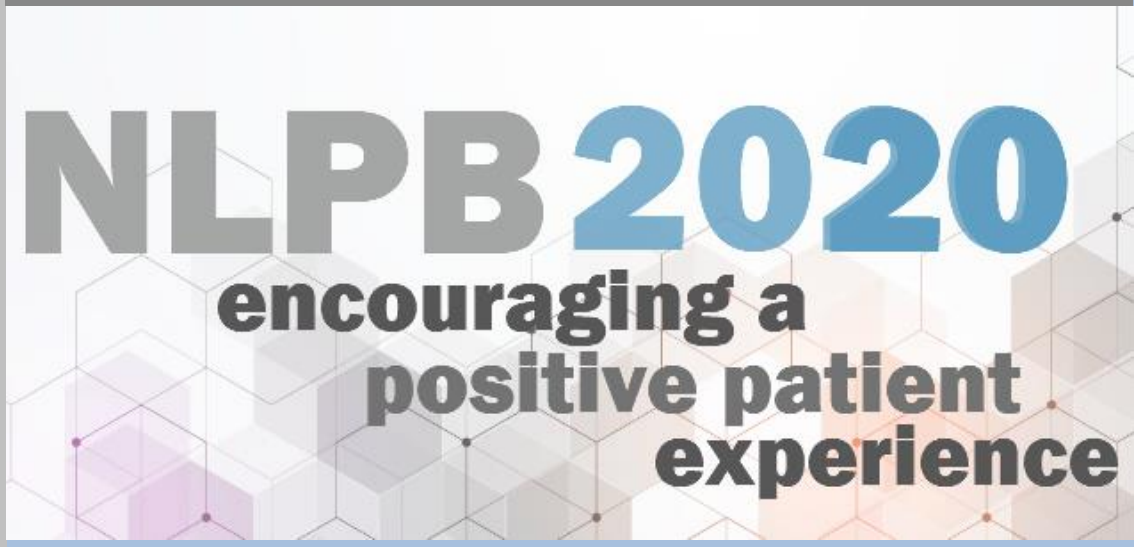
NEWFOUNDLAND & LABRADOR PHARMACY BOARD

THE APOTHECARY NEWSLETTER

WINTER 2020 - nlpb.ca



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The official newsletter of the Newfoundland & Labrador Pharmacy Board.

Registrants are responsible for reviewing all information within this publication.

@NLPHARMACYBOARD

STRATEGIC ACTION PLAN 2020-22

***NLPB** is excited to embark on the next three years with the Board approved goals seen here. The detailed objectives can be found on **nlpb.ca** in our "latest news" section.*

Dates to remember - WINTER 2020

January 1, 2020: New OHS Regulations on Workplace Harassment came into force
February 11: NLPB Revised Standards of Practice—Prescribing by Pharmacists
February 28: First Board Meeting of 2020
March 1-31: Pharmacy Awareness Month
March 8: Deadline for Board member nominations
March 13: Deadline to submit Board member nomination form
April 6: NL Registration Exam

MESSAGE FROM THE REGISTRAR

Welcome to the Winter edition of the Apothecary! Please read all of the content in this issue. If you have any questions or comments please email NLPB staff—see contact information on the back cover.

Welcome 2020

A new decade is upon us! Welcome to 2020, an exciting time in pharmacy lies ahead.

As most of us are surrounded by snow by now, a new class of pharmacy students are beginning their journey into the admirable profession we collectively grow through self-regulation. To kick off the year, in January, I had the pleasure of addressing 40 new students in Memorial's School of Pharmacy class at their White Coat Ceremony. The ceremony is always such a nice experience as it's exciting to see the promising future that pharmacy in our province holds.

While on the topic of new graduates, I would like to stress the importance of our current registrants considering becoming a preceptor if you haven't already done so. It is a valuable opportunity to share your wealth of knowledge with the upcoming young professionals. In this edition of the Apothecary, there is more information regarding becoming a preceptor on page 14.

The beginning of this year presented its challenges for the pharmacy world here in Newfoundland & Labrador (NL). Although our province is no stranger to poor weather conditions, a "snow bomb" severely took its toll on the Eastern NL region causing the City of St. John's and surrounding areas to declare a State of Emergency (SOE).

