

# THE APOTHECARY

NEWSLETTER

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The official newsletter of the Newfoundland & Labrador Pharmacy Board.

Registered pharmacy professionals are responsible for reviewing all information within this publication.



@NLPHARMACYBOARD

*Welcome to the Spring 2024 edition of The Apothecary! Please read all of the content in this issue. If you have any questions or comments please email [inforx@nlpb.ca](mailto:inforx@nlpb.ca).*



## MESSAGE FROM THE REGISTRAR

The regulation and practice of pharmacy in Newfoundland and Labrador has and is continuing to experience many changes. The regulatory environment is currently in a state of change as a new Pharmacy Act, which governs pharmacy regulation in our province, has been introduced in the House of Assembly. Once it receives royal assent, the Act and its accompanying regulations will set the parameters for how NLPB conducts its work in the coming years. NLPB staff are also busy operationalizing the 2023-2026 Strategic Plan, which consists of 17 initiatives that support four strategic goals. To view the full plan, visit our website at [nlpb.ca/2023-2026-strategic-plan](https://nlpb.ca/2023-2026-strategic-plan).



Changes in the regulation of pharmacy also directly influence changes to the practice of pharmacy. In the past twelve months, through legislative changes, pharmacy professionals have been enabled to use their expertise to meet their patients' health needs to a greater extent, including expanding pharmacists' prescribing authority and enabling pharmacy technicians to participate in the administration of drug therapy by inhalation and injection. With the public's best interests in mind, NLPB continues to work closely with the Department of Health and Community Services to create legislative supports for pharmacy professionals to fully utilize their knowledge and skills to help their patients and the provincial healthcare system. This includes ongoing discussions related to enabling pharmacists to order lab tests for the purpose of drug therapy monitoring.

However, as the variety of services that pharmacy professionals can offer the public increases, so do the time and resource pressures on an already taxed pharmacy environment. NLPB recognizes that the well-being and workplace conditions of pharmacy professionals can have an impact on the quality of service that can be provided to the public. In a recent safety attitudes questionnaire (SAQ) conducted by NLPB in partnership with the Institute for Safe Medication Practices (ISMP) Canada, pharmacy professionals expressed concern that inadequate staffing levels and heavy workloads adversely affect the quality of patient care (see pages 5-6 for a summary of the SAQ).

As part of our 2023-2026 Strategic Plan, NLPB has committed to defining our role in supporting pharmacy professionals' wellness and influencing changes to working conditions that may negatively impact the quality and safety of patient care. As many of these decisions are made by corporations and third parties outside the authority of pharmacy regulators, NLPB will be assessing our ability to manage the impact of these issues within our regulatory framework to determine if there are any actions we can take to ensure patient care is not compromised. NLPB will be conducting consultations in the coming months to gather more provincial data to better understand the impact of business practices, such as quotas and PPNs, on workload pressures, professional autonomy, and the quality and safety of pharmacy practice. We then plan to work with pharmacy professionals, pharmacy owners, and other key partners to address any negative impacts.

NLPB remains committed to our mission to protect the public by regulating the profession of pharmacy to ensure quality and ethical care. As we adapt to changes in both the regulatory and practice environments, we will continue to monitor any issues that arise that could impact the care people receive from pharmacy professionals in our province and assess how we can positively influence issues through our regulatory role.

Best Regards,

*Noelle Patten*



## 3 AREAS FOR IMPROVEMENT— Community Pharmacy Practice

Most pharmacy professionals are aware that the [\*Standards of Pharmacy Operation – Community Pharmacy\*](#) (“the Standards”) contains general sections related to the operation of the pharmacy. But what often gets overlooked is that a significant portion of the Standards is also dedicated to pharmacy practice-related topics and requirements, including cold chain expectations, prescription checking processes, and patient consultation requirements, among other things. Additionally, there are areas beyond those specifically detailed in the Standards—particularly in areas related to the privacy and confidentiality of personal health information – for which pharmacy professionals are also responsible. Based on some recent experiences, three areas for improvement have been identified in the interests of providing high quality patient care.

### 3 AREAS FOR IMPROVEMENT



Every dispensed medication requires a clearly documented clinical/therapeutic check.



