



Newfoundland and
Labrador Pharmacy
Board

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

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

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

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

The Apothecary

Spring 2013

Continuing Professional Development Goes Online

The NLPB is pleased to offer online recording of Continuing Professional Development (CPD). To facilitate the online format, the CPD deadline will now coincide with the annual registration renewal process, resulting in the Professional Development year running from December 1st to November 30th.

One Record

The new CPD process is quick and easy! No more separate log and record sheets—just record each activity once and you're done. This allows you to document your learning while the activity is still fresh in your mind.

One Deadline

For your convenience, both renewal payment and CPD will be due on the same day. No need to worry about sending your Professional Development Log later through the mail or having to deal with the hassle and expense of a courier.

One Solution

One access point for renewal, CPD, committees and other activities. It's accessible anywhere, anytime, securely online.

Online Professional Development Frequently Asked Questions

1. How do I enter my CE's using the online system?

Log into www.nlpb.ca. Under **My Professional Development**, click on **Record a New Learning Activity**. Complete the form and click **Next**. This takes you to a review screen. Review the record and click **Save** to add it to your Learning Portfolio. That's it!

2. How do I view a summary of my Learning Activities?

After logging in, under **My Professional Development**, click on **View/Edit Your Learning Portfolio**.

3. What materials do I need to provide if I am audited next year?

You will need to retain your records of participation and other supporting documentation as defined in our *Standards of Pharmacy Practice on Continuing Professional Development*. Should you be selected for the annual CPD review and your records are stored in the online system, you will not need to submit Learning Portfolio Record Sheets.

Remember, if you ever have any questions, comments or concerns, or would like help walking through the system, please call Aileen or Meghan at the NLPB office at (709) 753-5877 or toll-free at 877-453-5877.

Forgot Your Password?

From the login screen, under **Forgot Your Log In/ Password**, enter the email address associated with your profile and press **Retrieve**.

You will receive an email within a few minutes with your user name and password.

Letter from the Registrar



Statement I: Pharmacists hold the health and safety of each patient to be of primary consideration

NLPB Pharmacist Code of Ethics

Medication errors are a wide spread problem which can, in the worst case, cause harm to patients. During my five month tenure with Board, four medications incidents resulting in patient harm have been brought to my attention. I suspect that this is a small representative of the growing number of medication incidents that are reaching patients.

Every healthcare professional will be involved in some type of medication error during their professional career. It is inevitable. However, patient safety can be improved by optimizing the opportunities to learn from the incidents. Errors are best corrected when real and potential errors are documented, reported and evaluated as a cycle of continuous quality improvement.

You don't need to wait for a medication error to happen to start mitigating the risk in your practice. There are many simple self-assessment approaches to quality assurance such as Failure Mode and Effects Analysis (FMEA) which you can implement in your pharmacy to identify risks and prevent "accidents waiting to happen".

The Institute for Safe Medicine (ISMP) (www.ismp-canada.org) has developed a stepwise process to use FMEA. This system is a toolbox you can use to help you meet the requirements of quality practice. The article "Dispensing Accuracy Tips - Check, Check and Check Again!", published in a previous edition of the Apothecary, also offers some great tips to reduce risk and is reprinted on page 8 of this issue for your convenience.

The newly proclaimed Pharmacy Act 2012 (<http://assembly.nl.ca/Legislation/sr/statutes/p12-2.htm>) establishes a quality assurance program that includes continuing education, professional development, and quality improvements. Stay tuned as the regulations for this new initiative are developed.

An ounce of prevention is a pound of cure.

Margot Priddle
Registrar



Complaints and Discipline Resolution

Case #071217

On December 17, 2007, a letter was received from the Audit and Claims Division of the Department of Health and Community Services alleging that Mr. Lloyd Bennett and Mr. J. Gerald Whalen of East End Pharmacy had engaged in conduct deserving of sanction. The letter was accompanied by a copy of the 80-page report relating to the audit conducted on East End Pharmacy as well as additional binders of materials obtained during the audit and responses provided by the respondents to the audit report.

On January 28, 2008, a panel of the Complaints Authorization Committee (CAC) met to consider the allegation. At this time, since responses had not yet been received from the pharmacists, the panel decided, in accordance with section 39(1) (a) of the Pharmacy Act, to refer the allegations back to the Secretary-Registrar for further investigation.

Due to the complexity of the investigation and the large volume of material to be reviewed, the Board spent a significant amount of time investigating the allegations and corresponding with the respondents and their legal representation. During this time there were also a number of postponements and delays due to health reasons as well as the availability of legal counsel.

On February 27 and 28, 2012, the panel of the CAC reconvened to consider the allegation, the numerous responses from the respondents and their legal representation as well as the results of the Board's investigation. After careful review and discussion of the information presented, the panel determined that there were reasonable grounds to believe that there were a number of issues of concern including:

- dispensing without a valid prescription;
- dispensing unauthorized prescription refills, or for quantities in excess of that authorized by prescriptions;
- dispensing verbal prescriptions which did not contain all required information;
- dispensing prescriptions monthly but billing for daily dispensing;
- dispensing expired prescriptions;
- dispensing narcotics on the basis of a verbal prescription;
- dispensing repeat prescriptions for narcotics;

- dispensing from prescriptions which were not on the required TRPP prescription pad;
- dispensing prior to the date of the prescription;
- Submitting claims for cancelled prescription, and billing for prescription not dispensed;
- dispensing refills earlier than authorized under the supporting prescription;
- dispensing invalid prescriptions (e.g. no quantity noted);
- altering prescriptions after the prescription had been dispensed;
- providing "verbal orders" that in fact had not been prescribed by the indicated prescriber on the date indicated on the prescription;
- dispensing drug different from that prescribed;
- dispensing monthly where the prescription directed for three months, without appropriate documentation or reason;
- dispensing an excessive or unreasonable or improper amount of a drug;
- falsifying records respecting a prescription or the sale of a drug; and
- failing to maintain records required to be kept respecting patients.

The issues identified above raise the further general issue as to whether conduct deserving of sanction, including professional misconduct, professional incompetence, conduct unbecoming a pharmacist, and/or acting in breach of the Pharmacy Act, the Regulations, or the Code of Ethics made under the Pharmacy Act, has occurred. Ultimately, the panel decided that there were reasonable grounds to believe that conduct deserving of sanction had occurred and, in accordance with section 39(3) of the Pharmacy Act, directed that the allegation be considered as constituting a complaint and that it be referred to the Disciplinary Panel for a hearing.

On October 15, 2012, an adjudication tribunal of the Disciplinary Panel met to consider a request from the respondents to have the hearing postponed. The tribunal denied this request citing, among other things, the amount of time that had already passed since the allegation was laid. However, the tribunal did agree, in accordance with section 41(4) of the Pharmacy Act, to have the hearing closed to the public when it proceeded.

On February 27, 2013, the adjudication tribunal accepted guilty pleas and Joint Submissions on Penalty from both Mr. Bennett and Mr. Whalen. In arriving at this decision, the adjudication tribunal considered Agreed Statements of Fact and Admission Statements signed by Mr. Bennett and Mr. Whalen. In these Admission Statements, both respondents admitted having, by their conduct, contravened provisions of the Pharmacy Act, various sections of the Pharmacy Regulations, the Code of Ethics and the Regulations to the Food and Drugs Act.

The tribunal also considered the Joint Submission on Penalty before determining the appropriate sanctions. As such, the tribunal ordered:

⇒ With respect to Mr. Bennett:

- Mr. Bennett's licence to practise pharmacy shall be suspended immediately for a period of 5 years. The respondent is not permitted to work in any capacity as a pharmacist, pharmacist assistant, pharmacy technician, or in any manner relating to the practice of pharmacy in any pharmacy and shall not work in any capacity in the dispensary of any pharmacy during the period of suspension.
- Any reinstatement of the license of Mr. Bennett is conditional on his successful first attempt passing of Part II of the Pharmacy Examination Board of Canada (PEBC) Qualifying Examination, successful first attempt of rewriting the NLPB Registration Examination, successful completion of 5 months internship, and completion of 15 Continuing Education Units within the previous 12 months.
- Mr. Bennett is to pay the costs incurred by the Board with respect to the investigation and hearing of the complaint, which are fixed at \$40,000.
- Publication of the decision or order of the Adjudication Tribunal as required under section 44(3) of the Pharmacy Act, and publication in The Apothecary on a named basis.

⇒ With respect to Mr. Whalen:

- Mr. Whalen's license to practice pharmacy shall be suspended immediately for a period of 3 years. The respondent is not permitted to work in any capacity as a pharmacist, pharmacist

assistant, pharmacy technician, or in any manner relating to the practice of pharmacy in any pharmacy and shall not work in any capacity in the dispensary of any pharmacy during the period of suspension.

- Any reinstatement of the license of Mr. Whalen's is conditional on his successful first attempt passing of Part II of the PEBC Qualifying Examination, successful first attempt of rewriting the NLPB Registration Examination, successful completion of 5 months internship and completion of 15 Continuing Education Units within the previous 12 months.
- Mr. Whalen is to pay the costs incurred by the Board with respect to the investigation and hearing of the complaint, which are fixed at \$20,000.
- Publication of the decision or order of the Adjudication Tribunal as required under section 44 (3) of the Pharmacy Act, and publication in The Apothecary on a named basis.

Case #150530

On May 29, 2012, a letter was received from a patient alleging that a pharmacist, Derrick Ryan of Catalina Pharmacy, had billed and labelled their prescription for a brand name product, Plavix, on several occasions even though a generic form of the drug, clopidogrel, was dispensed.

On June 6, 2012, a panel of the CAC met to consider the letter of allegation. The panel felt that there was insufficient information with which to make a decision and in accordance with section 39(1) (a) of the Pharmacy Act, the panel referred the allegations back to the Secretary-Registrar for further investigation.

On July 4, 2012, the panel reconvened to consider the letter of response from Mr. Ryan as well as additional information gathered by the Deputy Registrar during the investigation. The panel decided that there were reasonable grounds to believe that conduct deserving of sanction had occurred and, in accordance with section 39 (3) of the Pharmacy Act, directed that the allegation be considered as constituting a complaint and that it be referred to the Disciplinary Panel for a hearing.

On February 8, 2013, an adjudication tribunal of the Disciplinary Panel accepted a guilty plea and Joint Submission on Penalty from Mr. Ryan. In arriving at this decision, the adjudication tribunal considered an Agreed Statement of Fact and Admission Statement signed by

Mr. Ryan. In this Admission Statement, Mr. Ryan admitted having, by his conduct, contravened provisions of the Pharmacy Act, various sections of the Pharmacy Regulations and the Code of Ethics. In the Agreed Statement of Fact, Mr. Ryan agreed that:

- he told the patient that the generic form had accidentally been given to him and that he had asked the patient to bring the drug back and he would refund his copay and reverse the billing to the third party payer.
- An inventory audit of the pharmacy's purchases and sales for Plavix, Apo-clopidogrel, and Teva-clopidogrel, conducted by the Deputy Registrar for the period of January 1, 2012 to June 7, 2012, indicated a large discrepancy between the amount of Plavix purchased and dispensed.
- The large discrepancy of Plavix on the inventory audit could not be explained away as the result of an isolated incident.
- On a number of occasions, Mr. Ryan dispensed drugs that had not been prescribed for the patient, nor substitutable under the Interchangeable Drug Products Formulary.
- The Board investigation revealed that the prescriptions dispensed had been mislabelled, charges occurred for drugs that were not dispensed and the patient profile did not reflect accurate information.

The tribunal also considered the Joint Submission on Penalty before determining the appropriate sanctions.

As such, the tribunal ordered that:

- Mr. Ryan be fined an amount of \$5,000.00.
- Mr. Ryan pay the costs incurred by the Board, in addition to the fine.
- Mr. Ryan and Catalina Pharmacy be subject to a one year period of monitoring by the Office of the Registrar of the Board.
- the decision of the tribunal be published on a named basis on *The Apothecary*.

Case #120725

On July 25, 2012, a letter was received alleging unsafe practices including billing and labeling for brand name drugs when generic drugs were dispensed and billing and labeling for one generic brand when a different brand was dispensed.

On February 15, 2013, a panel of the Complaints Authorization Committee (CAC) met to consider the letter of allegation as well as responses from the pharmacist-in-charge and several pieces of evidence that had been requested following prior meetings of the CAC in 2012.

In the pharmacist-in-charge's response, he explained that there was a transition period when the entries for the generic alternatives of certain brand name medications were not available in their computer practice management system. He said that in order to process claims for these drugs during this time, the brand name was billed with the pharmacist ensuring that the price was reduced to the generic price and any customer co-pay was adjusted to ensure the correct amount was charged.

He also addressed the issue of dispensing one generic and billing another by saying this only happens when their preferred product is on backorder and that when this occurs the patient is informed of the shortage and reassured that the medication is 100% equivalent to the previous one. He also stated that there is complete documentation each time a substitution is made. The drug name and DIN is written on the label given to the patient and a note of the change is made on the patient's file.

The panel reviewed all the material that had been presented and discussed the issues involved in the allegation including the patient safety issue of not having the prescription labeled with the correct brand name of the drug or generic name of the drug and name of manufacturer as required in Pharmacy Regulation 13(9). They noted that if there was a drug recall involving any of these medications, it would be impossible for the pharmacist to retrieve the medication. The panel also had concerns that while a thorough and consistent checking procedure is the best defense against dispensing errors, in this case, a prescription could not be reasonably checked for accuracy if the name and DIN number on the prescription vial label did not match the name and DIN number on the hardcopy dispensing summary.

