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 2010

100 Years...100 Pharmacists (1910-2010)

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

The project began by compiling a Master Register of all pharmacists who had been registered at one time or another with the Board, something which had not been done until now. The Master Register was circulated to the trustees of the Apothecary Hall Trust, members of the PANL Awards Committee and other pharmacists, some of whom were familiar with members from the past and others who were more familiar with pharmacists who are currently in active practice. The intent was that pharmacists from all eras and all areas of practice would be considered. To this end no specific or restrictive criteria for selection were applied, rather the pharmacists polled were asked simply to indicate who they personally felt were "worthy of recognition". The results from this poll were tabulated along with the results from a call for nominations from all pharmacists in the province and a final list of 100 pharmacists of the past century was determined.

We hope this list is taken for what it is – an opinion expressed at a moment in time that corresponds to a significant milestone in the history of our profession in this province, but nevertheless the opinion of a select but knowledgeable sampling of members of the profession.

RICK ABBOTT (1990)
AUBREY ANSTEY (1974)
W.J.K. (KELL) ASHFORD (1945)
KEITH BAILEY (1996)
DWIGHT BALL (1977)
THOMAS BINDON (1947)
J. FORBES BROWN (1958)
BRENDA BURSEY (1978)
DOUGLAS BUTT (1953)
EDWARD J. CAHILL (1933)
SANDRA CAREY (1991)
KAREN COLBOURNE (1992)
CARSON COLLINS (1975)
HUGH CONROY (1944)
ARLENE CRANE (1981)
NEIL P. CURTIS (1954)
WILLIAM DAVIS (1976)
ALFRED DAWE (1959)
EDWARD (TED) DAWE (1979)
FRASER DAY (1966)
JOHN DOWNTON (1967)
ROBERT DOYLE (1990)
JASON DRUKEN (1999)
DR. GERALD R. DUNCAN (1986)
DR. SCOTT EDWARDS (1997)
RICK ELLIOTT (1976)
HARVEY W. FLIGHT (1944)
RODNEY FORSEY (1999)
EDWARD D. FREEMAN (1911)
DAVID GALWAY (1967)
SEUMAS GIBBONS (1963)
THOMAS GOULDING (1975)
RALPH J. HARRIS (1940)
MELANIE HEALEY (1996)
BRIAN HEALY (1965)
THOMAS HEALY (1974)
DR. DONNA HENDERSON (1967)
DR. LINDA HENSMAN (1985)
DERRICK HIERLIHY (1975)
DONALD HILLIER (1967)
MARY HISCOCK (1962)
DONALD HOGAN (1943)
WILLIAM HOGAN (1958)
JOHN V. (JACK) HOGAN (1962)
KEITH HOGAN (1985)
GEORGE HUTCHINGS (1966)
CLARENCE JACKMAN (1953)
J. FRANK JANES (1939)
MARY E. JOHNS (1928)
DR. DEBORAH KELLY (1999)
LOUIS J. LAWTON (1911)
KEITH LAWTON (1950)
AUGUSTUS LILLY (1941)
THOMAS LYNCH (1976)
JOHN LYNCH (1978)
ROBERT GEAR MACDONALD (1910)
ERNEST C. MACDONALD (1943)
VAUGHAN MACDONALD (1964)
DOUGLAS MANNING (1965)
ROBERT MCGRATH (1956)
DENISE MCGRATH (1985)
THOMAS MCMURDO MCNEIL (1910)
J. WAYNE MORRIS (1967)
THOMAS MURPHY (1958)
MICHAEL J. O'BRIEN (1954)
DENISE O'BRIEN (1981)
PHILIP O'KEEFE (1981)
LEO A. O'MARA (1910)
PETER O'MARA (1910)
JAMES J. O'MARA (1962)
ALBERT EDWARD PARKINS (1915)
DR. LESLIE PHILLIPS (1983)
MARGOT PRIDDLE (1984)
JAMES C. QUICK (1948)
JOHN P. RAHAL (1934)
THOMAS RICKETTS (1943)
JOHN RIDEOUT (1976)
DONALD ROWE (1976)
PAMELA RUDKIN (1978)
ROY SAUNDERS (1957)
BARBARA SCAPLEN (1977)
ROBERTA SCOTT (1967)
WILLIAM SIMMONS (1960)
G. REX SINYARD (1962)
BERND STAEBEN (1962)
AUGUSTUS STAFFORD (1910)
T. JOHN STOWE (1946)
NELSON STOWE (1953)
DR. BARBARA THOMAS (1985)
CHRISTINA TULK (2002)
DR. CHRISTOPHER TURNER (1989)
ROBIN VATCHER (1979)
KEVIN WALSH (1947)
KENNETH WALSH (1979)
CHARLES WARR (1961)
TRENT WHITE (1996)
RALPH WINSOR (1966)
GEORGE YOUNG (1948)
JERRY YOUNG (1976)
DR. STEPHANIE YOUNG (1990)