Prescription medication consultation is a requirement, not an option.



Patient health information must be kept confidential and private.

### Every dispensed medication requires a clearly documented clinical/therapeutic check.

The Standards include the requirement for a pharmacist to perform a clinical/therapeutic check before any dispensed medication is released to a patient. This check should include a review of both the patient’s local and provincial medication

profiles. A pharmacy technician cannot release any medication, even if it’s a refill, unless this clinical/therapeutic check has been completed.

There must be clear electronic and/or written documentation that the check was completed, who completed it, and if any actions were taken. This information must be accessible to other pharmacy staff members, as appropriate, and also auditable and traceable, if required after the fact.

### Prescription medication consultation is a requirement, not an option.

The Standards state that “pharmacists must promote the safe and effective use of medication by providing patients with information about their drug therapy on the original filling of each prescription, while also giving the patient the opportunity to ask questions.”

Patient consultations are a fundamental part of pharmacy practice and are intended to not only provide patients with the information necessary to understand how to take their medications properly, but also give pharmacists a valuable opportunity to:

- gain insight into a patient’s understanding of their condition and its treatment
- confirm that patients are taking their medications appropriately;
- obtain additional information about the patient or the prescription, which may affect the therapeutic assessment;
- identify any red flags; and
- support ongoing follow-up and monitoring.

A process should be in place to ensure all new prescriptions are flagged for patient consultation on the original fill and, once completed, the patient interaction should be documented in a consistent, retrievable manner. While it is recognized that sometimes patients decline to participate in these consultations, this should not be the default expectation, and situations where this does occur should also be appropriately documented. Other pharmacy staff members should not suggest to patients that a consultation is optional, disregard the requirement, or override the decision of a pharmacist to offer or provide consultation.



### 3 AREAS FOR IMPROVEMENT— Community Pharmacy Practice



#### Patient health information must be kept confidential and private.

In accordance with the provincial [Personal Health Information Act](#) and the [Model Standards of Practice for Pharmacists and Pharmacy Technicians in Canada](#), pharmacy professionals are expected to respect and maintain patient confidentiality and privacy. This includes ensuring that personal health information is available only to those who are authorized to have it, and also that all patient care interactions and consultations are provided in a manner that minimizes interruptions and maintains auditory and personal privacy.

Caution should be exercised in the following situations:

- When receiving a prescription from a patient or providing patient consultation at the counter, consider other patients or shoppers in the area and what they may be able to overhear. If appropriate, consider asking them to wait in another area or ask the patient to step into the private consultation room.
- When communicating with patients or other care providers on the phone, again, consider other patients or shoppers who are in the area who may hear your end of the conversation, and if necessary, move to another phone in a more private area of the dispensary.
- If you must leave a voicemail message for a patient, ensure that information is not being inappropriately disclosed to other household members by restricting the content of the message to just asking the patient to call the pharmacy rather than communicating detailed information about medications, medical conditions, or other confidential information.
- When communicating electronically with patients or other care providers, the use of encrypted and/or secured healthcare-specific applications is strongly recommended to help prevent privacy breaches. The use of unencrypted messaging (unsecured texting, email, or other messaging applications) and unsecured networks to exchange health information presents numerous risks, including the possibility of messages being intercepted, issues with retaining and retrieving information, and the potential loss or theft of mobile devices. If only unencrypted messaging is available, communicating personal health information should be avoided, and these mechanisms should only be used to communicate administrative matters such as scheduling or reminders.



## MedSTEP NL— Assessing Safety Attitudes in Community Pharmacies

MedSTEP NL, NLPB's standardized continuous quality improvement (CQI) and medication incident reporting (MIR) program for community pharmacies was launched in Fall 2023. As part of the rollout of the program, NLPB partnered with the Institute for Safe Medication Practices (ISMP) Canada to administer a Safety Attitudes Questionnaire (SAQ) to community pharmacies throughout the province in order to gather a baseline for the safety climate. The SAQ is an evidence-based tool that explores the safety culture within work environments and will be used to evaluate the advancement and maturity of the culture of safety within community pharmacies in Newfoundland and Labrador with the implementation of MedSTEP NL and other medication safety initiatives.