The SOE appears to have been a work in progress as it was happening, and NLPB worked diligently throughout to ensure the public interest was being protected by voicing the need for pharmacy services during the crisis. I personally liaised with the Minister of Health and Community Services, Health Canada Office of Control Substances, PANL and contacted City officials throughout the SOE to ensure the necessity of access to pharmacy care was urged.

We continue to applaud the extraordinary efforts and long hours many of our registrants endured during the SOE, particularly those pharmacy professionals who were unable to leave their workplace due to the restrictions put in place.

It is especially during times of crises like these that the true passion professionals have for their work shines through; the dedication to your patient's safety was evident. Thank you!

NLPB is aware of the compromising position many professionals were put in given the circumstances, and we support your need to have used your best professional judgment to make difficult decisions during that time.

This SOE was a learning experience for all, and it is my hope that the debriefing from this event will lead to better outcomes during a similar situation in the future.

BOARD MEMBERS

**photo taken at the Board meeting in November 2019*

EXECUTIVE COMMITTEE

CHAIR
Gerri Thompson

VICE CHAIR
Taggarty Norris

EXECUTIVE MEMBER
Brittany Churchill

PAST CHAIR
Colleen Squires

PUBLIC REPRESENTATIVES

Board Appointed
Shirlene Murphy
Mark Sheppard

Government Appointed
Ruby Chaytor
Gerri Thompson

DEAN, MEMORIAL UNIVERSITY SCHOOL OF PHARMACY

Shawn Bugden

ELECTED MEMBERS

Zone 1 Pharmacist
Keith Bailey

Zone 2 Pharmacist
Jason Ryan

Zone 3 Pharmacist
Jennifer Godsell

Zone 4 Pharmacist
Henry White

Zone 5 Hospital Pharmacist
Brittany Churchill

Zone 6 Pharmacy Technician
Colleen Squires

Zone 7 At Large Pharmacists
Taggarty Norris
Chad Parsons

BOARD MEETING UPDATE

**meeting took place on November 29, 2019*

Strategic Action Plan 2020-2022

To kick off the Board meeting, Registrar Margot Priddle presented the new strategic action plan for 2020-2022 to Board members.

In early 2019, a strategic planning and development session with Board members and NLPB staff took place to discuss challenges and opportunities for NLPB. It was determined that the goals in this new plan support NLPB's vision of *advancing pharmacy care for a safe and healthy community,* and successfully reflect the organizations core values of *accountability, collaboration, integrity, respect and transparency.*

The four goals, listed on page 2, encourage a positive patient experience with a focus on:

> strengthening the professional identity of pharmacy professionals to foster greater pride in providing high quality care for each and every patient

> reviewing and streamlining governing documents for simplicity and ease of use for registrants

> enhancing the quality assurance program to ensure the mandate of public protection is achieved through promoting registrant competency, high standards of practice, and to align with national quality improvement initiatives

As NLPB progresses through this strategic plan, a distinct and clear brand for the organization will be developed to effectively communicate activities and engage with the public, registrants, and stakeholders.

You can read the full plan on nlpb.ca under the *"latest news"* section.

2019 By-law Additions

As a result and continuation of the Cayton Report analysis that NLPB took on during the better part of 2019, new by-law additions were put forward to Board members and approved at the end of the year.

These additions affect the nomination procedures for Board elections, making them more fair and ensuring the separation between advocacy and regulation for the public is appropriate.

The second part of the additions relates to the information that is collected regarding pharmacy owners in the province. It has been determined that more information must be obtained from pharmacy owners so that NLPB can fulfill its duty of serving the public's best interest in pharmacy care in NL. The by-law changes are discussed in depth on pages 8-10.

New Long-term Care Standards of Practice—Approved

Following an extensive development and consultation process, the Board approved standards of practice related to the provision of service to long-term care facilities.

A delayed implementation date of July 1, 2021 has also been approved to allow pharmacists-in-charge time to work through the complex issues related to delivering this service, and for NLPB to create awareness and support the implementation of the standards.

To view the Standards of Practice - The Provision of Pharmaceutical Care to Long-Term Care Facilities, please visit the Standards, Guidelines, Policies & Positions page (http://nlpb.ca/pharmacy-practice/standards-guidelines-policies/).