2010-2011 Board and Executive Now in Place

As reported on July 22, 2010, this year's election of NLPB board members is now completed. This year, the election, which saw pharmacists nominating and electing members for Zone 2 and Zone 3, began on June 16, 2010 with a Call for Nominations. Nominations were subsequently received for Ray Gulliver in Zone 2 and for Dorothy Ainsworth in Zone 3. As both zones received only one nomination each, Ray and Dorothy were subsequently elected by acclamation. The elected members began their 3 year terms of office at the 2010 Annual General Meeting, which took place on September 18, 2010. We would like to welcome Ray and Dorothy to the Board and would also like to take this opportunity to thank Dave Jenkins and John Rideout, out-going Board members for Zones 2 and 3 respectively, for their time and dedication to the Board.

Also at the AGM, Keith Bailey completed his term of office as Board Chair assuming the position of Past-Chair. Following the AGM, at a Special Meeting of the Board, a new Executive was elected with Christina Tulk assuming the role of Board Chair, Debbie Kelly elected Vice Chair and Linda Hensman elected Executive Member. For a complete list of the current Board as well as the Executive Committee members, please see the back page of this *Apothecary*.

Message from the New Chair of the Board

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 Keith Bailey for his leadership, as well as John Rideout and Dave Jenkins for their dedication to their positions on our Board and wish them well with their 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 Medication Management Standards to continue to move forward in our profession.

In the next year, we will continue to work towards technician regulation, begin moving towards procuring prescribing rights for our pharmacists in Advanced Practice situations as well as exploring opportunities for pharmacists to get involved in immunizations and, potentially, other types of injections. 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 is zen.z24_2001@nf.sympatico.ca. I look forward to speaking to as many of you as I can.

Respectfully,
Christina Tulk

Suspicious Email Making the Rounds

The Board would like to make pharmacists aware of a suspicious email that is making the rounds. With a subject line of "Wholesalers & Exporters of Pharmaceuticals", the email purports to be from a company identified as Z&S Impex, "one of the leading Wholesalers & Exporters of Pharmaceuticals from Pakistan". It goes on to describe the "respectable name" they have earned among a number of international countries. They have attached a list of medications for purchase to the email.

While we expect most pharmacists would see this email as a potential scam, we still felt it would be prudent to remind pharmacists to be extremely cautious about purchasing any pharmaceutical product online except from known reputable sources. Pharmacists should also be sure that any and all pharmaceutical products sold in pharmacies should have a DIN, NPN or DIN-HM to show that they have been authorized for sale in Canada by Health Canada.

Reminder to Pharmacists Regarding Exempted Codeine Products Standards of Practice

Since it has been several years since the publication of the Board's *Standards of Pharmacy Practice - The Sale of Exempted Codeine Products in Community Pharmacies*, we wanted to remind pharmacists of a few key points. At the end of the article, a couple of Q&A's from the associated *FAQ re: Exempted Codeine Products* are also reprinted. For the complete Standard as well as the associated FAQ, please visit the **Standards, Policy & Guidelines** page of the Board website.

Creation of a Patient Profile

In accordance with section 2.a. of the Standards, "*the pharmacist must record the purchase of an Exempted Codeine Product on the patient profile…*" What this means is that if this is a returning patient to your pharmacy, you would add the exempted codeine product to their usual medication profile. In addition, if this is a new patient to your pharmacy, you are expected to set up the same profile as you would for any other patient presenting with a prescription. As stated in Pharmacy Regulation 13(8), this includes but is not limited to "*surname and given names, address, telephone number, sex, date of birth, chronic medical conditions, and notations of allergies and drug reactions*". In addition to these items, documentation of the patient's MCP number will also become especially relevant as pharmacies connect to the Pharmacy Network.