After review of all information presented, the panel decided that there were reasonable grounds to believe that conduct deserving of sanction had occurred and, in accordance with section 39(3) of the Pharmacy Act, directed that the allegation be considered as constituting a complaint and that a letter of counsel or caution be sent to the pharmacist-in-charge and adhered to by all pharmacists working at the pharmacy. The panel further directed that specific points should be noted in the letter

of caution:

- That a copy of the pharmacy's policy and procedure for checking prescriptions be used at all times when checking prescriptions.
- Reinforce that a DIN check is performed by all pharmacy staff when checking a prescription.
- If the brand or generic name printed on the label is not available the transaction must be cancelled and the correct brand or generic name used as per Pharmacy Regulation 13(9).
- That the drug inventory should be computerized as staff would then be able to tell if there was adequate stock to fill a prescription before the label and hard copy dispensing summary were printed.
- Hardcopy dispensing summaries for both first fills and refills must be filed in such a way so that all information on the summary is readable (i.e. not overlapping).
- If the Brand name drug or generic equivalent is not listed in the computer practice management system, the software vendor support team should be contacted as soon as possible to request that it be added.
- That a report of this complaint be published in the next edition of the Board's newsletter, The Apothecary, on a no-names basis, so that ALL pharmacists will be reminded by this incident of their responsibilities to review policies and procedures in their pharmacy to ensure error prevention as much as possible.
- A visit by an inspector of the Newfoundland and Labrador Pharmacy Board will be scheduled within the next six months.

Case #121026

On October 26, 2012, a letter was received from a patient alleging that a pharmacist had made a mistake in compounding a prescription medication. The patient further explained that, as a result of the error, she became very ill to the point of being hospitalized, resulting in stress and financial hardship for both her and her family.

On February 15, 2013, a panel of the CAC met to consider the letter of allegation, as well as the response from the respondent pharmacist.

In the pharmacist's response, he noted that while the

prescription had been written for liothyronine 8.5 micrograms, he "failed to notice that the [pharmacy assistant] had used liothyronine concentrate instead of the diluted form. As a result the patient received a dose of 8.5 milligrams NOT micrograms."

Upon being informed of this error, the pharmacy staff immediately implemented a revised procedure for checking compounds that includes verifying that the correct dose of the medication has been compounded by using the weight/volume of the ingredients to calculate the final concentration as well as having a second pharmacist double check these calculations. The lot number of the ingredients will be also be checked in addition to a "name" check.

The panel acknowledged that the pharmacist took responsibility for the medication error and responded to the patient in an appropriate manner. The pharmacy has implemented a number of policies and procedures for all compounding staff aimed at preventing future medication incidents. Despite this, the panel decided that there were reasonable grounds to believe that conduct deserving of sanction had occurred and, in accordance with section 39 (3) of the Pharmacy Act, directed that the allegation be considered as constituting a complaint and that letters of caution be sent to the pharmacist and the pharmacist-in-charge. The panel further directed that specific points should be noted in the letters of caution:

- That a copy of the pharmacy's policy and procedure for checking prescriptions be forwarded to the Newfoundland and Labrador Pharmacy Board for review.
- That a copy of the pharmacy's policy and procedure for diluting medication to be used in a compounded prescription be forwarded to the Newfoundland and Labrador Pharmacy Board for review.
- Reinforce the checking procedure to ensure that checking occurs against the prescription.
- Reinforce the checking procedure to ensure that every compounded prescription be checked for the appropriate dosage.
- That a report of this complaint be published in the next edition of the Board's newsletter, The Apothecary, on a no-names basis, so that this incident will remind other pharmacists of their responsibilities to safe medication practices, prevention of harmful medication incidents, and facilitating quality improvement initiatives.

Dealing with Medication Incidents

“I think you made a mistake with my prescription.”

As a pharmacist, this statement immediately causes a rush of anxiety. In spite of our best intentions, there are times when things can go very wrong and medication incidents occur. It is, however, the manner in which we respond to notification of a medication incident that can make the biggest difference in both the outcome for the patient and pharmacist involved. Quite often when patients report incidents to the Board, they are more upset with the response, or lack thereof, they received from the pharmacist or pharmacy management than with the actual error itself.

Immediate, clear, open and continued communication with the patient is necessary. Pharmacists must take steps to determine why the medication incident occurred and implement any necessary changes to ensure the prevention of a recurrence of the incident. It is a fact that most medication incidents are the result of a series of events that have failed and not the actions of one individual. It is vital that all pharmacy staff are aware of and follow proper policies and procedures so that medication incidents may be responded to promptly and with the patient's health and safety a priority.

Steps to take to improve your response to a medication incident include:

- ⇒ When a patient presents a possible medication incident to the pharmacy, **the pharmacist must give the patient their immediate and total attention**. The safety of the patient is the pharmacist's primary concern at this time.
- ⇒ It is important to **listen intently to the patient** as they describe the situation and not interrupt even if you can immediately identify the reason for the concern. To ensure understanding, repeat or paraphrase what you have been told.
- ⇒ **Acknowledge the distress** and risk that the incident has caused the patient and express empathy and concern for the patient. Do not try to diminish the seriousness of the incident.
- ⇒ **Determine if the patient is at possible risk of harm**. Notify the prescriber of the medication and any other emergency personnel deemed necessary.
- ⇒ **Apologize to the patient** even if you are still unsure about the circumstances of the medication incident. In accordance with the *Apology Act*, making an apology does not constitute admission of fault or liability.
- ⇒ **Determine the cause of the medication incident** in a transparent and timely manner ensuring that necessary changes are made in policies and procedures that may have led to the medication incident.
- ⇒ **Communicate this information to the patient**, without excuses, so that they understand that steps have been taken to fully address the medication incident and to prevent a recurrence.
- ⇒ **Document and communicate information about the medication incident**. Document as much information about the incident as possible. Share and discuss details about the medication incident with all dispensary staff, focusing on possible contributing factors and any changes to pharmacy policies and procedures necessary to prevent a recurrence.
- ⇒ **Report medication incidents and near misses** to the Institute for Safe Medication Practices – Canada's **Medication Incident and Near Miss Reporting Program**. Medication incidents and near misses can be reported anonymously. Remember, everyone can learn from medication incidents when they are reported.

Dispensing Accuracy Tips

Check, Check and Check Again!

As pharmacists, we never like to hear or talk about dispensing errors and medication incidents. Now that we've discussed how to respond to an incident, let's consider some ways to prevent further errors from occurring in the future.

KNOW THE RISKS

There are many things that contribute to dispensing errors such as distractions, interruptions, working long hours without a break, quieter periods (research shows that fewer errors occur when the dispensary is busy), lack of focus due to illness or personal problems, an over-reliance on the accuracy of other staff members involved in the dispensing process, self-checking, and new staff members.

DEVELOP THOROUGH CHECKING PROCEDURES

A thorough and consistent checking procedure is perhaps the best defense against dispensing errors. This involves several steps including:

- Triple-check the drug name and strength by comparing:
 - ⇒ the prescription to the label,
 - ⇒ the prescription to the bottle or package, and
 - ⇒ the label to the bottle or package.
- Check the product dispensed after preparation:
 - ⇒ If using multiple bottles or packages, check that *all* bottles or packages are the same
 - ⇒ If using stock bottles, carry out a quick visual check on the contents of the bottles and the contents of the container to ensure they match
 - ⇒ If using packages, open all unsealed packages checking that the contents are correct, the number of strips present in each package is correct, and that there are no loose tablets
 - ⇒ Check the expiry date on each bottle or package
- Check other information on the prescription:
 - ⇒ Patient name
 - ⇒ Prescriber
 - ⇒ Instructions to the patient
 - ⇒ Dosage form
 - ⇒ Quantity
 - ⇒ Check that the correct quantity has been given (the correct number of packages or a

quick visual check of the container)

- ⇒ For controlled drugs, double-count the number of dosage units dispensed

It is also good practice to:

- check that labels have not been transposed when dispensing more than one item to the same patient
- count the number of items on the prescription and then count the corresponding number of dispensed items into the bag
- check that the bag does not contain any stock bottles

DOCUMENT, DOCUMENT, DOCUMENT

Each staff member involved in the dispensing process is responsible for its accuracy and should physically document their involvement by signing or initialing the "hard copy" dispensing summary that is affixed to the prescription. For example, if an assistant picked the drug from the shelf, counted it and labeled the vial, she should check the drug name and strength (triple-check), document the DIN from the stock bottle, the quantity counted and sign/initial the summary prior to passing it to the pharmacist for checking. The pharmacist should then complete all other checks as indicated previously, making some sort of physical mark next to each piece of information on the summary, finishing by signing/initialing the summary themselves.

DON'T FORGET THE PATIENT COUNSELLING

Effective patient counselling often picks up unidentified errors and should include:

- verifying the patient's and prescriber's names
- discussing the patient's understanding of why the medication is being prescribed
- how, when and for how long to take the medication - ensure appropriate spoons, oral syringes, etc. are included if necessary
- how to store the medication
- what to do if a dose is missed
- how the patient will know the medication is working
- whether or not the prescription can be refilled, and if so, when

Finally, as a last check, show the patient what the medication looks like.

Continuing Professional Development Audit 2012 Results

The Continuing Professional Development (CPD) audit process for 2012 is nearing completion. This year, 130 pharmacist learning portfolios were reviewed and, at the time of print, the Board is pleased to report a 97% success rate for 2012! Details of the review are as follows:

First Review (March 1-2, 2013)	Second Review (April 3, 2013)
129 reviewed <ul style="list-style-type: none"> • 113 compliant • 16 requests for additional information 	16 reviewed <ul style="list-style-type: none"> • 11 compliant • 5 requests for additional information
*One pharmacist requested and was granted an extension that is still pending.	

Some tips for next year:

- Pharmacists attending multiple events at one time (such as a conference) must document each event separately even when the Certificate of Participation assigns a total number of credits to the whole program.
- A pharmacist who has been non-compliant in the previous audit year may be automatically audited again in the next year. Pharmacists who have been audited should check their *Summary of CPD Review* for indication of whether or not they may be audited in the next year.

Many thanks to the members of the Registration and Licensing Committee for volunteering their time for this year's reviews.

ISMP-Canada's Canadian Medication Incident Reporting and Prevention System

The Canadian Medication Incident Reporting and Prevention System (CMIRPS) is a national voluntary medication incident and 'near miss' reporting program founded for the purpose of sharing the learning experiences from medication errors. Implementation of preventative strategies and system safeguards to decrease the risk for error-induced injury and thereby promote medication safety in healthcare is our collaborative goal.

Medication incidents (including near misses) can be reported to ISMP Canada through their website: www.ismp-canada.org/err_report.htm or by phone, toll free, at 1-866-544-7672. ISMP guarantees confidentiality and security of information received, and respects the wishes of the reporter as to the level of detail to be included in publications.

ISMP Newsletter Subscriptions

ISMP Canada Safety Bulletins are designed to disseminate timely, targeted information to reduce the risk of medication incidents. The purpose of the bulletins is to confidentially share the information received about medication incidents which have occurred and to suggest medication system improvement strategies for enhancing patient safety. The bulletins also share alerts and warnings specific to the Canadian market place. All issues of the ISMP Canada Safety Bulletins, including those issued in previous years, are available from the ISMP Canada website.

To subscribe and for more information on all ISMP Canada's publications, events and services visit the ISMP Canada website at www.ismp-canada.org.



Connect to better health and well-being

Call your Employee Assistance Program (EAP) toll-free, 24 hours a day, seven days a week for immediate, confidential help:

1-800-387-4765

or, visit

online counselling at: www.shepellfgi.com/ecounselling

online resources at: www.workhealthlife.com

IMMEDIATE, CONFIDENTIAL HELP FOR ANY CONCERN

French-English Translation Tool Now Available

The Newfoundland and Labrador French Health Network has recently released the *Passeport Santé*, a tool created to help facilitate communication and promote dialogue between francophones and English-speaking health professionals. It features the main French terms that are used during health-related consultations and their translation in English. While the booklet is written for the French-speaking patient, it could be very useful for pharmacists who find themselves unable to understand a patient's health concerns due to the language barrier. To view or download a copy of the booklet, visit the French Health Network website at: www.francoatl.ca/newfoundland-and-labrador-251-french-health-network.php and click on "Passeport Santé".

Recent Updates to the NLPB Website

About the Board

⇒ Vision, Mission, Core Values and Lines of Business added

Contact Us (Find A...)