NLPB **BOARD ELECTIONS 2020**

BOARD MEMBER ELECTIONS 2020

HAVE YOU CONSIDERED BEING A BOARD MEMBER?

NLPB's job is to promote and protect the health and well-being of the people of Newfoundland and Labrador (NL) by regulating the pharmacy profession and advancing pharmacy practice.

We need registrants who want to make an invaluable contribution to the pharmacy profession by helping ***regulate pharmacy in the public interest.*** Board member's play a role in advancing the quality and safety of pharmacy practice in NL.

We want your expertise on our Board.

ZONES UP FOR ELECTION 2020

ZONE 5: Pharmacists employed the majority of their time in a hospital —*1 position*

ZONE 6: Pharmacy technicians —*1 position*

ZONE 7: At large —*2 positions*

Registrants in these zones will receive an email on February 7, 2020 with the nomination form and links to information about the Board, NLPB's strategic plan and more. Increase your knowledge about NLPB and determine if you'd like to be a part of the movement to protect the public interest.

All nominees are required to review ***So you want to be a Board member, see here:*** nlpb.ca/media/Nomination-Orientation.pdf

***Deadline to submit nomination form: March 8, 2020.**

NLPB AWARDS NOMINATIONS: **RECOGNIZE YOUR COLLEAGUES**

NLPB AWARDS NOMINATIONS 2020

If you're looking to nominate a fellow registrant, read the details below & determine if all of the criteria are met. Then, fill out an Awards & Honours nomination form—it will be emailed to you, or visit nlpb.ca in the "latest news" section.

NLPB CERTIFICATE OF RECOGITION

The purpose of the ***certificate of recognition*** is to recognize registrants for their outstanding dedication and contribution to NLPB. The number of certificates granted in one year is not limited, and certificates do not necessarily have to be presented in any given year; meaning, a registrant can be recognized for behaviour in past years.

Who's eligible & how?

To be considered for an NLPB Certificate of Recognition, the registrant must:

- Be currently registered and in good standing; and,
- Have made a special contribution to the NLPB on a local, provincial or national level.

Thinking of nominating?

The nominator is required to provide evidence of the nominee's:

- Commitment to the profession of pharmacy; and,
- Contribution to the work of NLPB ***in*** *fulfilling its mandate of public protection.*

PATIENT SAFETY AWARD

This award recognizes the achievement of an individual registrant, a group of registrants, an interdisciplinary group (that includes registrant (s) as key participants), or a pharmacy organization that has made a significant and lasting contribution to ***improving patient safety through a specific project or initiative.*** This award does not necessarily have to be presented in any given year.

Who's eligible & how?

To be considered for a patient safety award, the registrant must:

- Be currently registered and in good standing; and,
- Have made a special contribution to ensuring patient safety in their practice.

Thinking of nominating?

The nominator is required to provide evidence of the nominee's:

- Innovation in the delivery to patient centred care;
- Commitment to continuous quality improvement; and,
- Positive impact upon patient safety.

BY-LAW CHANGES & **WHAT THEY MEAN**

SPOTLIGHT ON NEW BY-LAW ADDITIONS

In November 2019, NLPB Board members approved a number of additions to the by-laws. These additions affect nomination procedures for Board elections & the information that is collected about pharmacy owners. ***Read below for the changes that were made:***

NEW BY-LAWS

The new by-laws are listed below, *with the newly added provisions in* ***bold.***

14. Nominations shall proceed as follows:

a. Registrants shall be advised of their right to nominate at least 90 days prior to the Annual General Meeting of the board.

b. Registrants may nominate more than one registrant in their zone.

c. Nominations must be signed by at least two registrants entitled to vote in the zone for which the nomination is made and shall bear the consent of the registrant nominated.

d. Nominations must include the completed and signed Nomination Declarations form.

e. Nominations must be received by the Registrar at least 60 days prior to the Annual General Meeting of the board.

f. Registrants are ineligible to be nominated if any of the following are true:

i) The registrant is party to an out standing allegation filed with the board;

ii) The registrant has been found guilty of conduct deserving of sanction by an adjudication tribunal and is subject to a decision or order that suspends the respondent;

iii) The registrant is subject to a settlement agreement or undertaking that suspends the respondent; allows or directs the respondent to surrender his or her licence; restricts the respondent's practice; or specifies conditions for the continuing practice of the respondent.

iv) The registrant is an adverse party in litigation against the board, a committee of the board, a panel of a committee of the board, or any of its directors, officers, employees, or agents.

v) The registrant is an employee, officer, or director of a pharmacy-related advocacy association.

g. Subsections 14.(f)(ii) and (iii) do not apply if a period of six years has passed since the finding, settlement agreement or undertaking, and all restrictions or conditions are lifted.

h. Subsection 14.(f)(v) does not apply if the registrant provides an undertaking to the board that he or she will resign from that position if elected to the board.

