable steps to ensure that an out of province prescriber is licensed and practising in Canada that they would have taken up till now to ensure that a prescriber unknown to them was licensed to practise in this province.

As with any prescription, even for those ordered by prescribers licensed in NL, pharmacists are expected to use due care and caution to verify both the identity of the prescriber and the validity of the prescription before deciding to dispense the prescription. Prescriptions should not be dispensed if the pharmacist is not convinced of the identity of the prescriber and the validity of the prescription.

What constitutes “reasonable steps”, should the question arise, would be determined by the Newfoundland and Labrador Pharmacy Board.

6. Can a pharmacist accept a prescription for a drug on the Tamper-Resistant Prescription Drug Pad Program?

The requirements of the TRPDP program with respect to out of province prescriptions will be determined by the Pharmaceutical Services Division of the Department of Health and Community Services, who are responsible for the program under the Pharmaceutical Services Act. The Pharmacy Board has consulted with Pharmaceutical Services Division on the information that pharmacists will likely need to know with respect to handling out of province prescriptions for drugs covered by the TRPDP program.

Pharmacists should also bear in mind that the federal Controlled Drugs and Substances Act (CDSA) only permits physicians, dentists and veterinarians to prescribe narcotics, controlled drugs and targeted substances (benzodiazepines).

7. Will third party payers such as NLPDP and Medavie Blue Cross pay for these prescriptions written by an out of province prescriber?

Third party payment issues are outside of the mandate of the Pharmacy Board. Questions about billing third party claims for out of province prescriptions should be directed to the Pharmacists’ Association of Newfoundland and Labrador (PANL).

8. Can we now transfer prescriptions from outside of Newfoundland and Labrador?

Yes, transfers of prescriptions for Schedule F drugs from prescribers licensed and practicing in other provinces of Canada can be accepted following the same requirements for transferring prescriptions within this province.

Remember that federal regulations do not permit refills on prescriptions for narcotics or controlled drugs and the transfer of part-fills of prescriptions for such drugs is not permitted by the CDSA.

Appendix

Until recently, when asked whether or not Newfoundland and Labrador pharmacies could accept and fill prescriptions from prescribers, the answer from the Board was “no” based on the fact that the *Pharmacy Act* had defined a prescription to be”

- 2.(p) “an instruction given orally or in writing by
- i) a medical practitioner as defined in the *Medical Act*,
 - ii) a dentist as defined in the *Dental Act*,
 - iii) a veterinarian as defined in the *Veterinary Medical Act*, or
 - (iii.1) an optometrist as defined in the *Optometry Act*, 2004, or
 - iv) a nurse practitioner as defined in the *Registered Nurses Act*
- directing that a drug be dispensed to or for a person or animal.”

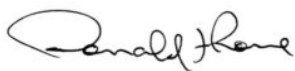
Since the *Medical Act* considers a medical practitioner to be a person licensed to practice medicine in the Province of Newfoundland and Labrador (i.e. licensed with the College of Physicians and Surgeons of Newfoundland and Labrador), prescriptions from physicians not licensed in Newfoundland and Labrador were not valid in this province.

However, on May 28, 2009 the House of Assembly passed Bill 12 making the following amendments to the *Pharmacy Act*: (the words underlined are additions to the Act):

- 2.(p) “prescription” means an instruction given orally or in writing by
- (i) a medical practitioner as defined in the *Medical Act*,
 - (ii) a dentist, as defined in the *Dental Act*, ~~or~~
 - (iii) a veterinarian as defined in the *Veterinary Medical Act*, 2004,
 - (iii.1) an optometrist as defined in the *Optometry Act*, 2004, ~~or~~
 - (iv) a nurse practitioner as defined in the *Registered Nurses Act*, or
 - (v) a prescriber licensed to practice in a province or territory of Canada other than Newfoundland and Labrador, in accordance with section 24.1.
- directing that a drug be dispensed to or for a person or animal;

- 24.1 A pharmacist may dispense a drug pursuant to a prescription authorized by a prescriber licensed to practice in a province or territory of Canada other than Newfoundland and Labrador if the pharmacist has taken reasonable steps to ensure that
- (a) the prescriber is licensed and practises in Canada; and
 - (b) the prescriber belongs to a class of persons who, if licensed in Newfoundland and Labrador, would be entitled by law to prescribe that drug in Newfoundland and Labrador.

This amendment to the Act was given Royal Assent on May 28, 2009 and is now in effect. Therefore it is now acceptable to fill prescriptions from prescribers licensed and practising in other provinces of Canada, but not licensed in Newfoundland and Labrador, as long as the conditions set out in section 24.1 above are met.



Donald F. Rowe
Secretary-Registrar
June 5, 2009



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NOTICE TO PHARMACISTS

Follow-up to 2009 Annual General Meeting (Election Results)

The Newfoundland and Labrador Pharmacy Board has now completed its 2009 election of members to the Board. This year, pharmacists were asked to nominate and elect members for Zone 1 and Zone 4. The election process began on March 3, 2009 with a Call for Nominations mailed to all registered pharmacists in Zones 1 and 4. Nominations were 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 on May 6, 2009, with the requirement that ballots be returned no later than May 30, 2009. Counting of the ballots was conducted on June 2, 2009. The results are as follows:

Zone 1	Zone 4
Total ballots sent out: 299	Total ballots sent out: 114
Total completed ballots returned: 113 (37.8%)	Total completed ballots returned: 53 (46.5%)
Ballots deemed spoiled: 7	Ballots deemed spoiled: 0
Voting results: Deborah Kelly Elected	Voting results: Christina Tulk Elected

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 Annual General Meeting, John Rideout completed his term of office as Board Chair assuming the position of Past-Chair. As such, at a Special Meeting of the Board, which followed immediately afterwards, the Executive was elected as follows:

Chair	Keith Bailey
Vice Chair	Christina Tulk
Executive Member	Deborah Kelly

Consequently, the NLPB Board for 2009-2010 is:

Keith Bailey	Shoppers Drug Mart, Regional	At Large Board Member
Brian Healy	Healy's Pharmacy, Casey St., St. John's	At Large Board Member
Linda Hensman	MUN School of Pharmacy	At Large Board Member
David Jenkins	Tri-Con Pharmacy, Old Perlican	Zone 2 Board Member
Deborah Kelly	MUN School of Pharmacy	Zone 1 Board Member
Donald Mifflin	Bonavista	Ministerial Lay Appointment
John S. Rideout	Sagona Drugs, Harbour Breton	Zone 3 Board Member
Eugene Toope	Grand Falls-Windsor	Ministerial Lay Appointment
Christina Tulk	Shoppers Drug Mart, Corner Brook	Zone 4 Board Member
Donald Rowe	Secretary-Registrar	Ex-officio, Non-voting Member

The 2009 Annual Report as presented and adopted at the Annual General Meeting will be available on the NLPB website in the near future. Registered Pharmacists who would like a printed copy of the Annual Report may request one by contacting the NLPB Office.

June 9, 2009

MEMORANDUM

TO: NURSE PRACTITIONERS, NLMA, CFPSNL, NLPB, RHAS, CENTRE FOR NURSING STUDIES, MEMORIAL UNIVERSITY OF NEWFOUNDLAND

FROM: Beverley McIsaac RN, NP, MN
Nursing Consultant Regulatory Services/Advanced Practice

DATE: August 7, 2009

SUBJECT: Nurse Practitioner Regulations (2009) Approved

ARNNL is pleased to announce that new *NP Regulations (2009)* have been approved and are effective immediately.

The new *NP Regulations (2009)* were developed through an extensive consultation process that involved several stakeholder groups including the NP Standards Committee, the NP Standards Working Group and the NP Consultative and Approvals Committee as well as the Government of Newfoundland & Labrador (NL), the Association of Registered Nurses of Newfoundland & Labrador (ARNNL) Council and Nurse Practitioners in the province.

The *NP Regulations (2009)* outline the professional obligations and responsibilities for licensed nurse practitioners and recognize regulations as one component of overall nurse practitioner accountability. They allow nurse practitioners to practice with autonomy, providing evidence informed decisions based on standards and competencies rather than schedules. The 2009 regulations will increase the NP's scope of practice, allow for more autonomy within a collaborative team and bring the NP scope of practice in NL in line with NPs in the rest of Canada.

The *Nurse Practitioner Regulations (2009)* will significantly expand the scope of practice for nurse practitioners in the province and ARNNL believes this is an important step forward for nurse practitioners, one which will ensure NPs are able to practice to their full scope and play a significant role in delivery of health care services to all patients in NL.

ARNNL will be providing a series of updates, now that the NP regulations (2009) have been approved, aimed at ensuring key stakeholders are informed of the changes and the impact they will have upon NP delivery of health care in the province.

The *Nurse Practitioner Regulations (2009)* and the *Framework for Nurse Practitioner Practice in Newfoundland & Labrador*, April 2008 are posted on ARNNL website www.arnnl.ca

Please note: We are asking that you forward this memo to all relevant departments/managers/members within your organizations and, if possible, post a copy on your website so that any and all parties who work with nurse practitioners will be aware of the upcoming changes resultant from the new regulations.