The survey was sent directly to all registered pharmacy professionals working in community pharmacies in the province (607 pharmacists and 115 pharmacy technicians) and they were invited to share the link with non-registered support staff. A total of 99 complete responses were collected over a six-week period from pharmacists, pharmacy technicians, and other pharmacy staff, representing a 13% response rate from registered pharmacists and pharmacy technicians in Newfoundland and Labrador. *It is of note that pharmacists account for nearly 80% of respondents, which may cause the views of pharmacy technicians and other pharmacy staff to be under-represented.*

The SAQ that NLPB administered was comprised of questions that were adapted from other validated tools and included 24 items that were ranked on a 5-point scale from strongly disagree (1) to strongly agree (5), as well as comment fields to provide additional insight into their responses. The questions were divided into three domains that influence safety culture: Teamwork, Safety Culture, and Working Conditions.

### Safety Culture

***Most pharmacy professionals would feel safe being treated at the pharmacy where they work as a patient.***

The highest scoring domain in the SAQ was Safety Culture, which evaluates how pharmacy teams

manage medication errors and whether they promote a culture of openly discussing errors and working towards system-based solutions. Safety Culture was rated highest amongst those with over 20 years of work experience. Most pharmacy professionals agreed that, in the event of an error, there is emphasis placed on investigating the contributing factors that led to the mistake. Most pharmacy professionals also agreed that they would feel safe as patients being treated at the pharmacy, indicating that they have confidence in the existing standards that safeguard patient safety. However, pharmacy professionals did not feel as strongly that they receive appropriate feedback about their performance, particularly those working in independent pharmacies and those that work in pharmacies with higher weekly prescription volumes. This may be a result of limited resources and time. Standardized feedback documentation, scheduled performance reviews, and offering MIR training can be used by pharmacy leaders to address this issue.

### Teamwork

***Community pharmacies in NL generally foster a positive and supportive environment.***

Teamwork, which assesses perceptions of collaboration, conflict resolution, and team support within the workplace, was the second-highest scoring domain. Most pharmacy professionals agree that it is easy for personnel at the pharmacy to ask questions when there is something that they do not understand, particularly those with 0-5 years of experience in community pharmacy practice and those working in independent pharmacies. Overall, it can be inferred that community pharmacies in the province generally foster a positive and supportive environment for staff to seek clarification and guidance when they encounter a task that they do not understand. However, some concerns were raised regarding the lack of resources available to support pharmacy teams. The potential lack of resources may make it difficult to meet the demands placed on pharmacy teams and in turn could increase the risk of prescription processing errors and negatively impact patient safety. Leveraging technology, using standard operating procedures, and ensuring consistent training for



## MedSTEP NL— Assessing Safety Attitudes in Community Pharmacies

the pharmacy team can be employed to optimize the available resources and support pharmacy staff.

### Working Conditions

***Many pharmacy professionals do not feel that staffing levels are sufficient to handle the number of patients.***

The lowest scoring domain in the SAQ was Working Conditions, which assesses how pharmacy professionals feel about the way patient safety is maintained by management and evaluates their perception on the availability of resources to perform tasks safely. Although pharmacy professionals agreed that management is supportive of efforts to enhance patient safety, there were also indications that pharmacy professionals feel as though workflow efficiency is prioritized by management over safety. Overall, Working Conditions were rated lower by those with more than 5 years but less than 20 years experience in community pharmacy as well as by those that work in Corporate or Banner pharmacies and have higher numbers of prescriptions dispensed weekly at the pharmacy. Most pharmacy professionals indicated that they had all the necessary information for therapeutic decision-making routinely available to them, which suggests that pharmacists are equipped with the necessary resources to make clinical conditions. However, many pharmacy professionals feel that the staffing levels at the pharmacy are not sufficient to handle the number of patients,

especially those that work at a pharmacy with high weekly prescription dispensing volumes. Pharmacy professionals expressed concerns about inadequate staffing and heavy workloads without breaks, which they perceive to adversely affect staff wellness and quality of patient care. Pharmacy leaders should work collaboratively with staff to proactively identify areas for improvement and develop targeted action plans.