See page 10 for a summary of what these changes mean for registrants...

BY-LAW CHANGES & **WHAT THEY MEAN**

SPOTLIGHT ON NEW BY-LAW ADDITIONS

73. The register of licensed pharmacies shall contain for each pharmacy:

a. corporate name;

b. trading name;

c. mailing address;

d. telephone number;

e. email address;

f. zone;

g. the name of the pharmacist-in-charge;

h. the names of any pharmacists, pharmacy interns, pharmacy students or pharmacy technicians employed by that pharmacy;

i. the names, **mailing addresses, telephone numbers, email addresses,** and professions of all persons who own the pharmacy or partners in a partnership that owns or operates the pharmacy; and,

j. the names, **mailing addresses, telephone numbers, email addresses,** and professions of all persons who are shareholders of a company that owns or operates the pharmacy, except where the company is a publicly traded corporation.

The pharmacists-in-charge will be receiving a formal letter to provide to pharmacy owners. PIC's will collect & update this info on NLPB's registrant portal.

78. Not less than 90 days before opening a new pharmacy and not less than 30 days before acquiring an existing pharmacy, a corporation, partnership or individual must apply to the board for a pharmacy licence and such application shall include, at a minimum:

a. the proposed corporate name and trading name of the pharmacy;

b. the address, telephone number, email address, and zone of the proposed pharmacy;

c. the name of the proposed pharmacist-in-charge;

d. the names of any pharmacists, pharmacy interns, pharmacy students, or pharmacy technicians to be employed by the proposed pharmacy, if known at the time of application;

e. the names, **mailing addresses, telephone numbers, email addresses,** and professions of all individuals who own or operate the proposed pharmacy, if applicable;

f. the names, **mailing addresses, telephone numbers, email addresses,** and professions of all partners in a partnership that owns or operates the proposed pharmacy, if applicable;

g. the names, **mailing addresses, telephone numbers, email addresses,** and professions of all persons who are shareholders of a corporation that owns or operates the proposed pharmacy, if applicable, except where the corporation is a publicly traded corporation; and

h. the proposed date of opening or acquisition of the pharmacy.

BY-LAW CHANGES & **WHAT THEY MEAN**

SPOTLIGHT ON NEW BY-LAW ADDITIONS

In November 2019, NLPB Board members approved a number of additions to the by-laws. These additions affect nomination procedures for Board elections & the information that is collected about pharmacy owners. ***Pages 8-9 outline the changes that were made, and below is a summary of what the changes mean.***

WHAT DO THESE CHANGES MEAN?

BY-LAW 14

- There are now more appropriate parameters regarding eligibility and procedures surrounding nominations for Board elections
- These parameters help prevent the creation of conflicts of interest at the Board level and **help ensure that Board decisions remain fair and unbiased**
- The timelines surrounding nomination have not changed
- Registrants will be notified of the right to nominate 90 days prior to NLPB's Annual General Meeting *(this year, in early February)*
- Nominations have to be submitted to the Registrar at least 60 days prior to the AGM
- All nominations must be signed by at least **two** registrants entitled to vote in the election zone
- Nominations must now be accompanied by the **Nominations Declaration Form**—it includes a list of declarations that must be reviewed and made by the person accepting the nomination
- Part of this process includes reviewing a presentation on the NLPB website called **So you want to be a Board member**, which provides information on the role and responsibilities of Board members

BY-LAWS 73 & 78

- By-laws 73 and 78 set out substantial contact information that **must** be provided to NLPB for pharmacy owners
- The info includes owners' mailing addresses, telephone numbers, and email addresses in the information on NLPB's registrant portal.
- Allows NLPB to contact owners with ease should the need arise
- This info **must** be provided to NLPB by the pharmacist-in-charge upon opening or acquiring a new pharmacy (By-law 78) and for existing pharmacies (By-law 73)
- **Pharmacists-in-charge should stay tuned for messages in the near future on how to provide this information for existing pharmacies.**

If you have questions regarding the by-law changes please direct them towards inforx@nlpb.ca

MEDICATION SAFETY IN THE EMERGENCY DEPARTMENT — Q&A with John Bautista

About John….