Contact Information:

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NEWFOUNDLAND AND LABRADOR PHARMACY BOARD

Delegation to Pharmacy Assistants and the Future of Technician Regulation

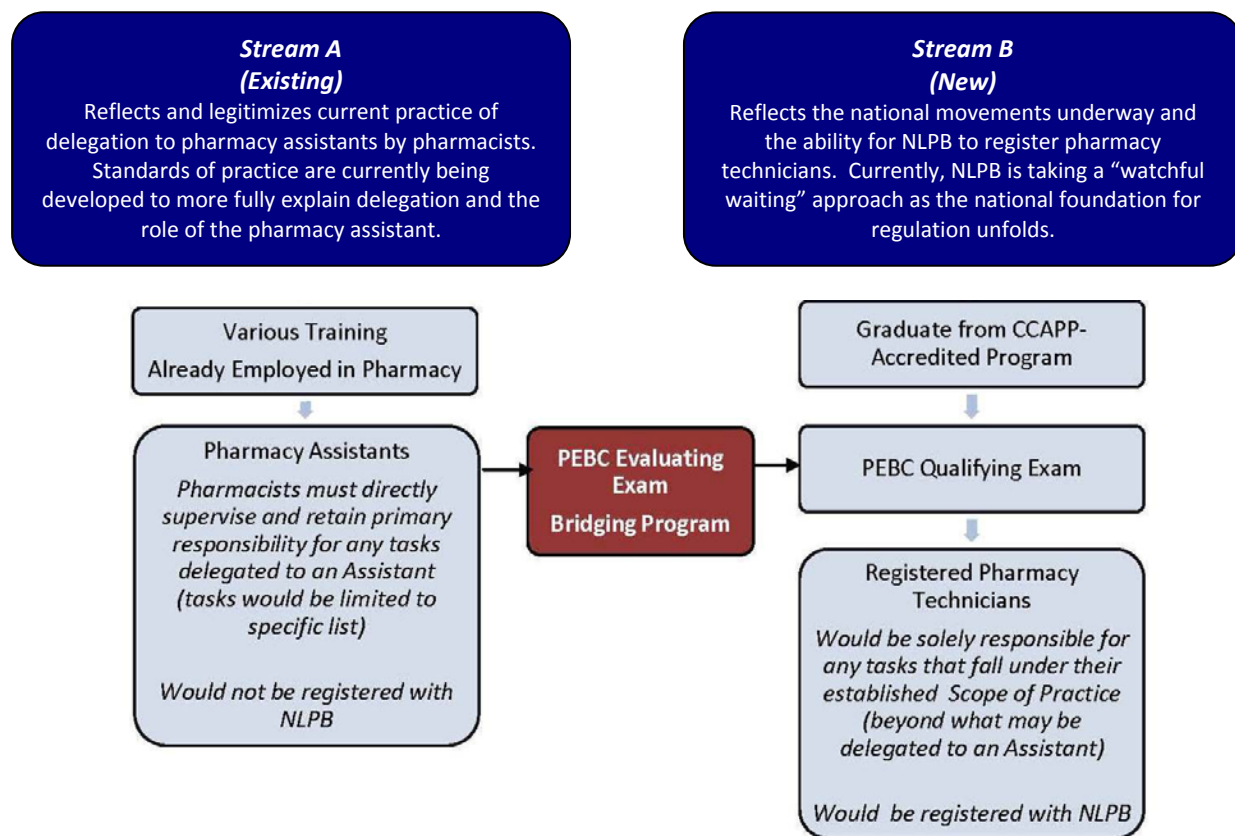
Background

Currently in Newfoundland and Labrador, there is no definition in pharmacy legislation for the title of “Pharmacy Technician”. However, despite this, there are quite a large number of 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 including British Columbia, Alberta and Ontario, 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

So what does this mean for us?

In Newfoundland and Labrador, the intent is to develop legislation and/or 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

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 who 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 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:

1. 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
 - a. requirements for entry into regulated pharmacy technician practice
 - b. examinations required to enter the profession
 - c. 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.

2. 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 Newfoundland and Labrador presently meet the criteria.

3. 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.



IMPORTANT UPDATE

October 16, 2009

Information for Pharmacists

Release of the National Antiviral Stockpile (NAS)

Due to increased influenza-like-illness activity and laboratory confirmed H1N1 cases in the province this week, the National Antiviral Stockpile (NAS) has been released and is now available free of charge to all residents of Newfoundland and Labrador as of 6 p.m., today.

This includes **Tamiflu** (Oseltamivir) and **Relenza** (Zanamivir), antiviral medications effective against pandemic H1N1 Influenza virus.

Distribution of the Antiviral Stockpile:

The Department of Health and Community Services has made a supply of Tamiflu (Oseltamivir) and Relenza (Zanamivir), from the province's allocation of the National Antiviral Stockpile, available to retail pharmacies in the province. While the majority of retail pharmacies in the province have received their supply, this process will not be completed until Monday, October 19, 2009.

A supply has also been delivered to the Regional Health Authorities for distribution to internal pharmacies associated with hospitals, clinics and long term care facilities.

Tracking Requirement:

A tracking tool was enclosed in the packages with the stockpile, as all dispenses from the NAS **must be tracked**.

If you did not receive a copy of the tracking tool with your shipment from the NAS, you are asked to call (709) 729-6507 or e-mail either Patricia Clark (pclark@gov.nl.ca) or Dennis Davis (ddavis@gov.nl.ca) to arrange to have a form sent out.

With the release of the National Anti-Viral Stockpile, the previously implemented coverage of NLPDP beneficiaries for the anti-virals has been discontinued.

Who is Covered?

ALL residents of Newfoundland and Labrador, or visitors to the province, who present with a prescription labeled **PANDEMIC USE**.

For a verbal prescription received, you must confirm with the physician and document that it is to be dispensed from the national stockpile.

Dispensing of the National Anti-viral Stockpile:

NAS DINS and approved treatment regimens:

TAMIFLU (OSELTAMIVIR)

02304848 (30mg Capsule) – maximum of 10 capsules per patient

02304856 (45mg Capsule) - maximum of 10 capsules per patient

02241472 (75mg Capsule) - maximum of 10 capsules per patient

02245549 (12mg/ml Powder for Suspension)* - 75 mls per patient

RELENZA (ZANAMIVIR)

02240863 (Inhalation rotadisk) – maximum of 1 box (20 doses) per patient

*Tamiflu suspension is not currently available in the marketplace and therefore will not be available for initial distribution as part of the NAS.

Billing for the Dispensing of the National Anti-viral Stockpile:

Due to the late announcement of the release of the stockpile, the system could not be updated in time to enable on-line billings for NLPDP beneficiaries. Therefore, claims for **ALL** prescriptions (including NLPDP clients) will have to be billed manually for reimbursement, at this time. It is expected that this rule will be in place early next week.

Government is working closely with Xwave to expedite the On-line adjudication system so that ALL claims can be accepted. At this point in time, we are optimistic that the system update will be in place some time next week. A further Bulletin will be sent once the system is available.

To facilitate the manual billing process, a Manual Claim Form for the National Anti-viral Stockpile is attached with this communiqué.

These manual claims should be sent to:

Pharmaceutical Services Division
Department of Health and Community Services
P.O. Box 8700
St. John's, NL
A1B 4J6

Re-Ordering of Anti-virals from the National Stockpile:

Pharmacists requiring additional supplies from the NAS, or returning expired stock, should contact Dennis Davis at ddavis@gov.nl.ca.

Recording of Adverse Drug Reactions (ADR):

The Public Health Agency of Canada (PHAC) notes that reports of adverse reactions to antiviral medications are an important source of information that will help guide their safest and most effective use. Serious adverse reactions [can be reported using one of the following mechanisms:](#)

Canada Vigilance Reporting Form at: http://www.hc-sc.gc.ca/dhp-mps/alt_formats/hpfb-dgpsa/pdf/medeff/ar-ei_form-eng.pdf

Or call 1-866-234-2345.

CONTACT INFORMATION:

If you have any questions or concerns on the above, contact the Pharmaceutical Services Division at 709-729-6507 or toll free 1-888-222-0533

For question about the **manual** billing process, please call 709-729-6507 or toll free 1-888-222-0533

For information on flu symptoms and steps that can reduce the spread of infection, Residents are encouraged to contact:

Health Line at 1-888-709-2929 or TTY 1-888-709-3555
www.fightflu.ca

The Department of Health and Community Services thanks pharmacists for their cooperation during this time.



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Frequently Asked Questions about Nurse Practitioners' Prescriptions Updated October 2009

1. What are the rules regarding a Nurse Practitioner Prescribing?

According to the *Nurse Practitioner Regulations*, "nurse practitioner" means a nurse practitioner as defined in paragraph 2(f) of the *Registered Nurses Act, 2008* and "specialty nurse practitioner" means a registered nurse who meets the criteria for licensure as a specialty nurse practitioner established by the association and is issued a practice protocol.

Consequently, according to paragraph 5(c) of the *Nurse Practitioner Regulations*, a nurse practitioner may prescribe a drug permitted by the practice standards or which he or she is authorized to prescribe under a practice protocol. The practice standards discussed in the regulations refers to the professional standards and scope of practice standards established by the Association of Registered Nurses of Newfoundland and Labrador document, *Framework for Nurse Practitioner Practice in Newfoundland and Labrador*. It states under Scope of Practice Standard 2: Prescribing Pharmacological Therapy:

The nurse practitioner shall manage and monitor the care of the client population by providing safe, effective, and current pharmacological therapy within the NP's scope of practice.

The NP:

- 2.1 *Prescribes pharmacological therapy in accordance with Schedule C of the NP Schedules for Ordering or his/her practice protocols.*
- 2.2 *Utilizes an authoritative source of evidence-based drug and therapeutic information, to appropriately prescribe drugs in the clinical management of clients.*
- 2.3 *Prescribes over-the-counter medication for the purpose of accessing a drug payment plan.*
- 2.4 *Provides client education about prescription and non-prescription drugs including: expected action of the drug, importance of compliance, side effects, potential adverse reactions, possible interactions with food or other drugs, follow-up plan and reporting adverse reactions.*
- 2.5 *Documents medications (prescribed or discontinued) on the client's permanent health record.*
- 2.6 *Dispenses specific medications in small quantities in situations where a pharmacist is not available or accessible and /or it is in the best interest of the client.*
- 2.7 *In accordance with the federal Food and Drug Act shall not distribute pharmaceutical drug samples.*

In effect, this means that NPs may independently prescribe those drugs listed in Schedule C or any OTC drug which may require a prescription for insurance coverage. However, under the federal *Controlled Drugs and Substances Act* NPs do not have authority to prescribe narcotics or controlled drugs. Schedule C is organized in a table by according to the American Hospital Formulary Services (AHFS) Pharmacologic Therapeutic Classification System (therapeutic class and subclass) along with associated notes and/or conditions under which certain drugs can be prescribed. Schedule C can be found on the Legislation page of the NLPB website and is also included as an Appendix to this FAQ document.

- ### 2. When a nurse practitioner prescribes a renewal of a drug that was previously prescribed by a physician, can she prescribe all classes of drugs (Schedule F, Narcotics, Controlled Drugs, Targeted Substances)? It doesn't specifically say they can't in the Nurse Practitioner Regulations. Correct me if I'm wrong, but I can't see any mention of Nurse Practitioners in the federal legislation, but our provincial Nurse

Practitioner Regulations provide for prescribing by Nurse Practitioners. Can you please clarify this and point me to the place in the regulations where I should be looking.