Based on the responses to the SAQ, pharmacy professionals generally have a positive view of the safety culture in their pharmacies. However, there are opportunities for improvement, with pharmacy professionals indicating a need for staffing levels to be addressed by management according to the workload in their pharmacies.

In a constantly evolving environment with the enabling of more clinical services to patients, continuous quality improvement is key to establishing a culture of safety. The results of the SAQ indicate that community pharmacies in our province are off to a great start. Through the implementation of the MedSTEP NL program, NLPB is focused on further developing and sustaining a positive safety culture in community pharmacies for the benefit of patient safety, staff well-being, and ongoing quality improvement.

To review the full report by ISMP Canada, *An Assessment of Safety Attitudes in Newfoundland and Labrador Community Pharmacies - 2023 Edition*, visit [nlpb.ca/news-advisories/nlpb-news](https://nlpb.ca/news-advisories/nlpb-news).



Implementation Deadline:  
**July 1, 2024**

**Start reporting medication incidents and near-miss events**

Pharmacists-in-charge of community pharmacies are reminded that the deadline to sign and submit a data-sharing agreement with the National Incident Data Repository (NIDR) was March 31, 2024. **If you have not already done so, please choose a reporting platform and sign an agreement as soon as possible.**



## New Standards— Standards for the Provision of OAT Medications

At their March 2024 meeting, the NLPB board of directors approved new *Standards for the Provision of Opioid Agonist Therapy Medications*. This replaces the former *Standards for the Safe and Effective Provision of Opioid Agonist Maintenance Treatment* (2018). These new standards are the result of a combination of background research, subject matter expertise, jurisdictional scans, and feedback from both a task force consisting of pharmacy professionals and board members, and an external consultation that was conducted in Fall 2023. The Standard of Practice is now posted to the [Standards, Guidelines, Policies, and Positions page](#) of the NLPB website with an **implementation deadline of no later than July 1, 2024**.

Major changes from the previous version include:

- In the interests of reducing barriers to care and stigma, pharmacists-in-charge are no longer required to notify NLPB prior to offering opioid agonist treatment (OAT) services. Similarly, the requirement for pharmacists to become “authorized” prior to participating in the provision of OAT has also been eliminated. Pharmacy professionals are still expected to gain and maintain the necessary knowledge and skills, as identified in section 4, and pharmacies must still meet the operational standards identified in section 5 prior to participating in OAT.
- References specific to releasing doses of medications and witnessing patient self-administration have been revised to distinguish between the clinical and technical aspects of these activities. Additionally, the sections specific to the technical aspects have been broadened to allow for a pharmacist to delegate the actual witnessing of the self-administration of a witnessed dose (section 6.7 b)) or the provision of take-home doses to the patient (section 6.8 b)). This change is aligned with updated standards in other provinces and is intended to allow for pharmacy technicians to become more involved with the provision of OAT medications to patients and to help reduce burden on pharmacists.
- References to the Health Canada subsection 56(1) class exemption specific to prescription transfers and pharmacist prescribing have been added (section 8.4).
- New sections have been added specific to ethical considerations, including principles of stigma, trauma-informed care, and harm reduction (section 2).
- Efforts were made to reduce the amount of clinical content in the standards, as this information can change over the lifespan of the document, resulting in the standards becoming dated more quickly. Throughout the document, pharmacy professionals are advised to refer to best practices and clinical references when reviewing prescriptions and making decisions.
- Links to specific clinical sources, education programs, etc. were eliminated or minimized as these links can change or expire over the lifespan of the document. Instead, a list of recommended resources and sources of information and training has been provided (Appendix A) and referenced throughout the document.
- Information related to the provision of medication for the treatment of OUD from a hospital was broadened to include references to both acute care and ambulatory care situations (section 5, the beginning of section 6, and section 8.5).
- Information specific to providing OAT medications to residents of personal care homes or long-term care facilities was added (section 8.3).
- The former *Guideline for the Dispensing and Administration of Buprenorphine Extended-Release Injection (Sublocade®)* has been integrated into the standards.
- The overall layout of the document was streamlined to reduce repetition and improve flow and the name was changed in accordance with current references on the subject.