Pharmacist John Bautista *(photo: middle)* from St. John's, Newfoundland & Labrador (NL) graduated from Memorial University School of Pharmacy in 1999.

He has worked as a hospital pharmacist in Saint John, New Brunswick, Halifax, Nova Scotia, and is currently a clinical pharmacist with Central Health at the Central Newfoundland Regional Health Centre in Grand-Falls-Windsor, NL.

John most recently acted as the pharmacy lead for the development of the medication reconciliation processes at Central Health.

Seen here on the left, John Bautista is receiving the "Safety is Central" award given by Central Health to a group or person who demonstrates outstanding efforts to prevent patient harm through the identification of patient safety hazards and implementing change to mitigate harm within a department. ***Thank you, John, for your commitment to patient safety.***

Improving patient safety in the Emergency Department: *The pharmacy technician's role in medication history collection*

What is medication reconciliation?

Upon arrival to hospital, medication reconciliation (med rec) is the process of identifying differences between a patient's home medications and those prescribed on admission, and resolving any discrepancies with the physician. A key step in the med rec process is determining the patient's medication regimen prior to hospital visit, referred to as the best possible medication history (BPMH).

Admission med rec processes fit into two models: proactive and retroactive. The proactive process is ideal and occurs when the BPMH is created first and is referred to by the physician when writing admission medication orders. Thus, there are no discrepancies to resolve.

MEDICATION SAFETY IN THE EMERGENCY DEPARTMENT — Q&A with John Bautista

Continued from page 11

A retroactive med rec process occurs when a physician has already written admission medication orders. Any discrepancies between the physician's orders and the BPMH must then be clarified. This can result in a delay between the time the original orders are written and the reconciliation process, resulting in the patient potentially receiving incorrect medications/dosages temporarily.

What led to the involvement of pharmacy technicians in med rec?

Due to a decreased availability of clinical pharmacy resources, Central Health moved toward a retroactive registered nurse (RN)-led med rec process in the emergency department (ED) starting in June 2018. It was determined that RN-led BPMH was not being completed quickly, resulting in patients receiving incorrect doses of home medications for 24 hours or more.

As a result, the med rec steering committee proposed integrating a pharmacy technician in the ED to collect BPMHs. The pharmacy technician (PT) has been identified as a valuable resource in collecting information and generating BPMH, given their familiarity with dosage forms, appearance, strengths, and usual dosing schedules of numerous medications. *(1)*

From September to October 2018, six pharmacy technicians were trained in collecting BPMHs and full implementation started shortly after. ***The goal was to have the PT collect the BPMHs for all patients targeted for admission to hospital at the earliest opportunity resulting in a proactive med rec process.***

What were the results of having a pharmacy technician obtain the BPMH?

The retroactive, nursing-led med rec process, took about 34 hours to complete, with an average of three medication discrepancies per patient. There are approximately 3,000 admissions per year, when multiplied by three discrepancies per patient, equates to approximately 9,000 potential medication errors.

Analysis of the results showed that the PT in the ED collects an average of seven BPMHs per day and that the proactive process takes 1.7 hours—which eliminates 32.3 hours compared to the nursing-led retroactive med rec process. Patients who have a proactive BPMH collected by the PT have zero medication discrepancies or errors.

What challenges did you face?

A major challenge encountered during the initial phase of our project was lack of physician awareness of the proactive med rec process, which required them to use the BPMH as a reference when writing admission medication orders. As physician's awareness of the process improved, usage of the proactive BPMH form increased.

What kind of response have you received on this new practice?

The project team received positive informal feedback from physicians, RNs and patients. From a staff perspective, physicians and RNs appreciate that more time can be utilized on direct patient care instead of collecting medication information. Patients/caregivers felt empowered that they can play an active role in patient care.

In July 2019, Central Health was awarded a Leading Practice Award from Accreditation Canada for this work, see page 13.

