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

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 Buprenorpine 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.

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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

Submitted by: Esther Pippy, Eastern Health Pharmacy Department

Newfoundland & Labrador Centre for Health Information

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.

⇒ **iPhone/iPad App**

⇒ **Android App**

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