## BOARD MEMBERS

### EXECUTIVE COMMITTEE

**CHAIR**

Henry White

**VICE CHAIR**

Jason Ryan

**EXECUTIVE MEMBERS**

Shawn Bugden

Mark Sheppard

### PUBLIC REPRESENTATIVES

**BOARD-APPOINTED**

Terry Foss

Mark Sheppard

**GOVERNMENT-APPOINTED**

Currently Vacant

Currently Vacant

### NON-VOTING

**REGISTRAR**

Noelle Patten

### ELECTED MEMBERS

**ZONE 1 PHARMACIST**

Amy Randell

**ZONE 2 PHARMACIST**

Jason Ryan

**ZONE 3 PHARMACIST**

Jennifer Godsell

**ZONE 4 PHARMACIST**

Henry White

**ZONE 5 HOSPITAL PHARMACIST**

Justin Peddle

**ZONE 6 PHARMACY TECHNICIAN**

Jeanie Hinks

**ZONE 7 AT-LARGE PHARMACISTS**

Keith Bailey

Andrew Sweetapple

### DEAN, MEMORIAL UNIVERSITY SCHOOL OF PHARMACY

Shawn Bugden



## BOARD MEETING UPDATE

The most recent meeting of the NLPB board of directors was held on March 14, 2024 in St. John's.

### Professional Development Audit

A decision was made at this meeting of the board to not conduct a professional development audit in 2024. This will enable the Professional Development Committee and NLPB staff to prioritize the review of current professional development requirements including documentation and audit expectations, which is one of the 2024 initiatives of the 2023-2026 Strategic Plan.

### Language Proficiency Requirements

The updated NAPRA Language Proficiency Requirement Policy was adopted by NLPB at this meeting. The NAPRA policy was updated following an external review, which included language demand analysis, test selection, standard setting, and policy development. NLPB will be implementing this policy in the coming months.

### Practical Training Requirements

Revisions to the practical training requirements for registration as a pharmacist for both graduates of Canadian entry-to-practice Pharm D programs and for internationally educated pharmacist applicants were approved at this meeting.

#### Graduates of Canadian Entry-to-Practice PharmD Programs

In undertaking the review of these requirements,

practice experiences required for completing accredited entry-level Doctor of Pharmacy programs across the country were assessed alongside a cross-country jurisdictional scan. In addition, to better understand the experience of those who have participated in the practical training program, NLPB gathered feedback through a survey in Fall 2023, which was sent to all registered pharmacists who had participated in the program either as an intern or a preceptor since 2022. Upon review of this information, the board of directors decided to reduce the number of hours required to complete the practical training from 210 hours to 140 hours.

#### Internationally Educated Pharmacist Applicants

In undertaking the review of these requirements, a cross-country jurisdictional scan was conducted. It was identified that, in addition to required hours of practical training, several provinces have implemented assessment tools to evaluate readiness-to-practice or identify knowledge or experience gaps. The board assessed this information and decided to reduce the overall hours requirement from 1120 hours to 560 hours, divided into two 280-hour internships. Additionally, they decided to add a requirement for applicants to complete the NAPRA Diagnostic Tool & Learning Modules prior to beginning practical training and gave direction to staff to create new manuals specific to international applicants. The first two revisions have been implemented, with the development of the new manuals to be completed in the coming year.

## Call for Expressions of Interest - NLPB Committees

NLPB is currently seeking a hospital pharmacist to join the Quality Assurance Committee and both a community pharmacist and a hospital pharmacist to join the Pharmacy Practice Advisory Committee. For more information regarding these opportunities, please visit the NLPB website:

- [Quality Assurance Committee - nlpb.ca/call-for-expression-of-interest-qac/](https://nlpb.ca/call-for-expression-of-interest-qac/)
- [Practice Advisory Committee - nlpb.ca/call-for-expression-of-interest-ppac/](https://nlpb.ca/call-for-expression-of-interest-ppac/)

If you are interested in serving on either of these committees, please submit your name, contact information, a brief bio, and a few lines about why you are interested in being part of the committee to [inforx@nlpb.ca](mailto:inforx@nlpb.ca).



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