MEDICATION SAFETY IN THE EMERGENCY DEPARTMENT — Q&A with John Bautista

"The Procurement of the Best Possible Medication History in the Emergency Department (ED) by a Pharmacy Technician" *(2)* and the 2018 Central Health accreditation survey report noted that the ***"Best Possible Medication History initiative [in the ED is a shining example] of innovations in care."***

John Bautista seen above with the Safety is Central award from Central Health.

FYI—Clarifying scopes of practice

The NAPRA Model Standards of Practice for pharmacy technicians indicate that pharmacy technicians can assist pharmacists in compiling BPMH for patients, but they are expected to refer to a pharmacist when a patient requires assessment, or, when a clinical analysis or application of therapeutic knowledge is necessary. Similarly, NLPB Standards of Pharmacy Operation state that pharmacy technicians may obtain, enter and record patient information. This includes gathering information from a patient about a drug or a medical condition to assist pharmacists and other members of the care team with preventing and addressing drug-related problems. However, it is important to note that pharmacists remain responsible for ensuring that they have sufficient information to assess the appropriateness of drug therapy.

Do you have a Q&A topic for the next edition of the Apothecary?

Email inforx@nlpb.ca for details.

(1) Hosp Pharm. 2017 Jan;52(1):44-53. doi: 10.1310/hpj5201-44.

(2) https://healthstandards.org/leading-practice/procurement-best-possible-medication-history-emergency-department-pharmacy-technician/, accessed November 12, 2019.

BECOME A PRECEPTOR

Memorial University School of Pharmacy's Class 2024—*time to welcome another class to the profession*

Once you become a working healthcare professional it's easy to forget how you started out, where you gained your knowledge and experience, and even who helped you out along the way. In January 2020, NLPB attended Memorial University School of Pharmacy's White Coat Ceremony for the class of 2024.

The ceremony welcomes students into the pharmacy profession; it introduces them to their regulatory body—NLPB, and the code of ethics. The ceremony concludes after they don their white coats.

As a preceptor to a student, intern, or pharmacy technician candidate you will be the person primarily responsible for familiarizing them with the day-to-day practice of pharmacy. **You can be a part of shaping the young professionals we have coming into the profession.**

Ideally, a preceptor personally supervises their student, intern, or pharmacy technician candidate for approximately 50 per cent of their time in the pharmacy. At the end of the training period, the preceptor is expected to provide NLPB with an honest, candid and unbiased evaluation of student performance during the practical training.

To become a preceptor you can apply to NLPB by completing and submitting a form confirming:

- You are registered in good standing and have no restrictions on practice
- You have been registered and practicing for at least 12 months and have reasonable experience of systems and patients
- You have completed a preceptor education training program approved by NLPB

For more information on becoming a preceptor email inforx@nlpb.ca

COMPOUNDING

Compounding standards—*are you on track?*

Compounding plays an important role in pharmacy practice, allowing individual ingredients to be mixed together in personalized strengths and dosages based on patients' needs. **High-quality standards are needed to ensure preparation quality and safety when compounding drugs for patients.**

Evolving practice, as well as increased awareness of risks associated with compounding led the National Association of Pharmacy Regulatory Authorities (NAPRA) to develop new model standards for pharmacy compounding of sterile and non-sterile products. NLPB subsequently adopted these standards.

At the time of the standards' adoption, NLPB recognized that NAPRA's compounding standards may represent significant changes to pharmacy practice, and pharmacy teams need time to: develop or revise policies and procedures, perform risk assessments of compounds, appropriately train personnel, upgrade equipment and facilities, and develop and implement quality assurance programs.

To help registrants adapt to the changes, NLPB developed a phased implementation schedule and communicated the updated standards through our various communication channels- including the Postscript, Apothecary, professional practice webinars, practice site assessments, and one-on-one practice consultations.