Part of the confusion about the prescribing authority for NPs stems from the fact that there are different definitions of "practitioner" in the federal *Food and Drugs Act* (with respect to Schedule F drugs) and the *Controlled Drugs and Substances Act* (with respect to narcotics, controlled drugs and benzodiazepines). The *Food and Drugs Act* defines a prescription as "an order given by a practitioner..." where a "practitioner" means "a person authorized by the laws of a province to treat patients with any drug listed or described in Schedule F to the regulations" (This essentially allows the province to decide who may prescribe Schedule F drugs.) On the other hand, the *Controlled Drugs and Substances Act* has the same definition of a "prescription", but limits the definition of a "practitioner" to mean "a person who is registered and entitled under the laws of a province to practice the profession of medicine, dentistry or veterinary medicine..." (This essentially means that under federal regulations only a physician, dentist or veterinarian may prescribe narcotics, controlled drugs or benzodiazepines.)

3. Can the nurse practitioner continue to write refills over and over again, without a new prescription being written by the physician in between?

NPs may issue renewal prescriptions for patients. However, a patient with a chronic condition must be reassessed by a physician on an annual basis, or sooner if the patient's condition destabilizes or requires changes in the treatment. When a physician reassesses a patient, it will be the physician who orders the new, or revised, prescription. No prescription, regardless of who prescribes it, can be filled for longer than a year.

4. I am aware that it is the pharmacist's responsibility to know whether every prescription they fill is valid or not, but, exactly how far are we liable, with regard to Nurse Practitioners scope of practice?

In practical terms it is very difficult, if not impossible, for pharmacists to have a clear knowledge of the various prescribing authorities for all categories of Nurse Practitioners. While some aspects of prescribing authority are quite clear, others may not be so clear, especially in protocol-style situations. For example, as only designated physicians may prescribe methadone, a prescription for methadone from an NP could not be accepted – this is clear. However, a Specialty NP prescribing according to a protocol that the pharmacist does not have access to would be an example of a situation in which prescribing authority is not quite so clear.

According to the NLPB Policy, *Nurse Practitioner Prescribing and Pharmacists' Responsibilities*, the Board takes the position that it is reasonable for a pharmacist to expect that Nurse Practitioners will prescribe in accordance with the applicable protocols, Regulations, Standards of Nursing Practice and Code of Ethics. It is also reasonable for pharmacists to assume that prescriptions issued by Nurse Practitioners have been issued within the given Nurse Practitioner's scope of practice and in accordance with the protocols or regulations governing Nurse Practitioner prescribing, unless there is specific evidence to the contrary. It is NOT the responsibility of pharmacists to "police" the adherence of Nurse Practitioners to their protocols, regulations or Standards of Practice. Rather, if there is specific evidence of failure by the Nurse Practitioner to do so, the pharmacist should present such evidence to the ARNNL for appropriate action.



Schedule C

Drugs

NPs-PHC in the province of Newfoundland and Labrador are authorized to order drugs according to therapeutic classes listed in the table below. NPs prescribe in accordance with the *RN Act*, the *NP Regulations*, the *Pharmacy Act*, the *ARNNL NP Standards* and the federal *Food and Drug Act and Regulations*. Under the federal *Controlled Drugs and Substances Act* NPs do not have authority to prescribe narcotics or controlled drugs. The federal regulations are currently under review. The NP Standards stipulate that NPs are accountable for their prescribing decisions and must always act within their level of competence and scope of practice.

The American Hospital Formulary Services (AHFS) Pharmacologic Therapeutic Classification is a system that organizes drugs into therapeutic classes. This classification system is widely used internationally. All therapeutic classes and subclasses have unique numbers so that they can be readily identified. (Please refer to the Appendix for an outline of the AHFS classification system). Not all therapeutic classes in the AHFS system are approved for NP prescribing.

The table below is based on the American Hospital Formulary Services (AHFS) system and contains three columns. The first column lists the therapeutic classes (with identification code number) from which NPs are authorized to prescribe. The second column outlines the subclasses that NPs are authorized to prescribe and there are some drugs to which conditions apply. The third column lists the conditions under which certain drugs can be prescribed.



Therapeutic Class AHFS Identification Code Number	Approved	Conditions
Antihistamine Drugs 4:00	First Generation Antihistamines 4:04 Ethanolamine Derivatives 4:04.04 Ethylenediamine Derivatives 4:04.08 Phenothiazine Derivatives 4:04.12 Piperazine Derivatives 4:04.16 Propylamine Derivatives 4:04.20 Miscellaneous Derivatives 4:04.92 Second Generation Antihistamines 4:08 Other Antihistamines 4:92	None
Anti-infective Drugs 8:00	Anthelmintics 8:08 Antibacterials 8:12 Aminoglycosides 8:12.02 Cephalosporins 8:12.06 Miscellaneous Beta-Lactams 8:12.07 Chloramphenicol 8:12.08 Macrolides 8:12.12 Penicillins 8:12.16 Quinolones 8:12.18 Sulfonamides 8:12.20 Tetracyclines 8:12.24 Miscellaneous Antibacterials 8:12.28 Antifungals 8:14 Allylamines 8:14.04 Azoles 8:14.08 Echinocandins 8:14.16 Polyenes 8:14.28 Pyrimidines 8:14.32 Miscellaneous Antifungals 8:14.92 Antimycobacterials 8:16 Antituberculosis Agents 8:16.04 (see Conditions) Miscellaneous Antimycobacterials 8:16.92 Antivirals 8:18 Adamantanes 8:18.04 Antiretrovirals 8:18.08 (see Conditions) Interferons 8:18.20 Monoclonal Antibodies 8:18.24 Neuraminidase Inhibitors 8:18.28 Nucleosides and Nucleotides 8:18.32 Miscellaneous Antivirals 8:18.92 Antiprotozoals 8:30 Amebicides 8:30.04 Antimalarials 8:30.08 Miscellaneous Antiprotozoals 8:30.92 Urinary Anti-Infectives 8:36 Miscellaneous Anti-Infectives 8:92	Antituberculosis Agents 8:16.04 (for continuation of therapy only) Antiretrovirals 8:18.08 (for continuation of therapy only)



Therapeutic Class AHFS Identification Code Number	Approved	Conditions
Anti-neoplastic Drugs 10:00	Only two agents from this class are approved (See Conditions)	Methotrexate (for inflammatory disease only) Tamoxifen (for continuation of therapy only)
Autonomic Drugs 12:00	Parasympathomimetic (Cholinergic) Agents 12:04 Anticholinergic Agents 12:08 Anti-Parkinsonian Agents 12:08.04 (see Conditions) Antimuscarinics/Antispasmodics 12:08.08 Sympathomimetic (Adrenergic) Agents 12:12 Alpha - Adrenergic Agonists 12:12.04 Beta - Adrenergic Agonists 12:12.08 Alpha & Beta - Adrenergic Agonists 12:12.12 Sympatholytic (Adrenergic Blocking) Agents 12:16 Miscellaneous Autonomic Drugs, 12:92	Anti-Parkinsonian Agents 12:08.04 (for continuation of therapy only)
Blood Formation, Coagulation, and Thrombosis 20:00	Antianemia Drugs 20:04 Iron Preparations 20:04.04 Liver and Stomach Preparations 20:04.08 Antithrombotic Agents 20:12 Anticoagulants 20:12.04 (See Conditions) Coagulants 20:12.12 Platelet Aggregation Inhibitors 20:12.18 (See Conditions) Hematopoietic Agents 20:16 Hemorrhologic Agents 20:24 Antihemorrhagic Agents 20:28 Antiheparin Agents 20:28.08 Hemostatics 20:28.16	Anticoagulants 20:12.04 (for continuation of therapy or adjustment of dosage) Platelet Aggregation Inhibitors 20:12.18 (for continuation of therapy)



Therapeutic Class AHFS Identification Code Number	Approved	Conditions
<p>Cardiovascular (CV) Drugs 24:00</p>	<p>Cardiac Drugs 24:04 Anti-arrhythmics 24:04.04 (see Conditions) Cardiotonic Agents 24:04.08 Cardiac Drugs, Miscellaneous 24:04.92</p> <p>Antilipemic Agents 24:06 Bile Acid Sequestrants 24:06.04 Cholesterol Absorption Inhibitors 24:06.05 Fibric Acid Derivatives 24:06.06 HMG-CoA Reductase Inhibitors 24:06.08 Antilipemic, Miscellaneous 24:06.92</p> <p>Hypotensive Agents 24:08 Alpha - Adrenergic Blocking Agents 24:08.04 Beta - Adrenergic Blocking Agents 24:08.08 Calcium-Channel Blocking Agents 24:08.12 (see conditions) Central Alpha Agonists 24:08.16 Direct Vasodilators 24:08.20 Diuretics 24:08.24 Peripheral Adrenergic Inhibitors 24:08.32 Renin-Angiotensin-Aldosterone System Inhibitors 24:08.44 (see conditions) Hypotensive Agents, Miscellaneous 24:08.92</p> <p>Vasodilating Agents 24:12 Nitrates and Nitrites 24:12.08 Phosphodiesterase Inhibitors 24:12.12 Vasodilating Agents, Miscellaneous 24:12.92</p> <p>Sclerosing Agents 24:16</p> <p>Alpha-Adrenergic Blocking Agents 24:20</p> <p>Beta-Adrenergic Blocking Agents 24:24</p> <p>Calcium Channel Blocking Agents 24:28 (see conditions) Dihydropyridines 24:28.08 Calcium Channel Blocking Agents, Miscellaneous 24:28.92</p> <p>Renin-Angiotensin-Aldosterone System Inhibitors 24:32 (see conditions) Angiotensin-Converting Enzyme Inhibitors 24:32.04 Angiotensin II Receptor Antagonists 24:32.08 Mineralocorticoid (Aldosterone) Receptor Antagonists 24:32.20</p>	<p>Anti-arrhythmics 24:04.04 (for continuation of therapy only)</p> <p>Calcium Channel Blocking Agents 24:08.12 EKG must be verified as normal</p> <p>Renin-Angiotensin-Aldosterone System Inhibitors 24:08.44 Must monitor renal function pretreatment and ongoing.</p>