⇒ Board members updated

Finance Committee

⇒ Terms of Reference and Membership updated

Complaints and Discipline Resolution

⇒ Adjudication Tribunal decisions added

Code of Ethics & Legislation

⇒ Pharmacy Act 2012 added

⇒ NLPB Binder files updated

"The Apothecary" & Other Communications

⇒ News items added

⇒ MedEffect advisories updated

Professional Practice Resources

⇒ January 2013 issue of the Canadian Adverse Reaction Newsletter

⇒ Vol.13, Issues 1 & 2 of the ISMP Canada Safety Bulletin

Pharmacy Technician Regulation

⇒ Information on CAPT Professional Development Conference added

⇒ Colleges offering Bridging Program Courses updated



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The Apothecary

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**Newfoundland and Labrador
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Apothecary Hall
488 Water Street
St. John's, NL A1E 1B3

Tel: 709-753-5877
Toll Free: 1-877-453-5877
Fax: 555-753-8615
E-mail: inforx@nlpb.ca
www.nlpb.ca



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Newfoundland and Labrador Pharmacy Board

BOARD STAFF

Margot Priddle, R.Ph., Registrar mpriddle@nlpb.ca
Arlene Crane, R.Ph., Deputy Registrar acrane@nlpb.ca
Melanie Healey, R.Ph., Professional Affairs Coordinator mhealey@nlpb.ca
Aileen O'Keefe, Registration & Licensing Administrator aokeefe@nlpb.ca
Meghan Handrigan, Office Administrator..... mhandrigan@nlpb.ca
General Information inforx@nlpb.ca

BOARD OF DIRECTORS

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Zone 2 Ray Gulliver
Zone 3 David Cramm
Zone 4 Christina Tulk
At Large Keith Bailey, Sheldon Baines, Shawn Vallis

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..... 1 vacancy
Board-appointed Donald Anthony
..... Shirlene Murphy
Dean, MUN School of Pharmacy Linda Hensman
MUPS Representative (observer) Amanda Brett

EXECUTIVE COMMITTEE

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Executive Member David Cramm
Past Chair Debbie Kelly



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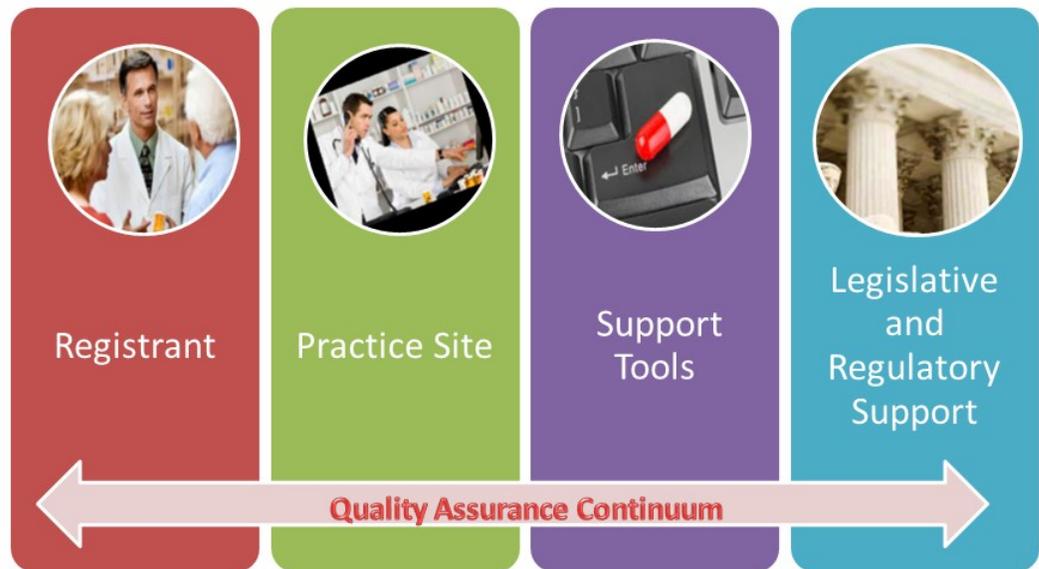
The Apothecary

Summer 2013

Practice Site Assessments...Coming soon to a pharmacy near you!

Pharmacy practice is changing and the NLPB is taking steps to ensure we are prepared for the opportunities ahead. By defining goals and advocating for a progressive regulatory framework, we are creating a future that empowers the profession and benefits patients. The *Pharmacy Act, 2012* addresses the need for NLPB to implement a Quality Assurance (QA) Program and at their June 7th meeting, the Board approved in principle a QA framework that would support performance excellence and growth within the profession.

This system-based approach is multi-dimensional and paves the way for a shared accountability model for excellence in pharmacy practice. The framework is flexible, sustainable and forward-looking, covering all aspects of practice with the ultimate goal of promoting medication safety.



In the Fall of 2013, under the QA framework, the Board will be re-launching pharmacy practice site assessments. These assessments will include a self-monitoring component based on current regulations as well as standards of pharmacy practice and pharmacy operations. The aim of the self-assessment is to provide for self-reflection before the site visit as well as to allow for a more valuable experience when the Board staff member is on-site performing the assessment. The goal will be to conduct a regular assessment at each pharmacy approximately once every three years, in addition to any assessment that may be required when a pharmacy opens, renovates, relocates or changes owners.

Margot Liddle

Online Professional Development Tips and Tricks

Session Timer

When online recording of CPD was initially rolled out, we had reports from pharmacists of being timed out of their session. This is a known setting and is a security feature of the system. When you log in, a session timer begins and after a period of inactivity, the server will automatically log you out. This setting applies to all forms in the system, including the CPD record and the annual renewal form. In order to give registrants more time to enter their information, the time-out period has been extended from 30 minutes to 60 minutes. It is highly recommended that you save your information and go back to edit it later to avoid being timed out.

Recording Service as a Preceptor

The *Standards of Pharmacy Practice on Continuing Professional Development* allow up to 6 self-assigned credits per year for service as a preceptor to a pharmacy student or intern.

To record these credits on your online CPD record, enter:

Program Title: *Service as a Preceptor*

Provider: *N/A*

Speaker/Author: *N/A*

Program Approved By: Select "*self-assigned*"

Number of CEUs: Document appropriately according to the Standards

Learning Objectives:

- *Documentation of self-assigned credits for service as a preceptor for (name of student/intern.)*
- Give *Start and End Dates*.
- Indicate which portion of the *Structure Practice Experience Program* the student/intern was completing under your supervision e.g. *SPE II or NLPB Supervised Studentship*.

Take Home Messages: Enter "*Documentation of self-assigned credits for service as a preceptor*"

Was this program applicable to your practice? Select "*Yes*"

If Yes, how will you incorporate the learnings in your current practice? *N/A*

Please Note: A copy of the Service as a Preceptor Form, available on www.nlpb.ca, must be completed and kept with your Learning Portfolio as part of your supporting documentation.

Printing a Hard Copy

The PD log may be printed at any time by clicking on "**Print Your Learning Portfolio Record**" from the Member Home page. The system displays on the home page the PD totals for the current year. You will also be able to view and print previous years' records at any time.

[*Tip!*]

If you think you have a lot of typing to do and will not be able to do it in 60 minutes, type your notes in a Word or Notepad document before going online and then just "Copy" and "Paste" your notes into your learning record.

Remember: the new CPD deadline is November 30th!

Enter Your CPD Online by October 31st to Qualify for our Early Bird Draw!

All pharmacists who submit 15 CEUs using the online Continuing Professional Development portal by midnight on October 31st will be entered into a draw for a \$100 Chapters gift card!

To access the portal, simply log into your Member Profile via www.nlpb.ca and go to My Professional Development.

The lucky prize winner will be announced via email on November 15th.

Nurse Practitioners Prescribing of Controlled Drugs and Substances

In June of 2013, the ARNNL Council approved implementation of the *New Class of Practitioners Regulations (2012)* in Newfoundland & Labrador. As such, Nurse Practitioners (NPs) that have completed the requirements approved by the ARNNL Council are now able to prescribe Controlled Drugs and Substances in accordance with the *Controlled Drugs and Substances Act* and the *New Classes of Practitioner Regulations*. This includes narcotics, controlled drugs, benzodiazepines and other targeted substances.

While pharmacists are not required to invigilate NP prescribing practice, you can verify that a NP has prescriptive authority to prescribe this class of drugs by using the ARNNL website Member Search function:

- Go to: http://www.arnnl.ca/prc_srch.php
- Scroll to the bottom of the page and type in the member's first and/or last name.
- NPs who are authorized to prescribe Controlled Drugs and Substances will display as Practicing/Full Scope.
- NPs who are not authorized to prescribe Controlled Drugs and Substances will display as Practicing/Limited Scope.

For further information/questions, please contact:

Beverley McIsaac, RN, NP, MN (ANP)

Nursing Consultant –Regulatory Services/Advanced Nursing Practice

(709) 753-6174

bmcisaac@arnnl.ca

Complaints and Discipline Resolution

In December of 2011, two letters of allegation were received alleging that a pharmacy was operating a depot.

On May 10, 2012, a panel of the Complaints Authorization Committee (CAC) met to consider the allegation and determined that there were reasonable grounds to believe that conduct deserving of sanction and had occurred and instructed the Secretary-Registrar to file a complaint against the respondent and referred the complaint to the disciplinary panel for a hearing.

On June 11, 2013, an adjudication tribunal of the Disciplinary Panel considered an Agreed Statement of Facts and Admission Statement signed by the respondent and accepted a guilty plea and joint submission on penalty from the respondent. In the Admission Statement, the respondent admitted having, by his/her conduct, contravened provisions of the Pharmacy Act, the Pharmacy Regulations and the Standards of Pharmacy Practice regarding the facsimile transmission of prescriptions. The adjudication tribunal ordered that:

- There will be a reprimand in writing placed on the file of the respondent;
- The respondent will pay costs in the amount of \$12,000 within thirty (30) days of this decision and order, or such further time as the Board may agree;
- The respondent will immediately cease and desist any and all violations of the Standards of Pharmacy Practice, including those regarding the faxing of prescriptions and/or the delivery of prescriptions, as set out in the complaint document.
- Publication of a summary of this decision and order will be placed in the newsletter of the Board and on the Board website, on a no-name basis;
- The Board will make representation to the Town Council of the town with respect to re-placing the fax machine in the medical clinic so that prescriptions may be faxed directly from the prescriber to the pharmacy of the patient's choosing, in accordance with the standards of pharmacy practice.

Thank You to Preceptors!

The Newfoundland and Labrador Pharmacy Board would like to express our sincere gratitude to all pharmacists who have acted or are currently acting as a preceptor. The success of our studentships and internships is largely attributed to the commitment, enthusiasm and professionalism of preceptors who dedicate their time, energy and knowledge to objectively evaluate a student's or intern's performance and assess their readiness for practice. Pharmacists are also important role models and mentors to students and interns.

Some may ask "why should I be a preceptor?", especially at a time where the pressures of pharmacy practice seem higher than ever. The simple answer is that there is great satisfaction, both personally and professionally, in giving back to the profession. As one of the oldest established professions, preceptoring has been key to pharmacy for many years and is vital to maintaining a quality health care system in the province.

There is also the opportunity to use the preceptorship as a means of professional development and staying current with the profession. A common remark from preceptors is that they are surprised by how much they, themselves, learn from the student or intern during the experience - it helps to keep them on their toes and engage them in the new knowledge and ideas that these new practitioners bring to the profession. Mentoring is a tried and true educational experience and will be all the more important during this time of professional practice change. Also, did you know that you can include your experience as a preceptor as part of your learning portfolio? - see pg. 2 for more information about how to document this in your online professional development log.

Demand for preceptors continues to be high as preceptors are needed for both the NLPB's program as well as the MUN School of Pharmacy SPE program. Before too long, pharmacy technician candidates will be looking for preceptors and evaluators as well. We would encourage those of you who have not yet served as a preceptor to consider doing so next year! You will find that it is a great way to reinvigorate the passion for the profession which may have waned in these challenging times.



The Newfoundland and Labrador Pharmacy Board extends its warmest congratulations and best wishes to the MUN School of Pharmacy Graduating Class of 2013.

Welcome to the profession of pharmacy!

Kevin Angell	Daniel Gallant	Nicole O'Rielly
Kristin Armstrong	Jessica Guy	Adam Oliver
Lindsay Barbour	Alyssa Hewitt	Catherine Orr
Jody Belben	Meagan Hillier	Tyler Parrill
Victoria Bennett	Ann-Marie Hodder	Bradley Penney
Kathleen Blanchard	Shawn Hogan	Dragana Petrovic
Joshua Bragg	Natalie Holden	Lyndsay Roy
Amanda Campbell	Sara Inder	Aaron Siller
Deidre Clark	Melissa Jacobs	Danielle Skinner
Maggie Cole	Samantha Kent	Selwan Slewa
Ian Connolly	Nicole Knee	Raman Sohi
Craig Currier	Robert McCarthy	Sarah Way
Adam Dyke	Emily-Ann Munden	

Professional Practice Issues

Best Practices When Dispensing Methadone

With the help of Kelda Ghaneay, pharmacist at the Opioid Treatment Centre and Chair of the NLPB Methadone Advisory Committee, we have put together some friendly reminders for pharmacist who dispense methadone:

- ⇒ Patients who miss two (2) or more consecutive daily methadone doses **must** be reported to the prescribing physician. However, any missed doses should be reported, especially if the patient is not yet stabilized or if there is an apparent pattern of missed doses.
- ⇒ The final dosage volume for each individual dose must not be less than **100 mL**, both for witnessed doses and for take home carries. A consistent volume enables patients to more easily identify unanticipated changes in the taste of their methadone dose particularly in the event of an error. This volume is also sufficiently large to ensure the dose is not retained in the mouth and minimizes the possibility of diversion.
- ⇒ A prescription for methadone is valid only for the dates specified. Any part fills remaining are not to be dispensed beyond the end date on the original prescription.
- ⇒ If more than one pharmacy is treating the same patient, communication between staff at both pharmacies must occur to coordinate dosing and to ensure continuity of care.



Recognition of Service - Mr. Don Mifflin



At the June 7, 2013 Board meeting, Ray Gulliver, Board Chair, expressed appreciation to Mr. Don Mifflin, out-going public representative (2005-2013) for his long-standing contribution to the Board. During his tenure, Mr. Mifflin not only served as the long-time chair of the Board's Complaints Authorization Committee but also as Board Chair from 2007-2008.