Identification of "Prescriber"

In essence, when a pharmacist authorizes the provision of an exempted codeine product to a patient and adds it to the patient's profile as a "pharmacist-authorized medication", they are prescribing. As such, the pharmacist **MUST** document the transaction using his or her **OWN NAME AND LICENSE NUMBER** on the patient's medication profile and retain a hard copy of the interaction in the prescription files. We have seen many cases of a pharmacist using "MHO" or "Pharmacist" as the identification in the prescriber field of the profile. This is not appropriate practice in accordance with the Standards and should be addressed.

Labelling

Finally, as described in section 2.b. of the Standards, all pharmacist-authorized exempted codeine products **MUST BE LABELLED** prior to being supplied to the patient. At a minimum, labels must show the date; brand name of drug, or generic name of the drug and name of manufacturer; quantity of the drug; directions to the patient; identification of the pharmacy; and the initials of the authorizing pharmacist.

Excerpts from FAQ:

Do I need to ID patients now?

Just as there are currently no requirements for this when filling prescriptions, there is no requirement for the positive identification of patients requesting OTC codeine. **However, pharmacists should be confident about the identity and intent of the patient and if a pharmacist has concerns about the correct identity of the patient, it would not be unreasonable to ask for direct identification from the patient.**

What if people refuse to give the necessary information?

These are required Standards of Pharmacy Practice and sale cannot be made unless the required information is provided. Explain to the patient that such information is collected to enable the pharmacist to provide them with proper professional service and care.

Do I write these items up as prescriptions?

Yes, you should document these provisions in the same way that you would document a prescription. A hardcopy record of the purchase should be retained on file. While you may wish to manually write up documentation of the transaction, a suitable computer-generated hardcopy, signed or initialed by the dispensing pharmacist will be adequate for documentation purposes.

Professional Practice Issues

Preventing and Handling Prescription Forgeries

We receive many calls from pharmacists asking for assistance in dealing with forgeries. The Board would like to thank these pharmacists and encourage all pharmacists to continue reporting confirmed forgeries to the Board – whether or not the prescriptions were filled – to facilitate the sharing of information and the promotion of preventative action.

Ensuring Authenticity

Determining the validity of a prescription can be a challenge for pharmacists, as it requires careful consideration on the spot. Many reported forgeries were filled by the pharmacist and only later discovered to be false. If there is doubt as to the authenticity of a prescription, and unless staff and other members of the public are in immediate danger, do not fill it.

Often staff members are unsure of how to deal with forgery attempts and are caught off guard. Preparation is key; do not put yourself or your staff in danger.

Questions for pharmacists to consider:

- Do you know the patient and/or the prescriber?
- Does the patient and/or prescriber live or work in the area?
- Can the prescriber be contacted in a timely manner?
- Does the prescriber's handwriting look too good (i.e., overly neat)?
- Do quantities and directions differ from the norm?
- Is there unusual use of terminology or abbreviations?
- Are there spelling mistakes?
- Are the directions written in full, with no abbreviations?
- Is an inexpensive non-narcotic prescribed along with a narcotic?

Tips for Verifying a Suspect Prescription

Confirm the identity of the patient. Asking for identification such as a valid driver's license to confirm the identity of the patient named on the prescription may be useful. ID alone, however, is insufficient in determining whether the prescription is forged. Expert perpetrators are using stolen driver's licenses and drug insurance cards to accompany forged prescriptions.

Confirm the identity of the prescriber. One cannot assume a suspect prescription is a forgery without receiving confirmation from the prescriber. Often, faxing the prescription to the prescriber's office will assist the prescriber in confirming the handwriting and the patient's name. Of course, this cannot happen when the physician named does not exist. A physician's identity can be confirmed by contacting the College of Physicians and Surgeons or by accessing their **Doctor Search online**.