Therapeutic Class AHFS Identification Code Number	Approved	Conditions
<p>Central Nervous System Agents 28:00</p>	<p>Analgesics and Antipyretics 28:08 Non- Steroidal Anti-inflammatory Agents 28:08.04 Analgesics and Antipyretics, Miscellaneous 28:08.92</p> <p>Anticonvulsants 28:12 Hydantoins 28:12.12 Oxazolinediones 28:12.16 Succinimides 28:12.20 Anticonvulsants, Miscellaneous 28:12:92 (see Conditions)</p> <p>Psychotherapeutic Agents 28:16 Antidepressants 28:16.04 (see Conditions) Antipsychotics 28:16.08 Psychotherapeutic Agents, Miscellaneous 28:16.92</p> <p>Anorexigenic Agents and Respiratory and Cerebral Stimulants 28:20 Anorexigenic Agents and Respiratory and Cerebral Stimulants, Miscellaneous 28:20:92</p> <p>Anxiolytics, Sedatives and Hypnotics 28:24 Miscellaneous Anxiolytics, Sedatives and Hypnotics 28:24.92</p> <p>Antimanic Agents 28:28</p> <p>Antimigraine Agents 28:32 Selective Serotonin Agonists 28:32.28 Antimigraine Agents, Miscellaneous 28:32.92</p> <p>Antiparkinsonian Agents 28:36 (See conditions) Adamantanes 28:36.04 Anticholinergic Agents 28:36.08 Catechol-O-Methyltransferase (COMT) Inhibitors 28:36.12 Dopamine Precursors 28:36.16 Dopamine Receptor Agonists 28:36.20 Monamine Oxidase B inhibitors 28:36.32</p> <p>Central Nervous System Agents, Miscellaneous 28:92</p>	<p>Anticonvulsants, Miscellaneous 28:12.92 NPs cannot prescribe agents containing Controlled substances</p> <p>Antidepressants 28:16.04 NPs cannot prescribe Monoamine Oxidase Inhibitors 28:16.04.12</p> <p>Antiparkinsonian Agents 28:36 For continuation of therapy only</p>
<p>Contraceptives (foams and devices) 32:00</p>	<p>All</p>	<p>None</p>



Therapeutic Class AHFS Identification Code Number	Approved	Conditions
Electrolytic, Caloric, and Water Balance 40:00	Ammonia Detoxicants 40:10 (See conditions) Replacement Preparations 40:12 Ion-removing Agents 40:18 Sodium-removing Agents 40:18.16 Calcium-removing Agents 40:18.17 Potassium-removing Agents 40:18.18 Phosphate-removing Agents 40:18.19 Ion-removing Agents, Other 40:18.92 Caloric Agents 40:20 Salt and Sugar Substitutes 40:24 Diuretics 40:28 Carbonic Anhydrase Inhibitors 40:28.04 Loop Diuretics 40:28.08 Osmotic Diuretics 40:28.12 Potassium-sparing Diuretics 40:28.16 Thiazide Diuretics 40:28.20 Thiazide-like Diuretics 40:28.24 Diuretics, Miscellaneous 40:28.92 Irrigating Solutions 40:36 Uricosuric Agents 40:40	Ammonia Detoxicants 40:10 NPs authorized to prescribe Lactulose 40:10.
Enzymes 44:00	Enzymes 44:00	
Respiratory Tract Agents 48:00	See Conditions Antihistamines 48:04 First Generation Antihistamines 48:04.04 Second Generation Antihistamines 48:04.08 Antitussives 48:08, Anti-inflammatory Agents 48:10 Corticosteroids 48:10.08 Leukotriene modifiers 48:10.24 (see conditions) Bronchodilators 48:12 Adrenergic Agents 48:12.04 Anticholinergic Agents 48:12.08 Expectorants 48:16 Mucolytic Agents 48:24 Vasodilating Agents 48:48	NPs cannot prescribe agents containing narcotics/controlled substances Leukotriene modifiers 48:10:24 (for continuation of therapy only)



Therapeutic Class AHFS Identification Code Number	Approved	Conditions
Eye, Ear, Nose, and Throat (EENT) Preparations 52:00	Antiallergic Agents 52:02 Anti-infectives 52:04 Antibacterials 52:04.04 Antifungals 52:04.16 Antivirals 52:04.20 Anti-infectives, Miscellaneous 52:04.92 Anti-inflammatory Agents 52:08 Corticosteroids 52:08.08 (See Conditions) Nonsteroidal Anti-inflammatory Agents 52:08.20 Anti-inflammatory Agents, Miscellaneous 52:08.92 Contact Lens Solutions 52:12 Mydriatics 52:24 (see conditions) Mouthwashes and Gargles 52:28 Vasoconstrictors 52:32 Antiglaucoma Agents 52:40 (See conditions) Alpha - Adrenergic Agonists 52:40.04 Beta - Adrenergic Agents 52:40.08 Carbonic Anhydrase Inhibitors 52:40.12 Miotics 52:40.20 Osmotic Agents 52:40.24 Prostaglandin Analogs 52:40.28 Antiglaucoma Agents, Miscellaneous 52:40.92 EENT Drugs, Miscellaneous 52:92	Corticosteroids 52:08:08 Cannot prescribe Ophthalmological steroids Mydriatics 52:24 (For continuation of therapy only) Antiglaucoma agents 52:40 (For continuation of therapy only)
Gastrointestinal Drugs 56:00	Antacids and Adsorbents 56:04 Antidiarrhea Agents 56:08 (see conditions) Antiflatulents 56:10 Cathartics and Laxatives 56:12 Cholelitholytic Agents 56:14 Digestants 56:16 Emetics 56:20 Antiemetics 56:22 Antihistamines 56:22.08 5-HT ₃ Receptor Antagonist 56:22.20 Antiemetics, Miscellaneous 56:22.92 Lipotropic Agents 56:24 Antiulcer Agents and Acid Suppressants 56:28 Histamine H ₂ -Antagonists 56:28.12 Prostaglandins 56:28.28 Protectants 56:28.32 Proton pump Inhibitors 56:28.36 Prokinetic Agents 56:32 Anti-inflammatory Agents 56:36	Antidiarrhea agents 56:08 NPs cannot prescribe agents containing narcotics /controlled substances.
Gold Compounds 60:00	Gold Compounds 60:00 (See Conditions)	For continuation of therapy or adjustment of dosage only



Therapeutic Class AHFS Identification Code Number	Approved	Conditions
Heavy Metal Antagonists 64:00	Heavy Metal Antagonists 64:00 (See Conditions)	For continuation of therapy or adjustment of dosage only
Hormones and Synthetic Substitutes 68:00	<p>Adrenals 68:04</p> <p>Contraceptives 68:12</p> <p>Estrogens and Antiestrogens 68:16</p> <p>Estrogens 68:16:04</p> <p>Antidiabetic Agents 68:20</p> <p>Alpha-Glucosidase Inhibitors 68:20.02</p> <p>Amylinomimetics 68:20.03</p> <p>Biguanides 68:20.04</p> <p>Dipeptidyl Peptidase IV (DDP-4) Inhibitors 68:20.05</p> <p>Incretin Mimetics 68:20.06</p> <p>Insulins 68:20.08 (see conditions)</p> <p>Meglitinides 68:20.16</p> <p>Sulfonylureas 68:20.20</p> <p>Thiazolidinediones 68:20.28</p> <p>Antidiabetic Agents, Miscellaneous, 68:20.92</p> <p>Antihypoglycemic Agents 68:22</p> <p>Glycogenolytic Agents 68:22.12</p> <p>Antihypoglycemic Agents, Miscellaneous 68:22.92</p> <p>Parathyroid 68:24 (See Conditions)</p> <p>Pituitary 68:28 (See Conditions)</p> <p>Thyroid and Antithyroid Agents 68:36</p> <p>Thyroid Agents 68:36.04</p> <p>Antithyroid Agents 68:36.08 (See Conditions)</p>	<p>Insulins 68:20:08 (NP must consult physician prior to prescribing initial treatment)</p> <p>Parathyroid 68:24 (for continuation of therapy only)</p> <p>Pituitary 68:28 (for continuation of therapy only)</p> <p>Anti-thyroid agents 68:36:08 (for continuation of therapy and adjustment of dosage only).</p>
Serums, Toxoids, and Vaccines 80:00	Serums 80:04 Toxoids 80:08 Vaccines 80:12 (See Conditions)	NPs not permitted to prescribe Yellow Fever Vaccine



Therapeutic Class AHFS Identification Code Number	Approved	Conditions
Heavy Metal Antagonists 64:00	Heavy Metal Antagonists 64:00 (See Conditions)	For continuation of therapy or adjustment of dosage only
Hormones and Synthetic Substitutes 68:00	Adrenals 68:04 Contraceptives 68:12 Estrogens and Antiestrogens 68:16 Estrogens 68:16:04 Antidiabetic Agents 68:20 Alpha-Glucosidase Inhibitors 68:20.02 Amylinomimetics 68:20.03 Biguanides 68:20.04 Dipeptidyl Peptidase IV (DDP-4) Inhibitors 68:20.05 Incretin Mimetics 68:20.06 Insulins 68:20.08 (see conditions) Meglitinides 68:20.16 Sulfonylureas 68:20.20 Thiazolidinediones 68:20.28 Antidiabetic Agents, Miscellaneous, 68:20.92 Antihypoglycemic Agents 68:22 Glycogenolytic Agents 68:22.12 Antihypoglycemic Agents, Miscellaneous 68:22.92 Parathyroid 68:24 (See Conditions) Pituitary 68:28 (See Conditions) Thyroid and Antithyroid Agents 68:36 Thyroid Agents 68:36.04 Antithyroid Agents 68:36.08 (See Conditions)	Insulins 68:20:08 (NP must consult physician prior to prescribing initial treatment) Parathyroid 68:24 (for continuation of therapy only) Pituitary 68:28 (for continuation of therapy only) Anti-thyroid agents 68:36:08 (for continuation of therapy and adjustment of dosage only).
Serums, Toxoids, and Vaccines 80:00	Serums 80:04 Toxoids 80:08 Vaccines 80:12 (See Conditions)	NPs not permitted to prescribe Yellow Fever Vaccine