Once again, we would like to thank Don for his service and also take this opportunity to welcome three new public representatives to the Board:

- Mr. Donald Anthony (Board appointee)
- Ms. Ruby Chaytor (Ministerial appointee)
- Ms. Shirlene Murphy (Board appointee)

New Methadone Maintenance Treatment Standards and Guidelines for Physicians

The College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL) recently released its *Methadone Maintenance Treatment (MMT) Standards and Guidelines*. The aim of the new MMT Standards and Guidelines is to reduce risk of methadone-related adverse events in our Province, for both patients and the public. The new document introduces standards for MMT that reflect experience in Newfoundland and Labrador and across Canada. The standards and guidelines are generally consistent with similar standards and guidelines issued by the Colleges of Physicians and Surgeons in Ontario and Nova Scotia for MMT, with some changes made to better address conditions in this Province. The NLPB was included in the consultation process for the document with the goal of addressing pharmacists concerns as well as ensuring consistency between the current Standards of Pharmacy Practice and the new physician standards. While consistencies do exist between the two documents, we will be revising our MMT Standards in the coming months to reflect even greater consistency.

Pharmacists can access and review the CPSNL MMT Standards and Guidelines through a link (under Newfoundland and Labrador Methadone Maintenance Program) on the [Standards, Guidelines & Policies page](#) of the NLPB website.

Opioids & Chronic Non-Cancer Pain (CNCP) - What Can Pharmacists Do to Better Address Both “Pain” & “Addiction/Diversion” Concerns?

- 1) Always confirm patient identification (with photo ID if necessary) & check the medication record (i.e. PIP_{in sk}). When necessary, collaborative information should be sought out to provide confirmation & further insight into information the patient gives.¹
- 2) Consider where patients are in their journey with chronic pain. Assist patients in changing their mindset from “how much they suffer because of pain” to “how it is possible to live well even with chronic pain”. Their suffering is real, but together with their health care team, supportive family & friends, they can regain a life worth living.
- 3) Counsel patient beyond the usual drug information, focusing on key issues surrounding chronic pain.
 - a. Educate on the concept of an opioid trial over several weeks during which an evaluation of any potential benefits will be weighed against any potential harms.²
 - b. Assess & correct patient expectations of opioid therapy as necessary.
 - i. When effective, an opioid will allow for incremental gains in function.
 - ii. Opioids will work for some patients, but not everyone.
 - iii. Complete pain resolution is not a realistic expectation in CNCP. (A reduction in pain intensity of ≥30% reflects what is considered clinically significant. Clinical trials often use a ≥50% reduction in pain intensity as an indicator of efficacy.)
 - c. CNCP is poorly responsive to opioid therapy alone; management requires concurrent multimodal therapies (e.g. conditioning along with pacing techniques, exercise, physiotherapy, cognitive behavioural therapy, relaxation, stress management).
 - d. Assist patients to avoid becoming a target for drug theft. Counsel regarding secure storage options (e.g. lock box) for opioids & the importance of not telling others that they are on opioids.¹ Offer to dispose of unused drug.
- 4) Ask the patient about functional goals; “what would success look like in your day-to-day life?”² Assist the patient in setting & focusing on these goals. Assist the healthcare team in monitoring these goals.[‡]
- 5) Reassess those with recurrent escalating doses without benefit, especially in terms of function.[‡] Be alert for trends in deteriorating function & consider the “watchful dose” in CNCP. {≤200mg MEQ (morphine equivalent/day) in Canada; ≤120mg MEQ in WA, USA.}²

*If a drug does more to you than for you,
it's time to reassess therapy!*
- 6) Assist in contributing to, or coordinating new approaches & policies to deal with recurrent system challenges at a community level. It's likely that other physicians, pharmacists, nurses etc., are feeling the same frustration & may welcome coordinated efforts to better deal with the problem. [Sample clinic policy.³]

Consider services you may offer as part of the patient's health care team:

 - a. Offer to counsel regarding, & coordinate completion of, the “Patient Consent” &/or “Treatment Agreement” forms for chronic opioid therapy.^{1,2,4} Assess addiction risk.^{‡,2}
 - b. Assist with goal setting, monitoring & documentation of progress over time.[‡]
 - c. Provide formal/informal consultations regarding drug therapy to team members.
 - d. Offer to provide “part-fills” e.g. weekly, or witnessed ingestion e.g. daily for a patient at higher risk of abuse or diversion.¹
 - e. Keep track of fill dates & notify physician of unusual trends; refuse to routinely fill early.¹
 - f. Offer to coordinate an “Opioid Patch Exchange” program for patients. See ref for Link^{1,5}
- 7) Remember two noble purposes exist side by side:
 - A) To treat chronic pain well, & B) To safeguard the patient & society from related harms.

‡ See Opioid Manager tool: <http://nationalpaincentre.mcmaster.ca/opioidmanager/>

Note: the suggestions above are based on the following: **1)** Medications may be part of, although are often a small part of, the solution in CNCP; **2)** A trial of prescription opioids may lead to pain &/or function benefit in some CNCP patients; **3)** The statistics on Rx opioids available on the street or involved in overdose & death obligate health professionals to take greater precautions on behalf of a) their patients, b) their profession, & c) society; **4)** The more consistent, routine & universal the application of “best practice” safeguards, the easier it is to do in practice as it removes the stigma of “not being trusted”; **5)** Some of the recommendations will be easier to implement to a greater degree when practice within a healthcare team/primary care setting. **6)** Remember the need for balance in treating opioid patients with *respect, goodwill & good faith*, while maintaining *boundaries & a pragmatic approach*!!!!⁶

¹ Pain Approaches, from RxFiles Drug Comparison Charts: online at <http://www.rxfiles.ca/rxfiles/uploads/documents/members/CHT-Pain-Approaches-Acute-Palliative-CNCP.pdf>

² **Canadian Guideline for Safe & Effective Use of Opioids for Chronic Non-Cancer Pain**. Accessed June 2013 at <http://nationalpaincentre.mcmaster.ca/opioid/>

³ Sample: Clinic Policy For Opioids & Controlled Drugs (RxFiles): <http://www.rxfiles.ca/rxfiles/uploads/documents/members/Opioid-Controlled-Substance-Rx-Clinic-POLICY.pdf>

⁴ Sample: Patient Consent & Treatment Agreement: <http://www.rxfiles.ca/rxfiles/uploads/documents/Pain-Opioid-Treatment-Agreement-Informed-Consent-2page.pdf>

⁵ Sample: Opioid Patch Exchange Disposal Tool (RxFiles): <http://www.rxfiles.ca/rxfiles/uploads/documents/Opioid-Patch-Exchange-Disposal-Tool.pdf>

⁶ King NB, Fraser V. Untreated pain, narcotics regulation, and global health ideologies. PLoS Med. 2013 Apr;10(4):e1001411. doi: 10.1371/journal.pmed.1001411.

Recent Updates to the NLPB Website

About the Board

⇒ Annual Report 2012 added

Contact Us (Find A...)

⇒ Board members updated

"The Apothecary" & Other Communications

⇒ MedEffect advisories updated

Professional Development

⇒ Learning Portfolio Record Sheet updated

⇒ Application for Accreditation of Professional Development Program updated

Complaints and Discipline Resolution

⇒ Adjudication Tribunal decision added

Standards, Guidelines & Policies

⇒ Link to College of Physicians and Surgeons of Newfoundland and Labrador
Methadone Maintenance Treatment Standards and Guidelines added

Professional Practice Resources

⇒ April & July 2013 issues of the Canadian Adverse Reaction Newsletter added

⇒ Issues 3 - 6 of Volume 13 of the ISMP Canada Safety Bulletin added

Pharmacy Technician Regulation

⇒ Link to new NAPRA Pharmacy Technician Bridging Education Program added



There's an App for That!

The RxFiles App contains more than 85 drug comparison charts in a variety of therapeutic areas.

⇒ [iPhone/iPad App](#)

⇒ [Android App](#)



The Apothecary

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**Newfoundland and Labrador
Pharmacy Board**
Apothecary Hall
488 Water Street
St. John's, NL A1E 1B3

Tel: 709-753-5877

Toll Free: 1-877-453-5877

Fax: 555-753-8615

E-mail: inforx@nlpb.ca

www.nlpb.ca



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Newfoundland and Labrador Pharmacy Board

BOARD STAFF

Margot Priddle, R.Ph., Registrar mpriddle@nlpb.ca
Arlene Crane, R.Ph., Deputy Registrar acrane@nlpb.ca
Melanie Healey, R.Ph., Professional Affairs Coordinator mhealey@nlpb.ca
Aileen O'Keefe, Registration & Licensing Administrator aokeefe@nlpb.ca
Meghan Handrigan, Office Administrator mhandrigan@nlpb.ca
General Information inforx@nlpb.ca

BOARD OF DIRECTORS

Elected Members

Zone 1 Debbie Kelly
Zone 2 Ray Gulliver
Zone 3 David Cramm
Zone 4 Christina Tulk
At Large Keith Bailey, Sheldon Baines, Shawn Vallis

Appointed Members

Government-appointed Ruby Chaytor
..... 1 vacancy
Board-appointed Donald Anthony
..... Shirlene Murphy
Dean, MUN School of Pharmacy Linda Hensman
MUPS Representative (observer) Amanda Brett

EXECUTIVE COMMITTEE

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Vice-Chair Christina Tulk
Executive Member David Cramm
Past Chair Debbie Kelly



Newfoundland and
Labrador Pharmacy
Board

The Apothecary is the newsletter of the Newfoundland & Labrador Pharmacy Board. It contains information on a wide variety of topics intended to enhance the practice of all pharmacists in the province of Newfoundland & Labrador. Pharmacists are responsible for reviewing any and all information contained within including documents which are made available on the NLPB website via links throughout the newsletter. The Apothecary is now circulated electronically and is available in hard copy format only upon specific request.

The Apothecary

Fall 2013

It's Annual Renewal Time!



Registration and Licensing renewals for 2014 are well underway!

As you know, last year was the first time the NLPB was able to offer online renewals and we were excited to find that over 80% of pharmacists chose to renew online.

This year, we have been hard at work to make the system even better. As mentioned in the Spring 2013 edition of The Apothecary, this work resulted in the addition of an online Professional Development portal where registrants can now document their learning and access their Learning

Portfolios online from anywhere they have internet access. Also, once a registrant documents a program in the Learning Record, the information automatically populates the registrant's online portfolio, reducing the overall amount of documentation and eliminating the need to submit a paper CPD Log.

How do I renew online?

Go to www.nlpb.ca and click **Registrant Login**. Once on the Login page, enter your username and password to access your profile. Please note that Pharmacists-in-Charge have two separate usernames and passwords, one for their personal profile and one for the pharmacy. Please ensure you are using the appropriate one when renewing. Once logged in, click the words **Renew Your Licence** at the top of the page. If you don't see the words **Renew Your Licence**, remember you cannot renew until you have met the Professional Development requirements.

If my employer pays my annual fees, can I still renew online?

Yes! At the end of the online renewal process, select **Invoice Me** instead of **Pay Now**. An invoice will be mailed to you that you can then submit to your employer for payment.

Remember, the deadline for completing CPD documentation, renewing, and submitting payment is **November 30, 2013**. If you have any questions or need assistance, please contact Aileen or Meghan at 753-5877 or toll free (877) 453-5877.

Forgot Your Password?

From the login screen, under **Forgot Your Log In/ Password**, enter the email address associated with your profile and click **Retrieve**.

You will receive an email within a few minutes with your user name and password.

Board Elections 2013

This year's election of NLPB board members has now been completed. Nominations were received for Ray Gulliver and Gary Skanes in Zone 2 and for David Cramm in Zone 3. This year, for the first time, voting was conducted online using the NLPB Registrant Portal. This process went very smoothly and was quite successful.

At the September 21, 2013 Annual General Meeting, the election results were announced with Ray Gulliver elected in Zone 2 and David Cramm elected by acclamation in Zone 3.

At the AGM, Ray Gulliver completed his term of office as Board Chair and assumed the position of Past-Chair with Christina Tulk assuming the position of Board Chair. The new Executive Committee is:

Board Chair	Christina Tulk
Vice-Chair	David Cramm
Executive Member	Donald Anthony
Past Chair	Ray Gulliver

For a complete list of the current Board, see the back page of this *Apothecary* or the [Board Members](#) page of the NLPB website.

Message from the New Board Chair



It is certainly an honour and a privilege for me to address the pharmacists across our province as the new Chair of the NL Pharmacy Board. I would like to take this opportunity to recognize Ray Gulliver for his leadership, as well as Don Mifflin for his dedication to his position on our Board and wish him well with his future endeavours. I also wish to acknowledge the entire Office team for their support and guidance. It is my hope that we will harness the momentum gained with the acceptance of our new Act to continue to move forward in our profession.

In the next year we should have regulations in place to regulate pharmacy technicians, provide our pharmacists with the right to inject and prescribe for minor ailments, and grant prescriptive authority for our pharmacists working in collaborative practice settings. We will also be working on the development of a Quality Assurance Program for pharmacies to ensure that we are providing the best care possible to the public of our province. I encourage all pharmacists to get involved with our profession as we need your support and collaboration to continue to navigate our future.

Please do not hesitate to contact with me with any feedback and/or suggestions as I am more than available to the pharmacists of the province. My cell number is (709) 632-2748 and my e-mail address is zen.z24_2001@nf.sympatico.ca. I look forward to speaking to as many of you as I can.

Respectfully,
Christina M. Tulk

Meet Our New Public Representatives



Donald Anthony

Don graduated from Memorial University of Newfoundland with a Bachelor of Commerce in 1994. He moved directly on to graduate school at Dalhousie University where he obtained the degree of Master of Marine Management in 1995. Don continued with his education at Dalhousie and earned a Bachelor of Laws with a Certificate of Specialization in Marine Law in 1998.