Be wary of telephone numbers provided. Do not contact the prescriber at the phone number given on the prescription unless you have confirmed that it is legitimate. If a pharmacist dials a "fake" phone number, the person answering the phone can impersonate a physician or a physician's secretary or nurse to confirm the prescription.

What To Do Once A Forgery Is Confirmed

Once a prescription is confirmed as a forgery, we recommend pharmacists contact the police, regardless of whether the prescription has been filled. Pharmacists should document a description of the person passing the forgery (security camera footage could be helpful here) and any other details of the situation that might assist the police in identifying the suspect. As the police are likely to require the original forged prescription as evidence, it is prudent to make a photocopy of it . The police will leave a "receipt" of items taken from the pharmacy as evidence.

Reporting

Forged prescriptions should also be reported within to the Office of Controlled Substances:

Compliance, Monitoring, and Liaison Division
Office of Controlled Substances
Drug Strategy and Controlled Substances Programme
Health Canada, Address Locator: 3502 B
Ottawa, ON K1A 1B9
Tel: (613)954-1541
Fax:(613)957-0110
Email: OCS-BSC@hc-sc.gc.ca

Please also forward a copy to the Board via fax at (709) 753-8615.

The Personal Health Information Act (PHIA)

What it means to you!

Many pharmacists are aware of the new Personal Health Information Act (PHIA) but most do not truly understand their responsibilities under the legislation and what it will mean to their day-to-day practice. Many are also not aware that PHIA is expected to come into force in December of this year.

Recently, the Department of Health and Community Services held a *PHIA Implementation Information session* in order to introduce the new privacy legislation to stakeholders and to provide an overview of the support materials that have been developed to provide assistance to custodians in implementing PHIA. These resources include:

An Overview of PHIA

A brief presentation that provides an introduction to PHIA as well as an overview of some of the implementation resources.

An Online Education Program

As PHIA requires that custodians ensure that their employees, agents, contractors and volunteers are aware of the duties imposed by the Act and regulations, this program is intended to help custodians to understand their obligations under the Act, as well as to assist them in providing the education and training required by the Act.

A Facilitated Education Program

If online education is not preferred, there are also two versions (1/2 day and full day) of a *Facilitated Education Program*. Each version contains information on adult learning for facilitators and materials to assist with organizing and delivering information sessions as well as materials to provide to persons attending information sessions, including a participant's workbook and resources for further reading.

A Risk Management Toolkit

PHIA requires that custodians take steps to ensure that personal health information in their custody or control is protected against theft, loss and unauthorized access, use or disclosure; protected against unauthorized copying or modification; and retained, transferred and disposed of in a secure manner.

The *PHIA Risk Management Toolkit* is intended to assist custodians in:

- understanding their obligations as they relate to the safeguarding of personal health information;
- assessing their current state of compliance with PHIA;
- assessing the effectiveness of the physical, administrative and technological controls that they have established to protect the personal health information in their custody or control; and,
- identifying any gaps or areas for improvement .

A Policy Development Manual

PHIA requires that custodians have policies and procedures in place that describe the ways that they collect, use and disclose personal health information. The *PHIA Policy Development manual* is intended to provide custodians with a framework for developing their own policies and procedures to meet this obligation.

The manual sets out the legal requirements of PHIA and arranges those requirements into a policy framework. The manual also provides custodians with sample policy and procedure language. While custodians may customize the sample language provided, they should be careful to ensure that whatever policies or procedures developed are compliant with the requirements of the Act.

These resources, as well as an upcoming FAQ are all available for download from the Department of Health and Community Service's PHIA resource web page at www.health.gov.nl.ca/health/PHIA. A link to this page is also provided on the Professional Practice Resources page of the NLPB website and on the Home page of the PANL website.

Pharmacists and Pharmacy Owners should begin familiarizing themselves NOW with this information as the December implementation date is fast approaching.

Donald F. Rowe
Secretary-Registrar
Newfoundland and Labrador Pharmacy Board

Mary Ann Butt
Executive Director
Pharmacists' Association of Newfoundland and Labrador

Frequently Asked Questions

Medication Management in Community Pharmacy

Despite the fact that these questions were included in the last edition of The Apothecary, we felt that due to the number of inquiries we have received, we would re-publish this excerpt for pharmacists who may be only now integrating these Standards into their day-to-day practice. All Pharmacists are reminded that the complete FAQ is posted on the Standards, Guidelines and Policies page of the NLPB website and will be updated as new Questions come along.