Therapeutic Class AHFS Identification Code Number	Approved	Conditions
<p>Skin and Mucous Membrane Agents 84:00</p>	<p>Anti-infectives 84:04 Antibacterials 84:04.04 Antivirals 84:04.06 Antifungals 84:04.08 Scabicides and Pediculicides 84:04.12 Miscellaneous Local Anti-infectives 84:04.16</p> <p>Anti-inflammatory Agents 84:06 (see Conditions)</p> <p>Antipruritics and Local Anesthetics 84:08</p> <p>Astringents 84:12</p> <p>Cell Stimulants and Proliferants 84:16</p> <p>Detergents 84:20</p> <p>Emoilients, Demulcents and Protectants 84:24 Basic Lotions and Liniments 84:24.04 Basic Oils and other Solvents 84:24.08 Basic ointments and Protectants 84:24.12 Basic Powders and Demulcents 84:24.16</p> <p>Keratolytic Agents 84:28</p> <p>Keratoplastic Agents 84:32</p> <p>Depigmenting and Pigmenting Agents 84:50 Depigmenting Agents 84:50.04 Pigmenting Agents 84:50.06</p> <p>Sunscreen Agents 84:80</p> <p>Skin and Mucous Membrane Agents, Miscellaneous 84:92 (see Conditions)</p>	<p>Anti-inflammatory agents 84:06 NPs authorized to prescribe: Beclomethasone dipropionate 0.025% Betamethasone benzoate 0.025% Betamethasone valerate 0.05%, 0.1% Clobetasone butyrate 0.05% Diflucortolone valerate 0.1% Fluocinolone acetonide 0.01%, 0.025% Hydrocortisone valerate 0.2% Mometasone furoate 0.1% Triamcinolone acetonide 0.1% Desonide 0.05% Hydrocortisone 0.5%, 1%, 2.5% Hydrocortisone acetate 0.1%, 1% Methylprednisolone acetate 0.25% (Grey,2003)</p> <p>NPs not permitted to prescribe: Topical Fluorouracil, Isotretinoin</p>
<p>Smooth Muscle Relaxants 86:00</p>	<p>Gastrointestinal Smooth Muscle Relaxants 86:08</p> <p>Genitourinary Smooth Muscle Relaxants 86:12</p>	<p>None</p>
<p>Vitamins 88:00</p>	<p>Vitamin A 88:04 Vitamin B Complex 88:08 Vitamin C 88:12 Vitamin D 88:16 Vitamin E 88:20 Vitamin K Activity 88:24 Multivitamin Preparations 88:28</p>	<p>None</p>



Therapeutic Class AHFS Identification Code Number	Approved	Conditions
Miscellaneous Therapeutic Agents 92:00	Alcohol Deterrents, Antidotes, Antigout Agents, Bone Resorption Inhibitors Other (See Conditions)	NP must consult physician prior to prescribing initial dose of the following: Biologic response modifiers, Disease Modifying Anti-rheumatic agents, Immunosuppressive agents. 5 alpha Reductase Inhibitors (for continuation of therapy only).
Medical Devices 94:00	?	?
Pharmaceutical Aids 96:00	?	?



Newfoundland & Labrador Pharmacy Board

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February 16, 2010

NOTICE

2010 Newfoundland and Labrador Registration Examination

This is to notify that the first regular sitting of the Newfoundland and Labrador Registration Examination is scheduled for

Monday, April 12, 2010
9:00 am - 12:00 noon
Lecture Theatre H (Room 3446)

IMPORTANT POINTS:

The *MUN School of Pharmacy Examination Policy* also applies for this exam. **In particular**, Electronic Devices including laptops, netbooks, cell phones, blackberries, etc. are **NOT** permitted to be used during the exam.

The Registration Examination is an **Open Book exam**. Candidates are permitted to bring suitable written reference material, such as the NLPB Pharmacy Manual, into the exam room for use during the exam.

While pre-registration is NOT required, it would be helpful for students to notify our office of their intent to write this examination by phone at 753-5877 or by e-mail to inforx@nlpb.ca.

The **fee** for this examination is \$100.00 + HST (a total of \$113.00), which **must be paid prior to writing** the exam. Payment via cash, cheque or VISA/Mastercard will be accepted at the Board office prior to the exam or can be made at the examination site on the day of the exam.

If students prefer to write the examination for Nova Scotia, New Brunswick, or Prince Edward Island at this time instead of the exam for Newfoundland and Labrador, this may possibly be arranged. Students who wish to write the alternative examination must contact our office as well as the regulatory body in the other province as soon as possible, so that appropriate arrangements can be made.

EXAM OVERVIEW:

While emphasis is given to provincial legislation, regulations, bylaws, standards of practice and Code of Ethics, questions will also require knowledge of federal legislation and regulations that govern the practice of pharmacy.

Students are reminded that up-to-date versions of the *Pharmacy Act*, *Pharmacy Regulations*, *Pharmacy Board By-laws*, *Standards of Pharmacy Practice* and *Code of Ethics* may be found on the Board's website.

To guide the development of the exam, the Board uses the document *Pharmacy Jurisprudence Competencies for Licensure as a Pharmacist in Canada*, developed by the National Association of Pharmacy Regulatory Authorities, and adopted by our Board. This document may be found on the Standards, Guidelines and Policies page of the NLPB website, under Policies.

The exam format will be a combination of short answer (multiple choice, fill-ins, true or false, etc.) and long answer (essay, point form, etc.) questions.



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MEMO

To: All Pharmacies
Attn: All Pharmacists
From: Don Rowe, Secretary-Registrar
Date: March 10, 2010

On February 8, 2010, the Honorable Jerome Kennedy, Minister of Health and Community Services approved changes to the Provincial Drug Schedules, based upon recommendations made by the Newfoundland and Labrador Pharmacy Board. These recommendations were consistent with the recommendations of the National Drug Scheduling Advisory Committee. These recommendations, which are now in effect, are summarized below.

Diphenhydramine

To reflect the NDSAC recommendations of September 21, 2009 that were finalized on October 21, 2009, regarding diphenhydramine:

Revised in Schedule III: Diphenhydramine and its salts and preparations for topical use in concentrations of 2% or less when sold in containers of greater than 300 mg of diphenhydramine hydrochloride

Added to Unscheduled List: Diphenhydramine and its salts and preparations for topical use in concentrations of 2% or less when sold in containers of 300 mg or less of diphenhydramine hydrochloride

WHAT THIS MEANS:

Products for topical use containing 2% or less of diphenhydramine may be sold in any retail location as long as there is no more than 300 mg total diphenhydramine in the package (i.e. 15 g / mL or smaller – such as Benadryl Itch Relief Stick). Products with package sizes larger than 15 g / mL must still only be sold in a Pharmacy.

Fluconazole

To reflect the NDSAC recommendations of December 15, 2009 that were finalized on January 15, 2010, coming into effect on March 9, 2010, regarding fluconazole:

Added to Schedule I: Fluconazole except when sold in a concentration of 150 mg per oral dosage unit and indicated for the treatment of vaginal candidiasis

Added to Schedule III: Fluconazole when sold in a concentration of 150 mg per oral dosage unit and indicated for the treatment of vaginal candidiasis, in package sizes containing no more than 150 mg of fluconazole

WHAT THIS MEANS:

Oral fluconazole 150 mg capsules may be sold from the self-selection area of a pharmacy which is operated under the direct supervision of a pharmacist as long as there is no more than one 150mg capsule in the package and the package is properly labeled for the treatment of vaginal candidiasis.

Sodium picosulphate

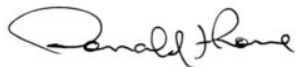
To reflect the NDSAC recommendations of December 15, 2009 that were finalized on January 15, 2010, regarding sodium picosulphate:

Added to Schedule II: Sodium picosulphate for oral purgatives, 10 mg per pack (when found in preparations with magnesium oxide 3.5g and citric acid 12g)

WHAT THIS MEANS:

Oral purgative products containing 10 mg of sodium picosulphate per package along with 3.5 g magnesium oxide and 12 g of citric acid (such as Pico-Salex) must only be sold from a No Public Access Area of a Pharmacy.

The Drug Scheduling documents on the Newfoundland and Labrador Pharmacy Board website are being updated to reflect these changes.



Donald F. Rowe
Secretary-Registrar

http://www.releases.gov.nl.ca/releases/2010/hcs_n2010.htm

Health and Community Services

May 26, 2010

Community Pharmacies to be Linked with Launch of Provincial Pharmacy Network

Newfoundland and Labrador has officially begun connecting community pharmacies to the provincial Pharmacy Network, the Honourable Jerome Kennedy, Minister of Health and Community Services announced today. Minister Kennedy was joined by Mike Barron, CEO of the Centre for Health Information; Don Rowe, Newfoundland and Labrador Pharmacy Board; Don Sweete, Canada Health Infoway's Executive Regional Director for the East; and, Paul LePage, Vice President and General Manager of Healthcare Delivery Solutions, TELUS. The Pharmacy Network is a provincial drug information system that contains a record of patient medication information and comprehensive drug information which will assist pharmacists in identifying potential adverse drug interactions.

“The provincial Pharmacy Network is a true testament of our government's commitment to providing timely access to quality health care for the residents of our province, regardless of their location,” said Minister Kennedy. “This is one of the largest and most complex information technology projects undertaken by our province and will make our health care system better, safer and more efficient.”

The Pharmacy Network is a component of the provincial electronic health record (EHR) designed to support improved patient safety and enhanced care for patients. The network will provide pharmacists, and eventually physicians and other authorized health professionals, with medication information when and where it is needed by connecting them to comprehensive electronic medication profiles for their patients.

“The Pharmacy Network will improve the quality of information available to health care professionals in this province and will help reduce medication errors and adverse drug events,” said Mr. Barron. “Implementing the Pharmacy Network is a very important milestone in developing the provincial EHR and we are proud to be on the national forefront in this initiative.”

The Pharmacy Network is a secure system designed to protect the confidentiality of patient information, which is transferred over secure networks. Access to the Pharmacy Network is limited to authorized health care professionals who prescribe, dispense, update and view medications and/or who support system operations.