Don has practiced law in the province since being called to the Newfoundland Bar in April of 1999. He has served as in-house corporate counsel and in private practice and is currently a partner at O'Brien Anthony White.



Ruby Chaytor

Born and raised in St. John's, Ruby graduated from Memorial University of Newfoundland with a B.A and BA.ED in 1970 and 1983 respectively. She started her teaching career in St. John's in 1970 with The Avalon Consolidated School Board, now Eastern School District, and taught mainly primary grades, retiring in 2001. Since that time she has worked in the Bed and Breakfast Industry in Trinity, NL and as an administrative assistant with Shallaway, formerly the Newfoundland Symphony Youth Choir. Ruby lives in St. John's and has two married daughters, Jaclyn (Tim) and Jessica (Tom), and one precious granddaughter, Caroline. She spends her time volunteering at Saint Luke's Home, going for walks with her four-legged pal, Lucy, and visiting Caroline in Fredericton, NB.



Shirlene Murphy

Shirlene graduated from Memorial University of Newfoundland in 1979 with a Bachelor of Arts degree. She worked in the public service for 32 years, primarily in the areas of consumer affairs and trade practices, retiring from the Government of Newfoundland and Labrador in 2012.

Shirlene resides in St. John's, NL with her husband Brian.

Visit us at nlpb.ca to see our new look!



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Advancing Pharmacy Care For a Safe and Healthy Community





Our Mission

The Newfoundland & Labrador Pharmacy Board protects the people of the province by governing the profession of pharmacy to ensure quality and ethical care.



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- ▶ Find A Health Professional
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- ▶ Registration Information
- ▶ Licensing Information for Pharmacies
- ▶ Standards, Guidelines & Policies



News & Advisories

- ▶ **November 4th, 2013**
GSK recalls two lots of migraine medication: IMITREX Injection
- ▶ **October 18th, 2013**
Updated Labelling Information for Acetylsalicylic Acid (ASA) Products
- ▶ **October 18th, 2013**
Natural health products (Kamizym-U and Kamizym+) recalled due to potential contamination with the antibiotic chloramphenicol
- ▶ **October 16th, 2013**
New heart warnings for the drug Sensipar

[See More](#)



Pharmacy Museum



James J. O'Mara Pharmacy Museum

Location

▶ Apothecary Hall
488 Water Street
St. John's, NL
A1E 1B3

Contact

☎ 709.753.5877
☎ 877.453.5877
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✉ inforx@nlpb.ca

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There's An App For That!



Recently, the **Annals of Pharmacotherapy** (Ann Pharmacother 2013;47:1088-95) published a review designed to help guide pharmacists on selecting mobile applications (“apps”) that would be useful to their practice. The author identified 27 apps for review including drug references, clinical references, medical calculators, laboratory references, news and CPD apps as well as a number of general productivity apps to help pharmacists increase efficiency in their daily activities.

While the apps listed below are not inclusive of the full review, it shows the expansiveness of the information available to pharmacists utilizing this exciting new technology. Not all of these apps are free, but most are widely available for both iOS and Android operating systems.

- ⇒ LactMed (iOS and Android)
- ⇒ Lab Pro Values (iOS and Android)
- ⇒ MediQuations (iOS and Android)
- ⇒ Medscape (iOS and Android)
- ⇒ Micromedex (iOS and Android)
- ⇒ Pharmacist’s Letter (iOS and Android)
- ⇒ Read by QxMD (iOS only)
- ⇒ Sanford Guide to Antimicrobial Therapy (iOS and Android)

The NLPB would like to congratulate the following pharmacists on their recent achievements:

Lisa Bishop - Fellow of the Canadian Society of Hospital Pharmacists

Kelda Ghaney - James C Quick Award

Seumas Gibbons - 50 Years Service Pin

Justin Peddle - Takeda Magnum Opus Award

Bertram Warr, Sr. - 50 Years Service Pin

Newfoundland and Labrador Pharmacy Board



BOARD STAFF

Margot Priddle, R.Ph., Registrar	mpriddle@nlpb.ca
Arlene Crane, R.Ph., Deputy Registrar	acrane@nlpb.ca
Melanie Healey, R.Ph., Professional Affairs Coordinator	mhealey@nlpb.ca
Aileen O’Keefe, Registration & Licensing Administrator	aokeefe@nlpb.ca
Meghan Handrigan, Office Administrator.....	mhandrigan@nlpb.ca
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 488 Water Street
 St. John’s, NL A1E 1B3

Tel: 709-753-5877
 Toll Free: 1-877-453-5877
 Fax: 555-753-8615
 E-mail: inforx@nlpb.ca
www.nlpb.ca



Pharmacy Network News

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- Pharmacy Network Stats
- CE Regional Workshops
- Need Help Using POS?

Contact Us

70 O'Leary Avenue
St. John's, NL
A1B 2C7

contact@nlchi.nl.ca

(T)709-752-6000
(F)709-752-6011

Visit us online:
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Information**

Update on HEALTHe NL, the Provincial EHR

Thanks to early testing of the HEALTHe NL Viewer by several clinicians across the province, the HEALTHe NL Viewer is officially in the pilot phase. This means doctors, nurses and other health professionals across different health care settings are using the Viewer, and viewing medication profiles in their daily practice. Their continued use of the system is supporting the Centre's plans to refine the system and move ahead with broader deployment of the Viewer this fall.

The medication profiles accessed through the Viewer, now during the pilot phase and going forward with deployment, are pulled from the Pharmacy Network. This means the medication and prescription information entered at all connected community pharmacies is now viewable to more health care professionals every day.

The HEALTHe NL Viewer supports timely and more informed decision-making and safer health care delivery by providing health care professionals with more comprehensive patient information when and where it is needed, at the point of care. In fact, clinicians engaged in the HEALTHe NL pilot are already telling us about the value of:

- access to local and regional client information
- the ability to see the medication profile
- seeing what medications were prescribed and dispensed
- being able to reconcile patient medication
- the information for enhancing care delivery

As more pharmacies connect to the Pharmacy Network, including the two pharmacies scheduled to connect in November, the benefits for patients and the whole health care system will continue to grow.

Pharmacy Network Continues to Improve

In continual efforts to enhance end user experience, the Pharmacy Network recently had additional upgrades and advances to improve the system. The recent changes will reduce the number of hard stops returned and the frequency of alerts. Previously, when a pharmacist was presented with a hard stop, there was no option to override. Today, that option exists. Pharmacists can use professional judgment and assess whether management of the message is appropriate.

If you have suggestions about how the Pharmacy Network can be improved, contact the Centre's Service Desk at **752-6006** or **1-877-752-6006**, or email: service@nlchi.nl.ca.

The Pharmacy Network continues deployment, with approximately 40% of community pharmacies and one emergency department connected.

If you would like to discuss connection to the Pharmacy Network, please contact the Centre's Service Desk at **752-6006** or **1-877-752-6006**, or email: service@nlchi.nl.ca

Pharmacy Network Stats

Over **7.5** million dispenses have been recorded on the Pharmacy Network as of September 30, 2013.

As well, as of September 30, the Network has had **65,000** examples of patients visiting multiple pharmacies to receive health care for themselves and their families.

The top 10 dispenses on the Pharmacy Network in September were:

- | | |
|-------------------------|------------------------|
| 1. Rosuvastatin | 6. Metformin |
| 2. Rabeprazole | 7. Atorvastatin |
| 3. Levothyroxine | 8. Ramipril |
| 4. Metoprolol | 9. Amoxicillin |
| 5. Acetylsalicylic Acid | 10. Salbutamol Sulfate |

These top 10 account for **9,438** dispenses of the **267,955** total dispenses for the month of September.

Peer-to-Peer Network Holds Regional CE Session for Pharmacists and Pharmacy Technicians

The Centre's provincial Peer-to-Peer Network, in partnership with the Newfoundland and Labrador Pharmacy Board, is offering a free continuing education session for pharmacists and pharmacy technicians throughout October and November. The session, entitled "*Shaping Pharmacy Practice, a Continuing Education Program Partnership*" is accredited by the Pharmacy Board. To view the session learning objectives, agenda and schedule, visit www.nlchi.nl.ca/index.php/peer-to-peer-network or contact Amanda Osmond at (709) 752-6523 or email amanda.osmond@nlchi.nl.ca.

Need Help Using a POS System?

Provincial Peer-to-Peer Network pharmacy leaders have become increasingly familiar with specific point of service (POS) systems. If you experience minor issues or sometimes struggle using a particular POS system, why not call a colleague who can help. These Pharmacy Peer Leaders can help guide you through the system and or provide some quick POS tips.

Peer Leader	POS	Email
Stephen Green	Assyst	sunnyslope85@hotmail.com
Joanne Howlett	Kroll	w.howlett@persona.ca



Newfoundland and
Labrador Pharmacy Board

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The Apothecary

Spring 2014

The Changing Face of Pharmacy in Newfoundland and Labrador

When reviewing the information compiled annually by the Canadian Institute for Health Information, we begin to see a clearer picture of today's pharmacy practitioners. Past concerns of pharmacist shortages have been effectively addressed by an increased number of pharmacy graduates, resulting in the current robust workforce.

While only 675 of the 37,439 pharmacists in Canada are currently practicing in NL, our pharmacist workforce increased from 116 per 100,000 people in 2009 to 128 per 100,000 in 2012 and now we have **the highest number of pharmacists per population in the country.**

The **average age of practicing pharmacists** in NL is **42.3 years old**, younger than the Canadian average of 43.5.

7% of pharmacists in this province are 60 years of age and older.

26.8% are between 30 and 39 years old.

At 54.9%, **NL has the third lowest percentage of female pharmacists in Canada**, after the Yukon (54.8%) and the Northwest Territories (50%)

As we work towards provincial regulation of Pharmacy Technicians, there are now **more than 2700 pharmacy technicians** registered and practicing across Canada.

Contest - Help Name Our e-Newsletter!

We are in the process of developing a new monthly e-newsletter and need help coming up with a catchy name. The e-newsletter will be used to communicate with the pharmacy community on a more regular basis on topics like frequently-asked-questions, upcoming events and deadlines, practice tips and more.

This newsletter belongs to you—help us name it!

Please submit your idea to:

inforx@nlpb.ca

by April 30, 2014 for consideration.

The lucky winner will receive a \$25 Chapters gift card!

Demonstrating Commitment to Our Profession

Professionalism is defined as the behaviours, qualities, values and attitudes demonstrated by pharmacists and pharmacy students in all roles and practice settings. Professionalism implies a commitment.

Ethics are the foundation for professional behavior. The **NLPB Code of Ethics** reflects what the pharmacy profession stands for and reinforces what is unique about the contributions pharmacists make to patients, to society and to their profession. Ethics reflect the soul of each profession. Consistent ethical behavior creates a positive image of the individual that extends to the image of the profession. In contrast, the negative image created by unethical practices and decisions can diminish an individual's credibility and raise suspicion about the profession.

Pharmacists play a pivotal role in the continuum of health care. The responsibility that comes with being an essential health resource is significant. To retain the high level of trust and respect that is given to pharmacists by patients, the public and other health professionals, pharmacists must be both competent and professional in all they do. As professionals, pharmacists are challenged and expected to abide by a higher standard of conduct.

The Code of Ethics supports the Board in fulfilling its mandate to protect the public and serves as a benchmark for monitoring and addressing the conduct of pharmacists. It forms part of the law that governs the practice of pharmacy and the operation of pharmacies. The Code of Ethics must be read together with, and in the context of, the total legislative and regulatory framework including the *Pharmacy Act 2012*, the regulations, standards of practice and bylaws made under the Act, other provincial and federal legislation relating to drugs, and provincial and federal privacy legislation.

During the next 6 months, the Board will be undertaking a review of the Code of Ethics to ensure it reflects the coming changes in practice. Pharmacists will be given an opportunity to provide feedback during the process, helping NLPB to achieve its regulatory mandate and ensuring the values of the profession are reflected.

Margot Liddle



At the MUN School of Pharmacy White Coat Ceremony in January, I had the privilege of presenting the NLPB Code of Ethics to the first year pharmacy students, represented by Kelly Mitchelmore. During the ceremony, each student (Travis Coles pictured) signed the Code of Ethics to signify their commitment to the profession.

Board Happenings

New Staff Member Hired



The Board is pleased to announce the appointment of Noelle Hookey as Pharmacy Practice Advisor. Within the Board's Quality Assurance Program, previously announced in the **Summer 2013 issue** of The Apothecary, Noelle will be responsible for managing and conducting pharmacy site assessments.

With eight years of community practice experience in a variety of settings, Noelle is well-positioned to work with pharmacists to help ensure the profession is prepared for the expanding scopes of practice and opportunities ahead.

New Public Representative Appointed



Gerri Thompson has a long standing career in health care practice and executive administration. She is a graduate of both St. Clare's and Memorial University Schools of Nursing and holds a Master of Science from Memorial University's Faculty of Medicine. She has expertise in public health, policy development and evaluation working within the regional health care systems and as a senior consultant with the Department of Health and Community Services.

Gerri is active in her professional affiliations, volunteer associations and personal pursuits that include keeping fit, playing bridge and spending time with family and friends. Gerri and her husband, Mark, live in St. John's.

Recognition of Service, Dr. Linda Hensman

Dr. Linda Hensman completes her term as Dean at the MUN School of Pharmacy this month. With that, she also concludes her term on the NLPB Board.



Linda has served on the board for eight years, in a variety of capacities, including spending a term as Chair.