Below is a recap from *Feb 2016* to *Dec 2019*

IT BEGAN ➡

Feb 2016: Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations adopted

Feb 2017: Standards for Pharmacy Compounding of Hazardous Sterile Preparations adopted

Fall 2017: Hospital pharmacy practice site assessments heighten awareness of gaps between sterile compounding standards & current practice

Feb 2018: Standards for Pharmacy Compounding of Non-Sterile Preparations adopted in principle, along with Guidance Document for Pharmacy Compounding of Non-Sterile Preparations

May 2018: Postscript advises to familiarize with standards & guidelines for non-sterile compounding & implementation schedules are under development

Summer-Fall 2018: Implementation schedules developed in consultation with task forces with representation from various types of compounding practices

Feb 2019: Implementation schedules for compounding standards approved by the Board

Spring 2019: Webinar providing overview of implementation schedules; Apothecary article highlighted requirements for Phase 1 of implementation schedules

June 2019: Webinar on "Breaking Down Phase 1 of Compounding Standards

June 2019: Practice Resources Page of nlpb.ca updated to include sample risk assessments & templates from NAPRA standards; Non-sterile self-assessment on nlpb.ca

Summer 2019: Apothecary included Q&A on compounding diclofenac

Oct 2019: Sterile compounding self-assessment posted to nlpb.ca

NOW

Dec 2019: Deadline to complete all Phase 1 activities

NEW! Compounding FAQ now available on nlpb.ca

COMPOUNDING

Compounding standards—*are you on track?*

Sterile compounding is a practice that is mostly carried out in hospital pharmacies in Newfoundland & Labrador, while **non-sterile compounding** is a practice all pharmacies throughout the province participate in to some extent.

Since late 2017, there has been a significant focus on sterile compounding standards implementation across the regional health authorities as well as within our new community sites providing this service.

Based on recent results of QA assessments and questions received by NLPB, many registrants do not fully understand the requirements of the **non-sterile compounding standards** and the related implementation deadlines. Specifically, many pharmacies have yet to complete the activities of **Phase 1**.

It is critical that pharmacists-in-charge and compounding supervisors assess where they are with implementation of the standards and address deficiencies from Phase 1 early in the year so that they can still achieve full implementation of the applicable standards by the December 31, 2020 deadline.

Get on track for Feb 2020

PHASE 1 *COMPLETED

- Read & gain an understanding of the standards & guidelines
- Assign compounding supervisor role
- Complete self-assessment of current facility & practices (gaps analysis)
- Complete risk assessments for all commonly encountered compounds
- Determine level of compounding (A, B, &/or C)
- Identify training needs for compounding & cleaning personnel
- Start policy & procedure (P&P) development, create a plan to complete all P&Ps by end of 2020
- Identify the facility upgrades that are needed & plan renovation
- Assign beyond-use-dates to all compounds
- Start creating master formulation records, create a plan to complete all by the required deadline
- Ensure standards for compounding records, conduct of personnel & verification of compounds are fully met
- Put risk mitigation measures in place for preparations that present health hazards (PPE, proper deactivation/decontamination of compounding area, optimization of space)

PHASE 2 *YOU SHOULD BE HERE

- Submit renovation application to NLPB (if not already submitted in Phase 1) - meet all level A physical requirements by end of year, also, B&C infrastructure upgrades should be in progress & completed at earliest opportunity
- Train all personnel identified in Phase 1 & develop a skills assessment program
- Continue to complete P&P development throughout the year, with a plan to have all completed by end of 2020
- Continue to work on all master formulation records, with a plan to have all completed by end of 2020
- Develop & implement QA processes

NEWFOUNDLAND & LABRADOR PHARMACY BOARD

NLPB CONTACT INFORMATION	
Meghan Handrigan, Office Administrator	mhandrigan@nlpb.ca
Melanie Healey, Associate Registrar, Professional Practice	mhealey@nlpb.ca
Gayle Johnson, Complaints & Quality Assurance Coordinator	gjohnson@nlpb.ca
Amanda Martin, Communications Specialist	amartin@nlpb.ca
Aileen O'Keefe, Registration & Licensing Administrator	aokeefe@nlpb.ca
Noelle Patten, Associate Registrar, Quality Assurance	npatten@nlpb.ca
Natalie Payne, Legal Counsel	npayne@nlpb.ca
Margot Priddle, Registrar	mpriddle@nlpb.ca
General Information	inforx@nlpb.ca

PHARMACY REGULATION CHANGES 2020

As of Jan 31, 2020, NL pharmacists can prescribe for:

* **hepatitis A**
* **hepatitis B (including TWINRIX)**
* **shingles**
* **human papillomavirus**
* **chickenpox**

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