Implementation in more than 190 community pharmacies province-wide will continue in a phased-in approach throughout 2010. Once a pharmacy is connected, information about medications held at that pharmacy will be added to the Pharmacy Network. Having this information available in the provincial EHR provides a more complete picture for health professionals making decisions about patient care. After community pharmacies, the next step is connecting facilities in the four Regional Health Authorities to the Pharmacy Network.

“The inauguration of the Pharmacy Network marks a significant milestone in the province,” said Mr. Rowe. “Pharmacists have recognized from the outset the great value that linking all pharmacy computers could bring and the ways it could help us to provide better pharmaceutical care to our patients.”

The provincial EHR, including the Pharmacy Network, is a collaborative initiative between the Newfoundland and Labrador Centre for Health Information, the Government of Newfoundland and Labrador, Canada Health Infoway (*Infoway*), and the Regional Health Authorities, along with many supporting stakeholders. The Provincial Government and *Infoway* have committed \$8.6 million and \$17.9 million respectively in Pharmacy Network development and implementation to date. The Provincial Government will fund the ongoing operation of the Pharmacy Network.

Canada Health Infoway is an independent, not-for-profit organization funded by the federal government. *Infoway* jointly invests with every province and territory to accelerate the development and adoption of electronic health record projects in Canada.

“Drug information systems like the Pharmacy Network are an important part of a robust electronic health record,” said Richard Alvarez, President and CEO of Canada Health Infoway. “The Pharmacy Network will bring significant benefits to Newfoundland and Labrador by helping doctors and pharmacists ensure patients are taking their medications properly while avoiding unhealthy drug interactions.”

TELUS worked in partnership with the Centre for Health Information to build the drug information system that is a foundation for the Pharmacy Network.

“TELUS congratulates the centre and the province for leadership and vision in implementing a province-wide drug information system that integrates all functionality required to benefit both citizens and the healthcare system,” said Mr. Lepage. “At TELUS, we believe that connecting the care continuum is paramount to transforming the way information is used in healthcare and the Pharmacy Network is an excellent example of this.”

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Media contacts:

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Newfoundland & Labrador Pharmacy Board

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MEMO TO PHARMACISTS AND PHARMACY OWNERS

On behalf of the Board, I would like to briefly take a moment to update pharmacists and pharmacy owners on the movement both nationally and in NL toward regulating pharmacy technicians. No doubt you have heard much about this topic in recent months and have seen several recent communications from the Board.

The main emphasis of these recent communications has been on distributing information on the upcoming Pharmacy Examining Board of Canada Pharmacy Technician Evaluating Examination, which is scheduled to be held in St. John's, Grand Falls-Windsor and Corner Brook on September 18, 2010. This exam is the first step in the process of regulation for those pharmacy assistants working in community and hospital pharmacies at this time who meet the eligibility criteria and VOLUNTARILY WISH TO PROCEED THROUGH THE REGULATORY PROCESS.

To clarify the Board's perspective:

While the regulation of technicians is a Board process, there are many other stakeholders whose input is important. PEBC, NAPRA, employers, government, technician/assistant schools and accrediting bodies will play a role in technician regulation. Our website outlines the path to regulated status for both those in the field currently and those graduating from accredited programs in the future.

While some pharmacy assistants may choose to do so, the Board does not envision requiring pharmacy assistants to become regulated pharmacy technicians in the future. There is a wide variety of hospital and community pharmacy practice environments in Newfoundland and Labrador today and, as pharmacy evolves, this is expected to remain the case. Our geography dictates the need for a variety of settings. As such, current pharmacy assistants (sometimes called "technicians" today) will still be able to work in the future and will have a specific role to fill. However, pharmacists in some practice environments may see the benefits in incorporating a new role with an expanded scope of practice into their practice setting – the regulated pharmacy technician.

Given the above points, it is likely we will see a variety of community and hospital pharmacy practice models in the future, such as:

- Pharmacists working alone
- Pharmacists delegating to pharmacy assistants
- Pharmacists delegating to pharmacy assistants and working with regulated pharmacy technicians
- Pharmacists with all regulated pharmacy technicians

Employers, in consultation with their employees, will ultimately be the ones to make the decision as to which business model works best for them. This decision will take into account the needs of their organization now as well as in the future as pharmacy technician regulation and pharmacy practice continue to evolve. The future is exciting and will provide many new opportunities for our profession.

Please stay engaged and informed on this changing landscape. A Professional Practice Sub-Committee, consisting of pharmacists and pharmacy assistants from varying settings is in place and working through the process. Any feedback sent to the Board is being collated and being used to develop targeted communications and an updated "frequently asked questions" which should be available in the near future. I encourage you to visit the NL Pharmacy Board website at www.nlpb.ca for updates on this topic. Also, please encourage any pharmacy assistants at your pharmacy sign up for our email list to receive updates directly.

Respectfully,
Keith Bailey, Chair, NL Pharmacy Board

June 3, 2010



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NOTICE of ZONE MEETINGS

The spring regional Zone Meetings of the Newfoundland and Labrador Pharmacy Board have been scheduled as follows:

St. John's

Saturday, June 12th
3:00 - 5:00 pm

Health Sciences Centre
Medication Management Presentation at CPD Day
(Prior Registration Required for St. John's meeting only)

Clarenville, Grand Falls-Windsor and Corner Brook

Monday, June 14th
Tuesday, June 15th
Wednesday, June 16th

The Clarenville Inn	Clarenville
The Mount Peyton Hotel	Grand Falls-Windsor
The Pepsi Centre	Corner Brook

7:00 – 9:00 pm

CE Session: Medication Management - A Review of the Standards and Requirements (2.0 CEU Pending Accreditation)

9:00 – 9:30 pm

Pharmacist Forum/Q & A

Learning Objectives

After completing this session, the pharmacist will be able to:

- Define Medication Management as it applies within the province of Newfoundland and Labrador
- Explain the requirements to practice Medication Management
- Demonstrate an understanding of each component of Medication Management through a review of practice examples
- Describe the limitations and exclusions within the practice of Medication Management

A Zone Meeting will also be held in Carbonear at a date to be determined

Don Rowe
Secretary-Registrar
June 7, 2010



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NOTICE TO PHARMACISTS

Regulations Enabling the Standards of Pharmacy Practice for Medication Management in Community Pharmacy Now Approved

Recent changes to the *Pharmacy Regulations* approved by the Hon. Jerome Kennedy, Minister of Health and Community Services, as well as new Standards of Pharmacy Practice adopted by the Newfoundland and Labrador Pharmacy Board will broaden the ability of pharmacists to provide prescription medications to better serve patients in Newfoundland and Labrador.

Once a pharmacist is prepared to meet the requirements set out in the Standards, he or she may then use their professional judgment to provide an interim supply of medication, extend prescriptions for limited periods, or adapt prescriptions under a specific set of circumstances. It should be noted, however, that pharmacists are not obligated to extend or adapt a prescription, and have the authority to decline a patient request.

In all instances of Medication Management, pharmacists must follow the requirements and limitations of the Standards including requirements related to documentation and notification. In addition to this, the Standards require that a pharmacist complete and submit to the Board office a "Medication Management Declaration Form" before initiating any Medication Management-related activities.

Some of the limitations on Medication Management include the fact that they are not applicable to narcotics or controlled substances, including benzodiazepines. Likewise, in any case where the prescriber has written "do not renew/adapt" on the original prescription, pharmacists must honor this request and not extend or modify the prescription.

These Standards have been approved by the Board in consultation with and with the endorsement of PANL, the College of Physicians and Surgeons of Newfoundland and Labrador, the Newfoundland and Labrador Medical Association, the Association of Registered Nurses of Newfoundland and Labrador and the Department of Health and Community Services.

Pharmacists should study the enclosed Standards of Practice as well as the accompanying Frequently-Asked Questions document at their earliest convenience. We expect there will be updates to this information over the coming months as pharmacists integrate this new authority into their practice and the Board will continue to send new information to pharmacists through the usual methods – email, The Apothecary and the NLPB website, www.nlpb.ca. However, pharmacists are encouraged to contact myself or Melanie Healey, Professional Affairs Coordinator (mhealey@nlpb.ca), with any questions or concerns you may have.

Regards,

Donald F. Rowe
Secretary-Registrar

PANL and NLPB receive award from Canadian Pharmacists Association



CPhA President, Dwight Ball presents Certificates of Recognition at the Awards Ceremony at the CPhA Annual conference in Calgary, Alberta on May 16, 2010.

Mary Ann Butt, Executive Director of the Pharmacists' Association of Newfoundland and Labrador along with Keith Bailey, Chair of the Executive Committee, Newfoundland and Labrador Pharmacy Board, receive CPhA Certificates of Recognition. This award was presented in recognition of 100 years of organized pharmacy in Newfoundland and Labrador.



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Notice of Upcoming Meetings of the Newfoundland and Labrador Pharmacy Board

All pharmacists registered in Newfoundland and Labrador are invited to attend the Annual General Meeting, a Special General Meeting and a brief Question and Answer session with the Newfoundland and Labrador Pharmacy Board which will be held:

Saturday, September 18, 2010
Sheraton Hotel
St. John's, NL
11:15 am – 12:00 noon

Annual General Meeting Agenda

- 1) Call to Order and Adoption of Agenda
- 2) Minute of Silence in Memoriam
- 3) Adoption of Minutes of Annual General Meeting of NLPB 2009
- 4) Business Arising from Minutes
- 5) Financial Statements for 2009
- 6) Appointment of Auditor
- 7) Adoption of Annual Report
- 8) Questions on Annual Report as distributed
- 9) Announcement of Results of Election of Board Members
- 10) Installation of New Board Chair
- 11) New Business
- 12) Adjournment

Special General Meeting Agenda

- 1) Call to Order and Noting of Board Members present
- 2) Adoption of Agenda
- 3) Executive Committee Election
- 4) Appointment of Signing Officers
- 5) Adjournment

Question and Answer Session

An opportunity for pharmacists to ask questions about recent and upcoming changes to the profession, standards of practice, regulations, etc.

Donald F. Rowe, Secretary-Registrar



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MEMO TO PHARMACISTS

On September 17, 2010, the Honorable Jerome Kennedy, Minister of Health and Community Services approved changes to the Provincial Drug Schedules, based upon recommendations made by the Newfoundland and Labrador Pharmacy Board. These recommendations were consistent with the recommendations of the National Drug Scheduling Advisory Committee. These recommendations, which are now in effect, are summarized below.