Current Board Chair, Christina Tulk (pictured (left) with Dr. Hensman) thanked Linda for her commitment to the Board and the profession and wished her the best of luck for the future.

Linda thanked the Board and Staff for a fabulous eight years and explained that it was not hard to volunteer when you love what you are doing.

We all look forward to seeing Linda's next accomplishment!

Recent Board Activities

Since the last issue of *The Apothecary*, the Board has approved a number of significant advancements in pharmacy practice. These decisions are key to moving the profession forward over the years to come and include:

- Approved and implemented new Standards for Prescription Labels and Dispensing Summaries
- Adopted the revised *NAPRA Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice* and *Professional Competencies for Canadian Pharmacists at Entry to Practice*
- Adopted the *NAPRA Supplemental Competencies on Injection*, an important step in bringing competency-based injection education and training programs to this province
- Approved an Implementation Timeline for revised Standards relating to the Methadone Maintenance Program. It is intended that the Board will be provided with a final draft in May 2014
- Approved an Implementation Timeline for a revised Code of Ethics. It is intended that the NLPB will launch this new Code of Ethics later in 2014
- Approved a revised Board Committee Structure to provide more focus on forwarding the Board's Goals and Objectives
- Discussed a first draft of Standards of Practice for the Administration of Injections by Pharmacists. This is an important step in being prepared to implement this new scope of practice when the Pharmacy Regulations are finalized by government

Retired Public Representative, Donald Mifflin, Passes Away

On February 21, 2014 Donald Mifflin passed away. He was appointed in 2005 as one of the first ministerial appointments of public representatives on the Newfoundland and Labrador Pharmacy Board. He was subsequently twice re-appointed and completed his service to the Board only last Fall.

During his tenure, Don played an active role on the Board and served for a number of years as Chair of the Complaints Authorization Committee. From 2007 to 2008 he was Chair of the Board, quite an exceptional achievement for a public representative of a self-regulatory body.

Don's service to our profession was particularly vital in recent years when he was the only public representative serving on our Board, during which time he was also dealing with a very serious medical condition. At that particular time, many functions of our Board that require the participation of a public representative would have come to a halt, or have been delayed, if Don could not be present. Throughout that period, Don was determined to fulfill his commitment despite his personal difficulties. I feel that most members of our profession, and even our Board, would have been unaware of how valuable Don's determined commitment was to us during that period.

I mourn his loss, I remember the contribution that he made, and I regret that I never expressed my appreciation to him as much as I should have.

Don Rowe, Retired Secretary-Registrar

HEALTHe Newfoundland and Labrador



The HEALTHe NL Viewer is the most recent addition to the provincial electronic health record (EHR). It provides authorized health professionals, such as doctors, nurses, and others, greater access to important patient information in the EHR. Today, this means greater access to medication information from pharmacies via the Pharmacy Network. Over time, it will bring in additional information, such as lab results and diagnostic images.

Authorized health professionals in Regional Health Authorities (RHAs) and community clinics are currently and increasingly using the HEALTHe NL Viewer to view medication profiles, pulled from the Pharmacy Network, in their daily practice.

Thanks to pharmacy professionals, more clinicians are able to view Pharmacy Network profiles and use that information to provide better patient care. As one clinician said, "Working with clients from all over the province and not always having access to their medications is a significant challenge. The Viewer will give me much more accurate information about the use of medications by my clients."

Again, we invite all pharmacies to connect to the Network to help make patient care safer. For more information on the HEALTHe NL viewer or the Pharmacy Network, please visit www.nlchi.nl.ca or contact the Centre at 752-6006 or 1-877-752-6006.

Expanded Scopes of Practice Update

Recently, questions have been raised regarding the timeline for implementation of expanded scopes of practice for pharmacists in this province. Before the NLPB can implement these expanded scopes, key components of provincial pharmacy legislation must first be developed and enabled:

1. *Pharmacy Act, 2012* - This act is now in place and enables the Minister of Health to make regulations regarding expanded scopes of practice.
2. *Pharmacy Regulations* - The Board is currently engaged with the Department of Health in the development of new pharmacy regulations to accompany the new Act. Once in place, these regulations will allow the Board to implement Standards of Practice regarding expanded scopes.
3. *Standards of Practice* - The Standards of Practice are currently being developed in anticipation of the regulations being approved by the Minister.
4. *Code of Ethics* - The Code of Ethics is an essential component that guides pharmacists' professional behavior. It is currently under review and will be revised within the next 6-9 months to better integrate the anticipated new role of pharmacists as well as the introduction of registered pharmacy technicians.



Canadian Association of Pharmacy Technicians Professional Development Conference

The Canadian Association of Pharmacy Technicians (CAPT) is pleased to present the 2014 Professional Development Conference May 2-4, 2014 at the Hilton Hotel and Suites in Niagara Falls, Ontario.

The CAPT conference is an annual national event which offers pharmacy technicians the opportunity to learn different scopes of practice, new techniques and new ideas in the profession with many of the sessions CCCEP accredited.

For complete details on the conference and to register go to www.capt.ca.

*The Voice of Canadian Pharmacy Technicians
for Over 25 Years*

9-6975 Meadowvale Town Centre Circle, Suite #164,
Mississauga, Ontario L5N 2V7
www.capt.ca voicemail/fax 416-410-1142
email pdccapt.ca

School of Pharmacy

ALUMNI ACHIEVEMENT AWARD

Call for nominations

Deadline: June 2, 2014

www.mun.ca/pharmacy/alumniachievement



Newfoundland and Labrador Pharmacy Board



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Fax: 709-753-8615
E-mail: inforx@nlpb.ca
www.nlpb.ca



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BOARD STAFF

Margot Priddle, R.Ph., Registrar mpriddle@nlpb.ca
Arlene Crane, R.Ph., Deputy Registrar acrane@nlpb.ca
Melanie Healey, R.Ph., Manager, Professional Practice mhealey@nlpb.ca
Noelle Hookey, R. Ph., Pharmacy Practice Advisor.....nhookey@nlpb.ca
Aileen O'Keefe, Registration & Licensing Administrator aokeefe@nlpb.ca
Meghan Handrigan, Office Administrator mhandrigan@nlpb.ca
General Information..... inforx@nlpb.ca

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..... Shirlene Murphy
Government-appointed Ruby Chaytor
..... Gerri Thompson
Dean, MUN School of Pharmacy Linda Hensman
Pharmacy Technician vacant
MUPS Representative (observer) Amanda Brett

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Summer 2014

New Standards of Practice for the Administration of Injections by Pharmacists Approved Pending Regulations

At their June 20th meeting, the NLPB Board approved new ***Standards of Practice for the Safe and Effective Administration of Injections by Pharmacists***. This document is intended to provide information and guidance to pharmacists who intend to expand their scope of practice by administering injections to patients and to promote consistency in the provision of this service to the people of this province.

As we are still awaiting changes to the Pharmacy Regulations that will allow pharmacists to pursue this expanded scope, the full document cannot be released at this time and pharmacists **MAY NOT** yet begin offering injections to patients. However, pharmacists and pharmacy owners may begin preparing for this exciting new addition to our profession by reviewing the requirements and expectations outlined below.

In order to receive authorization from the Board to administer injections, pharmacists must first:

- **apply to the NLPB for authorization** - an application form will be developed and made available on the NLPB website
- **provide proof of successful completion of an education and training program on the administration of injections** that has received CCCEP Competency-Based (Stage-2) Accreditation
 - ⇒ Application for authorization must be made within one year of successful completion of the required education program
- **provide proof of current certification in CPR Level C or HCP and Emergency or Standard First Aid** from a recognized provider (e.g. St. John Ambulance, the Canadian Red Cross)
 - ⇒ This certification must be maintained at all times while the pharmacist is administering injections.

Pharmacists will be advised once the Board receives regulatory approval from government and we are able to begin authorizing pharmacists to begin offering this exciting new service to the people of the province.

Recent Board Activities

At the Board's most recent meeting on June 20, 2014:

- The Board approved for circulation the revised **Code of Ethics** and the proposed consultation strategy. This document has now been circulated to a number of stakeholders for feedback.
- The **Annual Report for 2013** was approved and submitted to the Minister of Health and Community Services. The report can be view on the NLPB website at www.nlpb.ca/media/Annual-Report-2013.pdf.
- The Board gave final approval to the **Standards for the Safe and Effective Administration of Injections by Pharmacists**. The Board is awaiting the necessary regulatory changes to allow for implementation of the Standards and will communicate information to pharmacists as it becomes available.
- The Board reviewed a first draft of the new **Standards for the Safe and Effective Provision of Medication for the Treatment of Opioid Dependence** (to replace the existing *Standards of Practice for the Methadone Maintenance Program* as well as the *Guidelines regarding Dispensing Buprenorphine for the Management of Opioid Dependence*). It is expected that this document will be further discussed at the Board's next meeting.
- The Board was given a report on the completion of the **2013 Professional Development Audit**. This year, 82 pharmacists were selected for audit. The first review took place on March 6 and 7, 2014, after which 73 pharmacists were compliant. The second review occurred on April 8, 2014, after which the remaining 9 pharmacists were compliant.
- The Board was updated on the progress of the **Community Pharmacy Assessments**. The assessments have been well received by pharmacists. As common issues come to light, it is the Board's intention to address them in the new monthly e-newsletter as well as in *The Apothecary*.

New e-Newsletter, *The Postscript* Launching Soon!

As mentioned in the Spring 2014 issue of *The Apothecary*, we will soon be launching a monthly e-newsletter to compliment the regular quarterly publication of *The Apothecary*.

This newsletter will be circulated on the first Wednesday of each month and should reduce the number of individual emails being sent from the office, though it will not replace this method of communication completely.

We expect the first issue to be ready for circulation on Wednesday, August 6th.

In the last issue, we asked for help in coming up with a catchy name for this e-newsletter and the winning entry came from Carson Collins. Congratulations Carson! Enjoy your gift card!

Congratulations to the 2014 School of Pharmacy Graduates!

The Newfoundland and Labrador Pharmacy Board extends its warmest congratulations and best wishes to the MUN School of Pharmacy Graduating Class of 2014.

Welcome to the profession of pharmacy!

Sara Abedinzadegan Abdi	Alexander Goudie	Robyn O'Rielly
Alishia Anstey	Farah Hamodat	Nelson Pearce
Jerry Ball	Stephanie Hewitt	Adrienne Penney
Michael Bernard	Claire Jenkins	Sina Salehi
Amanda Brett	Amanda Kean	Travis Simms
Matthew Burke	Jordan Lambe	Jonathan Stevens
Joseph Alcorn-Otto	April Lee	Samantha Swain
Kathryn Corbett	Meghan Lundrigan	Andrew Sweetapple
Brittney Courtney	Fiona Mitchell	Stephanie Valkenier
Stephanie Dove	Brittany Neville	Maria Whelan
Daniel Doyle	Caitlin Noseworthy	
Tyanne Dunn	Jeffery Ollerhead	

New School of Pharmacy Dean Talks Research, Teaching, and the Future of Pharmacy



It was quite an adventure for Dr. Carlo Marra to depart the warmth of Canada's west coast to the frigid east coast rain, drizzle and fog. But for Dr. Marra, who began his term as dean of the School of Pharmacy on June 1, the people were warm enough to compensate for the weather.

"The people were by far and away the most important factor in deciding to come," he says. "The chance to work with such a vibrant, energetic group of people was something that I couldn't pass up. Moving from coast to coast and experiencing another beautiful province in Canada was a major draw. I would love to learn as much

about Newfoundland as I can and fully embrace the culture here."

But there is much more to the move. Below, Dr. Marra shares his thoughts on research, teaching, and the future of pharmacy and healthcare.

(Continued on page 4)

(Continued from page 3)

Before joining Memorial, you were actively involved with some high-profile research organizations via your role at the University of British Columbia (UBC). Will you continue to develop these relationships in your new role?

I will most definitely be continuing to contribute to research. Both ARC (Arthritis Research Centre) and CORE (Centre for Outcomes Research and Evaluation) have been very important in developing my research program over the past decade. I would very much like to seek opportunities for our school to collaborate with these and other prolific groups.

You will not only be the dean, but also a professor. What will you be teaching?

I would like to teach some lectures in the pharmacy research and evaluation courses where my health outcomes and epidemiology expertise could be an asset.

For those of us who may not know, what does 'epidemiology' mean?

It studies the patterns, causes and effects of health and disease conditions in defined populations. It also helps inform policy decisions – it's the basis of public health, really. By identifying risk factors for disease, it targets for preventive healthcare.

The pharmacy profession has some big changes in its future, with pharmacists having more responsibilities as part of their practice. Can you talk about some of the lesser-known responsibilities and the expanding roles of pharmacists in healthcare?

In many provinces, pharmacists administer injections such as vaccinations, offer drug store clinics that include blood pressure, diabetes and cholesterol testing, give presentations to community organizations on medication use, perform medication reviews to ensure that patients are prescribed the right medications and are taking them as they should, extend prescriptions, provide smoking cessation counseling, offer safe disposal of expired medications, advocate with government for client medication coverage, and so much more.

Do you feel that pharmacists can help alleviate costs in the healthcare system?

Yes, in a variety of ways. Through medication management, pharmacists can ensure the appropriateness of therapy and help with non-adherence. And through regular monitoring for safety and effectiveness, pharmacists can help improve health outcomes. By doing these things, the healthcare system could be used more efficiently and serious adverse events could be avoided.

Do you see many differences in the way pharmacists operate in British Columbia versus Newfoundland and Labrador?