What does Medication Management really mean?

The *Standards of Pharmacy Practice for Medication Management* describes three key areas:

- Providing an Interim Supply
- Extending a Prescription
- Adapting a Prescription

Do I have to participate in Medication Management?

No. Authorization does not mean obligation - the decision to perform any or all of these acts is at the discretion of the individual pharmacist. However, if a pharmacist does choose to perform any of these actions, it must be done in accordance with the Standards of Pharmacy Practice and within the limits of the pharmacist's own competencies.

Are there special requirements needed in order to participate in Medication Management?

Yes, prior to participating in Medication Management, a pharmacist MUST:

- **Study** the *Standards* IN DETAIL, **Sign** the NLPB Declaration Form included at the end of the Standards and **Send** the form to the Board office for retention in the pharmacist's permanent file;
- **Maintain Personal Professional Liability Insurance Coverage** in an amount equivalent to or greater than that stated in the Board's *Policy on Professional Liability Insurance*; and
- **Be prepared to:**
  - **obtain informed consent** from each patient to whom these services are provided,
  - **document** all instances of Medication Management, and
  - **notify** the original prescribers, within the indicated timeframes.

How should I document Medication Management?

The Board has developed a *Documentation and Notification Form* template to assist pharmacists with documenting instances of Medication Management. This form must be completed IN FULL and retained in the pharmacy in case of future audit.

How do I file these forms? What about the computer hard copies?

Our consultation has indicated that the best way to handle these forms would be to file them in sequential order along with your other prescriptions. For example, when providing an interim supply or prescription extension, you would attach your computer "hard copy" to the form and file it. When adapting a prescription, you would attach the computer "hard copy" as well as the original prescription to the form before filing it.

When a pharmacist performs one of the activities under Medication Management, do they have to notify anyone else?

Yes, the Standards require that the original prescriber must be notified of the pharmacist's decision within a particular timeframe depending on the area of Medication Management:
Providing an Interim Supply - 72 hours
Extending a Prescription - 1 week
Adapting a Prescription - 1 week

How should other health professionals be notified?

Through consultation with the College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL) and the Association of Registered Nurses of Newfoundland and Labrador (ARNNL), it has been determined that the preferred method of notification is via fax transmission of the *Documentation and Notification form*. This will serve to assist prescribers with documentation on their end as well. However, pharmacists may determine that another method is best for you and for the prescribers you communicate with. It may be beneficial to speak with the health professionals in your area to find out how they wish to be notified.

Are the limitations on Medication Management?

- Yes, the limitations on Medication Management include prescriptions:
- originally written by a Dentist, Optometrist or Veterinarian;
- for Narcotics, Controlled Drugs or Targeted Substances, including benzodiazepines;
- for the pharmacist themselves;
- for a family member, or someone of a "close personal or emotional

(Continued on page 7)

Medication Management FAQ...
(Continued from page 6)

relationship", unless there is no other pharmacist available in the community; or

- that bear a specific indication otherwise (e.g.: "Do Not Renew/Extend" or "Do Not Adapt").

I have just received a prescription with "Do Not Renew &/or Adapt" written on it. Does this mean that I cannot adapt or renew this prescription?

Yes. Just as we honour notations like this from prescribers today regarding generic substitution, pharmacists are expected to honour hand-written "Do Not Renew &/or Adapt" instructions on prescriptions. It is important to remember in this situation that should a pharmacist still feel that an extension or adaptation is in the best interest of the patient, he or she can always contact the prescriber for permission to extend or adapt the prescription.

What happens to refills when a prescription is adapted?

When a pharmacist adapts a prescription, he or she also takes responsibility for any authorized refills. The pharmacist could choose to provide an initial adaptation of the prescription but reduce or eliminate the authorized refills. If they did this they would need to provide the rationale for their decision in their documentation and inform the patient that they will need to return to their physician earlier than intended (note: a pharmacist cannot add refills that were not initially authorized by the prescriber).