Polyethylene glycol 3350

To reflect the NDSAC recommendation of June 17, 2010 that was finalized on July 21, 2010 regarding polyethylene glycol 3350

Added to Unscheduled List: Polyethylene glycol 3350 as a single ingredient oral product indicated as a laxative to treat occasional constipation

WHAT THIS MEANS:

Products containing polyethylene glycol 3350 as a single ingredient for oral use to treat occasional constipation may be sold in any retail location.

Diclofenac diethylamine

To reflect the NDSAC recommendation of March 7, 2010 that was finalized on April 15, 2010 regarding diclofenac diethylamine:

Deleted from Schedule III: Diclofenac diethylamine in preparations for topical use on the skin in concentrations of not more than the equivalent of 1% diclofenac

Added to Unscheduled List: Diclofenac diethylamine in preparations for topical use on the skin in concentrations of not more than the equivalent of 1% diclofenac

WHAT THIS MEANS:

Products containing no more than the equivalent of 1% diclofenac as diclofenac diethylamine in preparations for topical use on the skin may now be sold in any retail location.

The Drug Scheduling documents on the Newfoundland and Labrador Pharmacy Board website are being updated to reflect these changes.

A handwritten signature in black ink, appearing to read "Donald F. Rowe".

Donald F. Rowe
Secretary-Registrar
September 27, 2010



100

PHARMACISTS
1910 *to* 2010



100 Pharmacists 1910 to 2010

It is almost always a perilous, some would say fool-hardy, endeavour to select a representative few from the many members of a profession, particularly when the range of time and the variety of practice settings and ways in which contributions can be made to the profession are so broad.

Nevertheless, the Board, with the collaboration of the Apothecary Hall Trust, decided to recognize 100 pharmacists from 1910 to 2010 as a way of celebrating the 100th anniversary of organized, self-regulated pharmacy in Newfoundland and Labrador.

The concept was noble, the intentions were honourable and the implementation was sometimes daunting.

The project began by attempting to compile a Master Register of all pharmacists who had been registered at one time or another with the Board, something which had not been done until now.

To do this we started with the existing Pharmacy Board database, gathered names from archived files that pre-dated electronic registers, and gleaned from the archival records of the Apothecary Hall Trust, which contains hand written registers from the early 20th century, early records of fees collected and the hand written minutes of Newfoundland Pharmaceutical Society meetings from the earliest days of 1910 up to meetings of the NPhA Council in the 1960's.

Not unexpectedly, there were numerous gaps in the records, different spellings of names and notations that were not clear in their meaning. This part of the project was much more complicated and time consuming than had been expected.

While we are confident that a fairly reliable Master Register has now been compiled, a great deal of tidying up and cross referencing of material needs to be completed and therefore this will be an ongoing project for the Apothecary Hall Trust for some time.

A call for nominations from all pharmacists in the province started the process of selecting the 100 names.

After this, the Master Register was circulated to the trustees of the Apothecary Hall Trust, members of the PANL Awards Committee and other pharmacists, some of whom were familiar with members from the past and others who were more familiar with pharmacists who are currently in active practice.

The intent was that pharmacists from all eras and all areas of practice would be considered. To this end no specific or restrictive criteria for selection were applied, rather the pharmacists polled were asked simply to indicate who they personally felt were “worthy of recognition”.

The nominations received and the responses from the pharmacists polled were tabulated and a final list of 100 pharmacists of the past century was determined.

It should be noted that pharmacists who were first registered within the past few years ago have not yet had an opportunity to demonstrate their commitment to pharmacy or to take their places at the forefront of our profession. However, a number of recently registered members were nominated as being up and coming leaders whose talents and commitment will evidence themselves in the coming years.

Gentle reader; please take this offering for what it is – an opinion expressed at a moment in time that corresponds to a significant milestone in the history of our profession in this province, but nevertheless the opinion of a select but knowledgeable sampling of members of the profession.



RICK ABBOTT (1990)
AUBREY ANSTEY (1974)
W.J.K. (KELL) ASHFORD (1945)
KEITH BAILEY (1996)
DWIGHT BALL (1977)
THOMAS BINDON (1947)
J. FORBES BROWN (1958)
BRENDA BURSEY (1978)
DOUGLAS BUTT (1953)
EDWARD J. CAHILL (1933)
SANDRA CAREY (1991)
KAREN COLBOURNE (1992)
CARSON COLLINS (1975)
HUGH CONROY (1944)
ARLENE CRANE (1981)
NEIL P. CURTIS (1954)
WILLIAM DAVIS (1976)
ALFRED DAWE (1959)
EDWARD (TED) DAWE (1979)
FRASER DAY (1966)
JOHN DOWNTON (1967)
ROBERT DOYLE (1990)
JASON DRUKEN (1999)
DR. GERALD R. DUNCAN (1986)
DR. SCOTT EDWARDS (1997)
RICK ELLIOTT (1976)
HARVEY W. FLIGHT (1944)
RODNEY FORSEY (1999)
EDWARD D. FREEMAN (1911)
DAVID GALWAY (1967)
SEUMAS GIBBONS (1963)
THOMAS GOULDING (1975)
RALPH J. HARRIS (1940)

MELANIE HEALEY (1996)
BRIAN HEALY (1965)
THOMAS HEALY (1974)
DR. DONNA HENDERSON (1967)
DR. LINDA HENSMAN (1985)
DERRICK HIERLIHY (1975)
DONALD HILLIER (1967)
MARY HISCOCK (1962)
DONALD HOGAN (1943)
WILLIAM HOGAN (1958)
JOHN V. (JACK) HOGAN (1962)
KEITH HOGAN (1985)
GEORGE HUTCHINGS (1966)
CLARENCE JACKMAN (1953)
J. FRANK JANES (1939)
MARY E. JOHNS (1928)
DR. DEBORAH KELLY (1999)
LOUIS J. LAWTON (1911)
KEITH LAWTON (1950)
AUGUSTUS LILLY (1941)
THOMAS LYNCH (1976)
JOHN LYNCH (1978)
ROBERT GEAR MACDONALD (1910)
ERNEST C. MACDONALD (1943)
VAUGHAN MACDONALD (1964)
DOUGLAS MANNING (1965)
ROBERT MCGRATH (1956)
DENISE MCGRATH (1985)
THOMAS MCMURDO MCNEIL (1910)
J. WAYNE MORRIS (1967)
THOMAS MURPHY (1958)
MICHAEL J. O'BRIEN (1954)
DENISE O'BRIEN (1981)



PHILIP O'KEEFE (1981)
LEO A. O'MARA (1910)
PETER O'MARA (1910)
JAMES J. O'MARA (1962)
ALBERT EDWARD PARKINS (1915)
DR. LESLIE PHILLIPS (1983)
MARGOT PRIDDLE (1984)
JAMES C. QUICK (1948)
JOHN P. RAHAL (1934)
THOMAS RICKETTS (1943)
JOHN RIDEOUT (1976)
DONALD ROWE (1976)
PAMELA RUDKIN (1978)
ROY SAUNDERS (1957)
BARBARA SCAPLEN (1977)
ROBERTA SCOTT (1967)
WILLIAM SIMMONS (1960)
G. REX SINYARD (1962)
BERND STAEBEN (1962)
AUGUSTUS STAFFORD (1910)
T. JOHN STOWE (1946)
NELSON STOWE (1953)
DR. BARBARA THOMAS (1985)
CHRISTINA TULK (2002)
DR. CHRISTOPHER TURNER (1989)
ROBIN VATCHER (1979)
KEVIN WALSH (1947)
KENNETH WALSH (1979)
CHARLES WARR (1961)
TRENT WHITE (1996)
RALPH WINSOR (1966)
GEORGE YOUNG (1948)
JERRY YOUNG (1976)
DR. STEPHANIE YOUNG (1990)

The Newfoundland and Labrador Pharmacy Board (formerly known as the Newfoundland Pharmaceutical Association) is a non-profit incorporated organization first established by legislation in 1910.

The Board works to ensure that the people of our province have access to the best possible pharmacy care. It promotes best pharmacy practices based on experience across Canada. It investigates complaints concerning the professional conduct of pharmacists and, where necessary, institutes disciplinary action.

The Board consists of seven members elected from and by registered pharmacists in the province and two non-pharmacists who are appointed by the Minister of Health and Community Services under the Pharmacy Act.

Our mission is to set, govern and advance the standards and scope of pharmacy practice and pharmacy service for the people of Newfoundland and Labrador.

The signatories of the original constitution of the Newfoundland Pharmaceutical Society, signed on March 29, 1910, were as follows:

1. Peter O'Mara
2. John J. Kielley
3. A. W. Kennedy
4. Henry Courteney
5. Augustus Stafford
6. John J. King
7. Michael Francis Wadden
8. William P. Taafee
9. Thomas J. Doran
10. Henry Peddigrew
11. Bennett Stafford
12. Michael J. Murphy
13. Arthur LeGrow
14. Hugh Carter Miller
15. James J. Channing
16. John P. Curtin
17. Robert Gear MacDonald
18. Thomas McMurdo McNeil
19. James P. Hearn
20. George J. Brocklehurst Sr.
21. Frederick A. Kennedy
22. John J. Rahal
23. Thomas Burfitt
24. Thomas Kavanagh
25. Leo A. O'Mara
26. B. F. Cullen
27. L. G. Morris
28. Howard D. Pike
29. Richard P. Dooley
30. Edward J. Doran
31. John M. Fitzgerald

Newfoundland and Labrador Pharmacy Board



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With the assistance of
Memorial University of Newfoundland
School of Pharmacy





National Association of Pharmacy Regulatory Authorities
Association nationale des organismes de réglementation de la pharmacie

NAPRA Notes

Fall 2010 Volume 5, Number 2

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Dianne Donnan elected as NAPRA President for second term

Dianne Donnan (Alberta) was elected to a second term as President for the Association. David McLeod (Prince Edward Island) will again serve in the capacity of Vice-President. The President and Vice-President plus Diane Brideau-Laughlin (New Brunswick) and new member Debbie McCulloch (Saskatchewan) will form NAPRA’s Executive Committee. All terms are for one year.

