The Apothecary

Summer 2013

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.

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.

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.

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.

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:
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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 Ghaney, 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 MTT 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-Opiod-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.

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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 Volume13 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**

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published quarterly by the
Newfoundland and Labrador Pharmacy Board
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	1 vacancy
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	Shirlene Murphy
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