If the pharmacist adapts the prescription and maintains the authorized refills, when the patient returns for a refill the pharmacist would process the refill as they would any other refill prescription. The process of refilling an adapted prescription is not considered an adaptation per se, so the documentation and notification requirements do not apply to the refills. Should the patient return to the pharmacy for a refill and a different pharmacist is on duty that pharmacist would again process the refill as they would any other refill. If they have a concern about the appropriateness of the adapted prescription they should do what they normally do if they have a concern about refilling a prescription.

Final Year Pharmacy Students Completing SPE IV in Community Pharmacies

SPE IV is a clinical pharmacy rotation during the Winter Semester of the final year of the pharmacy program. Students are required to complete two 6-week rotations from January to April. These are completed at two different sites, and may be in institutional or community based settings. Having students complete clinical practice experiences in community pharmacies is a relatively new initiative which, with the support of the pharmacy community, the School of Pharmacy is hoping to expand to allow each student one placement in community pharmacy and the other in an institutional setting.

The clinical pharmacy rotation provides an opportunity for students to take direct responsibility for individual patient's drug-related needs. The role of the pharmacist is evolving from that of a supplier of pharmaceutical products towards that of a provider of services, information and patient care. Increasingly, the pharmacist's role is to ensure that a patient's drug therapy is appropriately indicated, the most effective available, the safest possible, as well as economical and convenient. Students are expected to interact with the health care team, interview and assess patients, make specific therapeutic recommendations, monitor patient responses to drug therapy and provide patient education, as well as meet the drug information needs of the health care team.

While a student's "home base" may be in a particular pharmacy, physicians may refer patients who normally fill their prescriptions at another pharmacy. In such situations, it is possible that you may be contacted by a pharmacy student inquiring about one of your patients. We would ask you to be supportive of such collaborations as they may serve to improve patient care and also help demonstrate the expanding role of the pharmacist. If you have any questions about the Structured Practice Experience Program, please contact Wanda Spurrell at wspurrel@mun.ca or by telephone at 777-6498.

Any pharmacist who would like to become more involved with the community pharmacy clinical rotations by serving as a preceptor is also asked to contact Wanda.

Recent Updates to the NLPB Website

- **About Us** page - June 11, 2010 Board Meeting Minutes added
- **Contacts (Find A…)** page - Board Members and Executive Committee updated; New Registers of Pharmacists, Pharmacies and Veterinarians added
- **"The Apothecary" & Other Communications** page - News items and MedEffect advisories added
- **Legislation** page - Consolidated Pharmacy Regulations updated; NLPB Binder files updated
- **Standards, Guidelines & Policies** page - *Policy - Registration & Licensing Renewal Deadline* added
- **Professional Practice Resources** page - new Canadian Adverse Reaction Newsletter added
- **Provincial Drug Schedules** page - Official Drug Schedules and Guide to the Newfoundland and Labrador Provincial Drug Schedules updated
- **Pharmacy Technician Regulation** page - new FAQ - The Pharmacy Technician Regulation & Registration Process

Reminders

Registration & Licensing Renewal Deadline

Pharmacists and Pharmacy Owners are reminded that the deadline for receipt of all forms and payments related to the Renewal of Pharmacist Registrations and Pharmacy Licenses is NOVEMBER 30th, in accordance with the *Board's Policy - Registration and Licensing Renewal Deadline* (available on the Standards, Guidelines & Policies page of the NLPB website). Renewal Forms will be mailed to all pharmacists and pharmacists-in-charge by the end of October.

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Avoid Additional Fees!!

The Board's Schedule of Fees (available on the Legislation page of the NLPB website) allows for additional fees to be applied in certain circumstances (for example, Change of Employment notifications received less than 7 days before the change). While these additional fees may not have been applied consistently in the past, these oversights have become enough of an issue of concern for the Board that it has been decided that all such fees will be applied from this point going forward.

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NAPRA Notes

The Fall 2010 edition of the NAPRA newsletter, *NAPRA Notes* has been posted to the News section of the NLPB website.

The Apothecary

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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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BOARD STAFF

Don Rowe, Ph.C., Secretary Registrar ..... drowe@nlpb.ca
Arlene Crane, Ph.C., Deputy Registrar ..... acrane@nlpb.ca
Melanie Healey, Ph.C., 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 MEMBERS

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