Feeling “capital” again in Ottawa for NAPRA’s Board of Directors Meeting

Ottawa once again served as the venue for the April 17-18, 2010 meeting of NAPRA’s Board of Directors. The Board meeting offers an excellent forum for information sharing updates on Board directed activities undertaken by the NAPRA office, initiatives underway in members’ jurisdictions, and reports from NAPRA’s representatives on external organizations. Based on discussions around the table, activities undertaken by NAPRA and its members will continue to be busy for the upcoming year as well.

Members of the Board heard two special presentations during this meeting. Certina Ho, Institute for Safe Medicine Practices (ISMP) provided a comprehensive overview of medication safety initiatives for community pharmacy offered by ISMP Canada. Later on in the meeting, Dianne Donnan introduced Brendan Walsh (Citizenship and Immigration Canada) and Jonathan Wells (Foreign Credential Recognition Program, HRSDC) for their overview presentation of the *Pan-Canadian Framework on the Assessment and Recognition of Foreign Qualifications*.

All members of the Board expressed their appreciation to the guests for their informative presentations.

IPG project picks up momentum

The Gateway to Canada project is in full swing. The project’s primary goal is to establish and maintain a plain language website in addition to developing tools to provide International Pharmacy Graduates (IPGs) with a single point of access to information they need to become licensed to practice pharmacy in Canada. To move the project forward, NAPRA held its first stakeholders meeting on April 8, 2010 in Ottawa and welcomed participants from a broad spectrum of the pharmacy community including representatives from the academic sector, pharmacy advocacy associations and the federal government. The participants were presented with a high level overview of the three year project plan and participated in a round table discussion about the proposed approach for the project, planned tools and other related initiatives.

The governance structure of the IPG project was approved by the Board during the April meeting. The structure includes a Steering Committee and an Advisory Working Group. The Steering Committee is now established inclusive of both Council of Pharmacy Registrars of Canada members and NAPRA’s Directors (the latter being pharmacist representatives of a pharmacy regulatory authority) and is responsible for project deliverables and addressing major issues. This Committee will also provide leadership and vision to guide the project through the development and implementation stages. This group held their first meeting in July 2010.

The Advisory Working Group will provide expert guidance on certain aspects of the IPG project to ensure that the project is effective, efficient and comprehensive as possible. The group held their first meeting on September 29 in Ottawa. It was a lively, full day of discussion and information sharing.

Standards of practice for pharmacy technicians

Licensure of pharmacy technicians is moving ahead in a number of provinces. While advancing through the various stages of official channels, NAPRA's members have turned to the association for support. NAPRA, in cooperation with its members, developed and produced two documents to support this process: *Competencies for Canadian Pharmacy Technicians at Entry to Practice* and *Language Proficiency Requirements for Canadian Pharmacy Technicians*.

Another area in which the association was asked to assist members is in the development of a national level practice standards document for pharmacy technicians. In July 2010, Kathy Vesterfelt attended a meeting of the pharmacy regulatory authorities (PRAs) currently engaged in the process to enact licensure of pharmacy technicians in their jurisdiction. The attendees reviewed progress made to date and next steps.

NAPRA recently approved the initiation of a practice standards document for pharmacy technicians with work scheduled to commence this fall. NAPRA will continue to utilize and expand upon the work began by our members to deliver a national document to be used or adapted as necessary by all members as the move toward licensure of pharmacy technicians expands across the country.

Natural health products information workshop – May 2010

Stakeholders from many sectors, including Kathy Vesterfelt of NAPRA, attended a one day information workshop to gain insight on the federal government's activities related to natural health products (NHPs). The participants received information on topics such as: the proposed new NHP Regulations (which have subsequently been promulgated); the new NHP Compliance and Enforcement policy and implementation thereof as well as the NHP Application Management Policy.

This proved to be an important and informative session because of the variety of changes that occurred throughout the summer months with respect to natural health products.

President delivers remarks to University of Saskatchewan graduates

NAPRA President Dianne Donnan was again asked to deliver remarks during the luncheon to celebrate the convocation ceremonies for the graduating students of the College of Pharmacy and Nutrition, University of Saskatchewan. Ms. Donnan enjoyed the opportunity to participate in the luncheon and interact with some of Canada's newest pharmacists.

Overview of pharmacy practice in Canada – Special presentation to OPQ Members

Carole Bouchard travelled to Montréal to participate in *Rendez-Vous 2010* of the Ordre des pharmaciens du Québec (OPQ) followed by the Annual General Meeting this past June. Ms. Bouchard was invited to deliver a synopsis of the current changes in pharmacy practice across Canada regarding the expanded scope of practice for pharmacists.

SafetyNET-Rx – Project update

Kathy Vesterfelt, Manager of Professional and Regulatory Affairs for NAPRA attended a one-day session in Halifax on the SafetyNet-Rx project.

In summary, SafetyNET-Rx is a continuous quality improvement program tailored specifically to community pharmacy practice that encourages an open dialogue on medication errors among pharmacy staff and between pharmacies so that the pharmacy can learn as a whole from such errors and make workflow/dispensing, technology, or other appropriate changes to reduce the likelihood that similar errors occur again. While medication reconciliation is now an established practice in both the hospital and long-term care setting, about implementation of patient safety initiatives in community pharmacies. SafetyNET-Rx has been developed, in part, based on the experience of a pilot study with 13 pharmacies in Nova Scotia in 2008 and 2009. A research project, SafetyNET-Rx is collaboration between St. Francis Xavier University and Dalhousie University, partnering with the Nova Scotia College of Pharmacists and ISMP-Canada.

NAPRA will continue to monitor the information generated by the SafetyNET-Rx project because of its ultimate goal for patient safety.

Rocky mountain roundup – NAPRA meets with national associations in Calgary

NAPRA's President and the entire Executive Committee utilized the Canadian Pharmacists Association (CPhA) annual conference in Calgary, Alberta as a backdrop to take in some rocky mountain air and meet with their CPhA colleagues. This meeting provided the opportunity for Executive Committee member introductions, updates on current projects, future initiatives and possible opportunities for collaboration.

The conference also provided an opportunity for NAPRA's Executive Committee and representatives from the Canadian Society of Hospital Pharmacists (CSHP) (including President Jason Howorko, Executive Director Myrella Roy and Coordinator, Professional & Membership Affairs Cathy Lyder) to meet. Similar to the meeting with CPhA representatives, NAPRA and CSHP used the occasion to brief one another on current workload priorities and share information on initiatives of common interest.

Spring and summer activities for the Blueprint for Pharmacy Steering Committee

Kathy Vesterfelt and Carole Bouchard attended the Blueprint Pharmacy Steering Committee meeting in May and July 2010 as NAPRA's representatives. Responsible for overseeing some of the major functions and outcomes of the Blueprint for Pharmacy activities and participant stakeholders, the committee discussed many topics. Items brought forward included: funding for the support of various initiatives; Steering Committee membership; project updates and potential project proposals from all stakeholders.

For more information on the Blueprint for Pharmacy, visit www.blueprintforpharmacy.ca

Executive Director welcomes one on one meetings with federal government personnel

Three senior representatives from the Controlled Substances and Tobacco Directorate – Cathy A. Sabeston, Brenda Paine and Michael Assad – met with Carole Bouchard in July 2010 to discuss issues related to the regulation of marijuana for medical purposes and examine options for the future.

Later on in July, NAPRA's Executive Director also met with Jean-François LaRue and Sandra James from Human Resources and Skills Development Canada-Foreign Credentials Recognition Program. Together the three reviewed the IPG Gateway to Canada project deliverables and discussed issues related to the *Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications*.

Launch of Guideline for Use of Opioids in Chronic Non-Cancer Pain

Initiated by a group of health professionals, the development of the *Canadian Guideline for the Safe and Effective Use of Opioids for Chronic Non-Cancer Pain* began approximately two years ago. NAPRA was invited to join the National Opioid Use Guideline Group (NOUGG) National Faculty in 2009. Since that time, NAPRA's President Dianne Donnan, attended a series of meetings to learn more about the guidelines' development, share information about NAPRA and its members and to offer practical guidance for moving the guideline into practice. The guideline was officially published in the May 2010 issue of the *Canadian Medical Association Journal (CMAJ)*. Following the launch, work continues for all contributors to determine the best strategies and communication activities to support the guideline.



National Association of Pharmacy Regulatory Authorities
Association nationale des organismes de réglementation de la pharmacie

New faces around the national office

NAPRA is pleased to welcome two new additions to the national office staff in recent months.

Louise Travill started with NAPRA in May 2010 as Project Manager for the IPG Project. Louise graduated from the pharmacy program of the University of Saskatchewan in Saskatoon. In addition to being a pharmacist, Louise possesses solid experience in project management as well as information management/information technology development in the health care environment.

Christine Laflamme is the Project Administrative Assistant to support the IPG Project. Christine has an extensive background in the non-profit sector in which she performed a variety of functions. Her professional experience will certainly be of value to the IPG Project team throughout the duration of the undertaking.

In memoriam - Barbara Wells

NAPRA's founding Executive Director, Barbara (Barb) Wells, passed away on June 7, 2010 following a courageous battle with cancer. Ms. Wells worked tirelessly on behalf of the profession for many years which is clearly reflected in the many accolades bestowed upon her by national and international organizations. The association's solid foundation is a direct result of her dedication for over ten years to advancing NAPRA's vision and initiatives. Ms. Wells left a legacy for which all of NAPRA's members and employees – past, present and future – will forever be indebted.

Feedback

Let us know what you think! Send us your thoughts on what works well, what can be improved, the type of information you would like to read about in this publication – we are open to all suggestions. Please send your feedback to Lisa Gall, Manager of Communications by e-mail at lgall@napra.ca.

January 14, 2011:

US RECALL:

McNeil Consumer Healthcare, Division of McNEIL-PPC, Inc. announces a voluntary wholesale level recall of certain lots of TYLENOL[®] 8 Hour, TYLENOL[®] Arthritis Pain, and TYLENOL[®] upper respiratory products, and certain lots of BENADRYL[®], SUDAFED[®], and SINUTAB[®] products.

In addition, McNeil Consumer Healthcare, Division of McNEIL-PPC, Inc. announces a voluntary wholesale level recall of certain lots of ROLAIDS[®] Multi-Symptom Berry Tablets.

This recall does not impact product sold in Canada.

For information call 1-888-222-6036 or [click here](#).