BC has had a few of the expanded scope items in practice for a few years. It is exciting to see and be part of Newfoundland adopting these new items into practice regulations, thus increasing pharmacists' scope of practice.

Speaking of the future and expanded scope of practice, I understand that the School of Pharmacy is about to embark on a complete curriculum redesign, to accommodate an Entry-to-Practice level Pharm D program? Can you tell us what that means?

Yes. As of 2020, all pharmacy schools in Canada will be required to offer the PharmD program, which allows new pharmacists to have the highest level of education that exists for pharmacists. As the program is now, students complete a Bachelor of Science in Pharmacy, and then complete the one-year PharmD program at another institution. We are hoping that starting in the fall of 2017, avoiding unforeseen delays, that Memorial's School of Pharmacy will also offer this program. Our faculty member, Dr. Lisa Bishop, is leading this process. It's a very exciting time for the school and I'm thrilled to be here for it.

Medication Safety - Amiodarone Dosing

Pharmacists are reminded to pay particular attention to the dosing regimen when reviewing and dispensing prescriptions for amiodarone. Typically, there should be a loading dose and a maintenance dose but sometimes, the loading dose is administered in hospital prior to discharge. The prescribing physician should be consulted if the dosing is unclear.

For further information on amiodarone, its uses, loading and maintenance doses, adverse effects and toxicities, see the following review:

Amiodarone is one of the most widely used antiarrhythmic drugs in Canada. Due to its complex pharmacological and kinetic properties, it has a high propensity for drug toxicity and drug interactions. Amiodarone has a large volume of distribution. Both the parent and active metabolites have long half lives and are highly lipophilic leading to accumulation in fat, muscle, lungs, liver, and skin. It has a high iodine content with potential for thyroid function abnormalities, and is an inhibitor of both CYT P450 isoenzymes and P-glycoprotein transporter. Amiodarone can prolong the QT interval, and can increase the risk of torsades de pointes. This risk may be increased when combined with other drugs that prolong QT and/or with patients having other risk factors for long qt syndrome.

Although amiodarone is usually initiated in the hospital setting as loading doses with subsequent reduction to the lowest effective dosing regimen, long-term follow up is essential. The prevalence of adverse effects is approximately 15 % in the 1st year. This increases up to 50% during long term use due to the cumulative nature and lipophilicity of the drug. There is a 15-20% discontinuation rate due to adverse reactions. The severity of adverse effects varies from minor laboratory changes, to severe symptoms. Below are some of the more common dosing regimens, adverse effects and suggested monitoring.

Ventricular Arrhythmia

Loading dose: 800-1600mg per day x 1-3 weeks

Adjustment and Maintenance Dose: 600-800mg per day x 1 month followed by 200-400mg (some 600mg) per day

Supraventricular Arrhythmia

Initial: 600-1200mg po per day x 1-2 weeks, then 400-600mg per day x 1-3 weeks, then tapered to lowest possible maintenance dose

Maintenance: 200mg per day (Micromedex)

Atrial Fibrillation

Outpatient: 600-800mg per day in divided doses until 10 grams, then 200-400mg per day thereafter



Pharmacy Network Demo

Would you like to see the Pharmacy Network in action?

The Centre will be offering information sessions for all pharmacy staff associated with the Pharmacy Network, including relief pharmacists and pharmacy assistants.

Stay tuned for more details!

Registrant Portal Time-Out

Pharmacists are reminded that from the time you log in to your NLPB registrant profile, the system is set to time out after two hours.

If you are documenting in your learning portfolio record and do not think you will be able to complete it in this period of time, type your notes in a Word or Notepad document before going online and then just "Copy" and "Paste" your notes into your learning record.

There's an App for That!

The Pharmacists Letter has an app that even allows you access to limited content if you are not a subscriber.

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Toll Free: 1-877-453-5877
Fax: 709-753-8615
E-mail: inforx@nlpb.ca
www.nlpb.ca



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BOARD STAFF

Margot Priddle, R.Ph., Registrar mpriddle@nlpb.ca
Arlene Crane, R.Ph., Deputy Registrar acrane@nlpb.ca
Melanie Healey, R.Ph., Manager, Professional Practice mhealey@nlpb.ca
Noelle Hookey, R. Ph., Pharmacy Practice Advisor.....nhookey@nlpb.ca
Aileen O'Keefe, Registration & Licensing Administrator aokeefe@nlpb.ca
Meghan Handrigan, Office Administrator mhandrigan@nlpb.ca
General Information..... inforx@nlpb.ca

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

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

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

The Apothecary

Fall 2014

NLPB to Begin Registering Pharmacy Technicians in 2015

Following many years of preparation and consultation, the Newfoundland and Labrador Pharmacy Board will be recognizing Pharmacy Technicians as the newest regulated health professional in the province starting in 2015.

The term Pharmacy Technician (R.Pt.) is a protected title in the *Pharmacy Act, 2012* and only those individuals registered with NLPB may use the designation in Newfoundland and Labrador.

The regulation of pharmacy technicians helps fulfill two of the Board's primary goals: protecting the public and optimizing the use of pharmacy professionals' skills. By regulating pharmacy technicians, NLPB and the public can be assured that Pharmacy Technicians have met entry-to-practice requirements and are competent to take on more responsibility within the compounding and dispensing functions.

While pharmacists must still assess the appropriateness of each prescription and provide patient consultation, pharmacy technicians will be able to compound and dispense drugs without a pharmacist having to perform the final check. They will also be able to supervise other technicians, assistants and pharmacy technician students in the pharmacy. For more information on the scope of a pharmacy technician's practice, please see the *Model Standards of Practice for Canadian Pharmacy Technicians* at <http://napra.ca/Content Files/Files/Model Standards of Prac for Cdn PharmTechs Nov11.pdf>.

Patients will benefit - pharmacists, freed from the technical aspects of dispensing, will be able to focus on more comprehensive patient care such as medication reviews, chronic disease management, immunization, and follow-up.

Pharmacists will benefit - the work of prescription processing and preparation can shift from them to the technician, thereby allowing pharmacists to more appropriately use their skills and knowledge to deliver patient care.

Pharmacy technicians will benefit - by having met defined standards for education and competency, they will have the knowledge, skills, legal authority and confidence to practice more independently and to take on more authority.

Margot Fiddale

Pharmacy Technician Registration Pathway

While discussing the upcoming registration of Pharmacy Technicians by the NLPB, we felt it would be appropriate to review the pharmacy technician education and registration process.

Transition Pathway

Prior to applying to be registered with the Board, candidates currently employed as a pharmacy assistant must complete several courses and exams as well as a practical training component as described below.

Pharmacy Examining Board of Canada (PEBC) Evaluating Exam

This is a written multiple choice exam with specific eligibility criteria—applicants must show proof of a minimum of 2000 hours of work in the field of pharmacy in the 36 months prior to the exam. This exam is offered at several sites in the province in April and October of each year. For more information, candidates should contact PEBC at www.pebc.ca.

National Pharmacy Technician Bridging Education Program

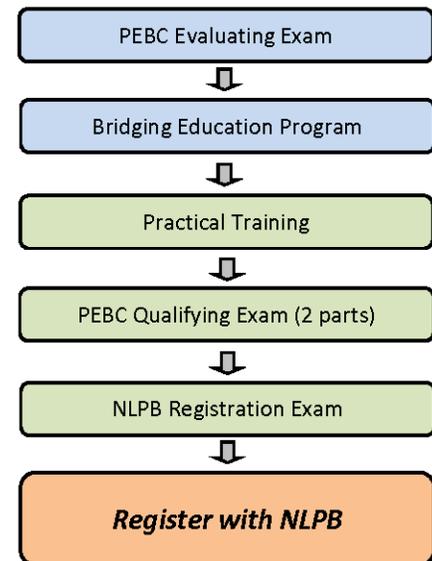
This program was developed by the National Association of Pharmacy Regulatory Authorities (NAPRA) in conjunction with the provinces. It consists of four individual courses that may be completed in any order—Management of Drug Distribution Systems, Pharmacology, Product Preparation and Professional Practice. The program is currently being offered online by Selkirk College. For more information, interested candidates can visit the NAPRA website at: www.napra.ca/pages/bridgingprogram/default.aspx.

PEBC Qualifying Exam

This is a national entry-to-practice exam designed to assess the competence of Pharmacy Technicians for the purposes of registration. It consists of two parts—Part I is a written multiple choice exam; Part II is an Objective Structured Practical Examination (“OSPE”). Generally, applicants must have either graduated from a CCAPP-accredited pharmacy technician program or have successfully completed the PEBC Evaluating Examination prior to being authorized to write this exam. It is offered at several sites in March and September of each year but has not yet been offered in NL. The Board is working with PEBC on this anticipates that NL will be added to the list of available sitting locations for Part I in March 2015 and for Part II in September 2015. More information will be communicated as it becomes available. In the meantime, interested candidates can visit the PEBC website at www.pebc.ca.

Practical Training Program

In the transition pathway, candidates will complete a practical assessment with an approved preceptor over an undefined period of time. The assessment will include verification of the accuracy of the final



(Continued on page 3)

(Continued from page 2)

check as well as additional activities, based on the NAPRA Competencies, that are designed to evaluate the candidate's communication skills, their ability to accurately and reliably receive verbal orders as well as to receive and send prescription transfers. More information on this program will be posted to the Registration and Authorization Information for Registrants [page](#) of the NLPB website as it becomes available over the next few months.

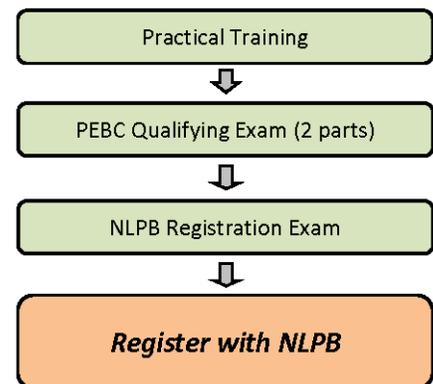
NLPB Registration Exam

The NLPB Registration Exam is a two part exam. Part I consists of multiple choice questions and Part II consists of short answer type questions. The exam will continue to be offered on a bi-monthly basis with the opportunity to write a special sitting if necessary. More information on this exam can be found in the [NLPB Registration Examination Interpretation Guide](#), available on the Registration and Authorization Information for Registrants [page](#) of the NLPB website.

Graduates of CCAPP-Accredited Programs

Applicants who have graduated from a CCAPP-accredited Pharmacy Technician program are able to bypass the PEBC Evaluating Exam as well as the Bridging Education Program. They will also complete a slightly different practical training program in that they will complete the program over a defined eight week period. In June 2014, Keyin College in Grand Falls-Windsor received Provisional Accreditation Status and will begin accepting students into this new program in January of 2015. No other pharmacy technician program in this province has received CCAPP accreditation at this time.

For more information on this process, please visit the Pharmacy Technician Regulation News [page](#) of the NLPB website. Interested parties can also submit their name and email address to inforx@nlpb.ca to be added to a contact list to receive more information as it becomes available.



Registrant Portal Time-Out

Pharmacists are reminded that from the time you log in to your NLPB registrant profile, the system is set to time out after two hours.

If you are documenting in your learning portfolio record and do not think you will be able to complete it in this period of time, type your notes in a Word or Notepad document before going online and then just "Copy" and "Paste" your notes into your learning record.

Annual Renewal for 2015

The 2015 annual renewal for pharmacists and pharmacies is now open!

Pharmacists:

- All pharmacists are required to complete the online registration renewal process including payment by November 30, 2014.
- To enable the renewal button to appear on the registrant's home page, practicing pharmacists must first enter a minimum of 15 hours of professional development learning activities. To do this, log in to your account on the NLPB website and access the Professional Development section. A handy guide to using the online Professional Development portal is available in that section.
- Pharmacists are reminded that the 2014 professional development year runs from December 1, 2013 to November 30, 2014. A minimum of 7.5 hours of learning must be from accredited learning activities.

The remaining activities can be from either accredited sources or self-assigned learning activities.

- Please note that if a registrant has not renewed by the deadline, a late payment fee will be automatically applied to the balance.

Pharmacies:

- To renew the pharmacy's licence, the Pharmacist in Charge must log in with his or her unique Pharmacist in Charge username and password, which was emailed on October 17.
- Please note that while the pharmacy licence may be renewed and paid, the licence will not be issued and mailed until the Pharmacist in Charge has renewed their own registration.

If you have any questions, please contact Aileen or Meghan at the Board office.

Staying Connected as a Non-Practicing Pharmacist

Beginning in 2015, in accordance with the new regulations, non-practicing and retired pharmacists will no longer need to register with the Board through the online system and pay an annual renewal fee.

Non-Practicing and Retired Pharmacists who were registered in Newfoundland and Labrador and who are no longer practicing can stay connected to the profession by voluntarily enrolling their name with the Board. Non-practicing pharmacists enrolled with the Board will continue to receive Board communications, keeping you in touch with the profession.

To request to have your name added to the list of Non-Practicing Pharmacists, please contact the NLPB at inforx@nlpb.ca. If you know of a pharmacist who was previously registered in Newfoundland and Labrador and who may be interested in being added to the list, please pass this information on – we would be glad to hear from them!

Meet Your New Board Members



Taggarty Norris

Taggarty graduated from Memorial University School of Pharmacy in 2011 and, since then, has been practicing pharmacy at Lawtons Drugs on Topsail Road in St. John's. In addition, she currently serves as a consultant pharmacist for Sobeys Pharmacy Group's COPD Pharmacist Intervention Project. Taggarty strives to inspire young pharmacists to become involved in their profession as well as to encourage young women to pursue a career in pharmacy. Taggarty currently lives in Mount Pearl with her husband, Ryan.



Chad Parsons

Chad graduated from MUN School of Pharmacy in 2003 and started his career as a staff pharmacist at Shoppers Drug Mart in Carbonear. He completed the Shoppers Drug Mart Leadership Excellence and Development program and became the Associate/Owner of Shoppers Drug Mart, Goulds in 2006. As a practicing pharmacist and pharmacy owner, Chad is glad to see the profession evolve and actively promotes expanded scopes of practice among his pharmacy team members. His wife, Nancy, also a pharmacist, practices in both an independent community pharmacy and hospital setting. Chad currently resides in Bay Roberts with Nancy and their two children, Ben and Ava.



Jody Pomeroy

Jody graduated from Memorial University School of Pharmacy in 2006 and initially practiced in community pharmacy before moving to Central Health in Grand Falls-Windsor in 2009. Jody is very excited to see the move towards Pharmacy Technician regulation in NL, having participated in the development of the Pharmacy Examining Board of Canada (PEBC) Pharmacy Technician Qualifying Exam for several years. While his primary practice site is hospital pharmacy, Jody continues to provide relief services to community pharmacies. Jody currently lives in Grand Falls-Windsor with his wife, Tonya and their son, Nicholas.

Recent Board Activities

At the Board's most recent meeting on August 29, 2014:

- The Board gave final approval to the revised **Code of Ethics**. Pharmacists-in-Charge will receive a poster-sized version suitable for framing and display in the pharmacy while each registrant will be sent an individual copy for their records.
- New **Standards for the Safe and Effective Provision of Medication for the Treatment of Opioid Dependence** were approved and replace the existing *Standards of Practice for the Methadone Maintenance Program* as well as the *Guidelines regarding Dispensing Buprenorphine for the Management of Opioid Dependence*). The Board also adopted the following implementation plan for the new Standards:
 - ⇒ Standards in force – January 1, 2015
 - ⇒ For those not already treating patients, adherence to the Standard is required upon application.
 - ⇒ For those already treating patients:
 - * Full transition to Methadose® – by February 1, 2015
 - * Completion of required education program – by November 30, 2015
 - * Completion of necessary physical changes – by November 30, 2015, unless specific exemption has been given by the Board

- The Board approved a final draft of the new **Pharmacy Regulations, 2014**. These regulations accompany the *Pharmacy Act, 2012* and cover areas such as:

- ⇒ Registration requirements including those for pharmacy technicians
- ⇒ New qualifications and duties for the Pharmacist-in-Charge
- ⇒ Revisions to the approval process for the Provincial Drug Schedules

These regulations are now awaiting final approval from the Minister of Health and Community Services.

- The Board approved **Practice Experience Requirements for Pharmacy Technicians**:

- ⇒ Bridging Candidates will be expected to complete a practical assessment with an approved preceptor over an undefined period of time. The assessment includes verification of the accuracy of the final check as well as additional activities based on the NAPRA Competencies.
- ⇒ Graduates of CCAPP-Accredited Programs will complete an 8-week training period with an approved preceptor. This training period will also utilize a manual detailing a number of specific activities based on the NAPRA Competencies.

Postscript Recap

Since the last issue of The Apothecary, we have circulated three issues of The Postscript, as summarized below. Please visit the [NLPB Newsletters page](#) of the NLPB website to view all past issues.

Issue #1—August 7, 2014

- Welcome to NLPB's e-news premiere!
- Upcoming Board Election
- Documentation of Injection Education Program on Learning Portfolio
- Optometrist Prescribing
- Center for Addiction and Mental Health (CAMH) Education Program

Issue #2—September 2, 2014

- Board Elections Reminder
- Reporting Renovations
- Filling Prescriptions from Out of Province Prescribers
- Feedback Requested on Entry-to-Practice Doctor of Pharmacy Program at Memorial University

Issue #3—October 1, 2014

- New Code of Ethics for Registrants approved by the Board
- Board Election Results
- New Standards for the Safe and Effective Provision of Medication for the Treatment of Opioid Dependence approved by the Board
- Medication Management—Reminders for Pharmacists
- The Prescribing Course—Safe Opioid Prescribing for Chronic Non-Cancer Pain

Newfoundland and Labrador Pharmacy Board



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Apothecary Hall
488 Water Street
St. John's, NL A1E 1B3

Tel: 709-753-5877
Toll Free: 1-877-453-5877
Fax: 709-753-8615
E-mail: inforx@nlpb.ca
www.nlpb.ca



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BOARD STAFF

Margot Priddle, R.Ph., Registrar mpriddle@nlpb.ca
Arlene Crane, R.Ph., Deputy Registrar acrane@nlpb.ca
Melanie Healey, R.Ph., Manager, Professional Practice mhealey@nlpb.ca
Noelle Hookey, R. Ph., Pharmacy Practice Advisor.....nhookey@nlpb.ca
Aileen O'Keefe, Registration & Licensing Administrator aokeefe@nlpb.ca
Meghan Handrigan, Office Administrator mhandrigan@nlpb.ca
General Information..... inforx@nlpb.ca

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Zone 1 Debbie Kelly
Zone 2 Ray Gulliver
Zone 3 David Cramm
Zone 4 Christina Tulk
At Large Taggart Norris, Chad Parsons, Jody Pomeroy

Public Representatives

Board-appointed..... Donald Anthony
..... Shirlene Murphy
Government-appointed Ruby Chaytor
..... Gerri Thompson
Dean, MUN School of Pharmacy Carlo Marra
Pharmacy Technician vacant
MUPS Representative (observer) Ashley Rideout

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Vice-Chair Donald Anthony
Executive Member Jody Pomeroy
Past Chair Christina Tulk



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The Apothecary

Winter 2014



*As the year draws to an end and the
Christmas Season approaches, we take
this opportunity to wish you a very
Merry Christmas and a Happy New Year.*

*Best Wishes from the Board Members and Staff of
the Newfoundland and Labrador Pharmacy Board.*

Holiday Hours for NLPB Office

Please note that, in recognition of the Christmas and New Year holiday season, the Board office will be closed from Wednesday, December 24th to Thursday, January 1st, inclusive.

If you need assistance during this time, please email inforx@nlpb.ca.

Pharmacy Preceptors Pay it Forward

Pay it forward is an expression used to describe the beneficiary of a good deed repaying it to others instead of to the original benefactor. I'm sure that many of us can look back over our careers and think of the colleagues that stand out as mentors and advisors. We cannot educate future practitioners without the involvement of you - our pharmacy preceptors in practice education. Becoming a preceptor idealizes the concept of paying it forward.

Preceptors are a vital link in the student's transition from theory to practice. Preceptors provide students and interns with many practice opportunities to apply didactic knowledge in a clinical setting that cannot be fully realized in the classroom. Many learners would be overwhelmed at the clinical site without preceptor support and guidance.

Are you new to preceptoring? Need some ideas to get started? Maybe you are not new to preceptoring, but are looking for ways to enhance your skills. Starting in 2015, Board-approved preceptor training will be required for pharmacists who wish to act as a preceptor to pharmacy students or interns or pharmacy technician candidates who are participating in NLPB Structured Practical Training.

These future practitioners need pharmacists to coach, mentor and guide their interactions and decision-making. We are indebted to our preceptors for their time and effort to facilitate the student's personal and professional growth. We applaud our preceptors for acknowledging the shared commitment and responsibility to educate the practitioners of tomorrow.

THANK YOU for partnering with us in this very important and critical role.



Practical Training Program Moving Online

As part of NLPB's commitment to improving its administrative processes, beginning in 2015, students and interns will be able to initiate, track and finalize all documentation related to the NLPB practical training program using the NLPB's online registrant portal.

The student or intern, after logging into their profile, will be able to apply to complete practical training, select a Board-approved preceptor, specify the dates they wish to complete the training period and submit the request.

The potential preceptor will then receive notification that a request is waiting for their approval and be able to log into their profile to accept the request. The Board will then receive notification and be able to review and approve the request...all online!

During and following the practical training period, all manuals and evaluation forms will be easily accessed by both the student and the preceptor on the registrant portal.

Its quick, easy and paperless! Look for more information on this process in the coming months.

Community Pharmacy Quality Assurance Program Well Underway

To date, 22 pharmacies have undergone the Community Pharmacy Assessment process. NLPB thanks pharmacists-in-charge for their co-operation on this initiative to promote patient safety and excellence in pharmacy practice.

A community pharmacy assessment is a direct communication between NLPB and the pharmacist-in-charge at a given community pharmacy. In support of the Quality Assurance component of the *Pharmacy Act, 2012*, pharmacies in NL can expect to be assessed at least once every three years. The process includes a pre-assessment that is a self-assessment completed by the pharmacist-in-charge, an on-site assessment completed by NLPB, and a follow-up plan to address any noted deficiencies. The assessment primarily focuses on compliance with NLPB Standards of Practice, but also takes into account professional image and workflow, with the idea of collecting information about best practices to share within the pharmacy profession in order to improve patient care and pharmacy service.

The assessments completed to date have highlighted a number of practice areas where some additional attention may be necessary. In particular, we would recommend that pharmacists review the following Standards of Practice:

- **Security and Accountability Procedures for Narcotics and Controlled Drugs in Community Pharmacies**, in particular the audit of purchases and sales against the perpetual inventory record
- **Customized Patient Drug Packaging**, particularly the counselling and record-keeping requirements for customized drug-packaging services

- **The Provision of Pharmaceutical Care to Personal Care Homes and Community Care Homes**
- **Delivery of Prescriptions by Newfoundland and Labrador Pharmacies**

In 2015, NLPB plans to continue to expand its Quality Assurance Program by developing a hospital pharmacy assessment strategy, as well as continuing the community pharmacy assessment program including expanded scopes of practice. The Quality Assurance section of the NLPB website will soon be updated to include tools and templates to facilitate compliance with NLPB Standards of Practice.

As always, pharmacists are encouraged to provide feedback to NLPB about the pharmacy assessment process and the usability of our Standards of Practice.

Increased Demand for Pharmacies offering Opioid Dependence Treatment Services

As always, this specialized area of practice is in high demand. If you would like to consider expanding your services to include treatment of opioid dependence but are unsure where to begin, please contact the NLPB for guidance on implementing this important service into your practice.

Recent Board Activities

At the Board's most recent meeting on November 21, 2014:

- The Board approved **Terms of Reference for the Expanded Scopes Advisory Committee** to accompany the recently approved *Administration of Drug Therapy by Inhalation or Injection Regulations*. This multidisciplinary committee will include representation from the Association of Registered Nurses of Newfoundland and Labrador and the College of Physicians and Surgeons of Newfoundland and Labrador. The committee will serve to advise the Board on future expanded scopes and facilitate the communication and consultation process.
- The **Standard of Practice—Advertising in Community Pharmacies** was rescinded by the Board in light of recent changes to legislation and the Code of Ethics as well as upcoming changes to the NLPB Bylaws. There have also been inquiries from the Competition Bureau in recent years as they have been encouraging self-regulating professionals across the country to review and eliminate unnecessary restrictions on competition unless clearly required to achieve a legitimate public policy objective. The intent of this document is still covered by the Code of Ethics as well as a “Frequently-Asked Questions” section that is to be added to the NLPB website.
- The Board also rescinded the **Standard of Practice—Privacy and Confidentiality of Personal Health Information**. It was felt that with the implementation of the Personal Health Information Act (PHIA) in this province, the Board no longer requires such a Standard, and, in fact, it could be a risk if they were ever in conflict. In addition, the recent revision to the Code of Ethics includes a section specific to privacy (section 4), which covers much of the underlying principle of this Standard.
- With the implementation of the new *Pharmacy Regulations, 2014*, authority to approve the Provincial Drug Schedules moves from the Minister of Health and Community Services to the Board. To handle changes in an efficient manner, Review of Pending Drug Schedule Changes will be a standing agenda item at Board meetings going forward. At this meeting, the Board approved several revisions. The latest version of the Drug Schedules can be found on the [Provincial Drug Schedules](#) page of the NLPB website, along with a summary of the most recent changes.
- Responding to a request from the MUN School of Pharmacy, the Board appointed Christina Tulk to serve on the **Pharm.D. Stakeholder Advisory Committee** on behalf of the Board.



Postscript Recap

Since the last issue of The Apothecary, the Board has posted two issues of The Postscript, as summarized below. Please visit the [NLPB Newsletters page](#) of the NLPB website to view all past issues.

Issue #4—November 5, 2014

- Call for Hospital Pharmacy Practice Advisory Working Group Members
- Renewal FAQ's
- Preceptor Training
- The Prescribing Course-Safe Opioid Prescribing for Chronic Non-Cancer Pain

Issue #5—December 3, 2014

- Over 100 Pharmacists Authorized to Provide Inhalations and Injections!
- "Pharmacy Technician" A Restricted Title
- Self-Declaration Assessments
- NLCHI Pharmacy Network Update

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Toll Free: 1-877-453-5877
Fax: 709-753-8615
E-mail: inforx@nlpb.ca
www.nlpb.ca



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BOARD STAFF

Margot Priddle, R.Ph., Registrar mpriddle@nlpb.ca
Arlene Crane, R.Ph., Deputy Registrar *On Leave*
Melanie Healey, R.Ph., Manager, Professional Practice mhealey@nlpb.ca
Noelle Patten, R. Ph., Pharmacy Practice Advisor npatten@nlpb.ca
Aileen O'Keefe, Registration & Licensing Administrator aokeefe@nlpb.ca
Meghan Handrigan, Office Administrator mhandrigan@nlpb.ca
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