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.
All registrants 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

Winter 2016

Best Wishes for a Wonderful Holiday Season and a very Happy New Year from the Board Members and Staff of the Newfoundland and Labrador Pharmacy Board.

Holiday Hours for NLPB Office

Please note that, in recognition of the Christmas and New Year holiday season, the Board office will be closed from Monday, December 26th through Monday, January 2nd. If you need assistance during this time, please email inforx@nlpb.ca.

Important Message for Registrants

On October 25, 2016, an application was submitted to the Supreme Court of NL by lawyer James Goodwin of Rogers Bristow Moyse, on behalf of pharmacists Karen Francis, Mary Byrne and Todd Squires. The application requested an injunction to prevent the NLPB from enforcing compliance with the *Standards of Pharmacy Operation-Community Pharmacy*; in specific, the requirements for a private consultation area, capability for electronic storage of patient health records, and a connection to the Pharmacy Network. On November 30th, the Court heard the request and, on December 14th, a decision was issued by Justice Robert M. Hall denying the injunction. As a result, the Board's Standards remain in full force.

NL pharmacists and pharmacy technicians are privileged with one of the broadest scope of practice in the country. The Board recognizes that pharmacists and pharmacy technicians are healthcare professionals, not simply vendors of drugs. As the regulatory body, it's our job to ensure work environments support our registrants to practice to their full scope and meet the public's expectations for safe, quality pharmacy care. It is also the Board's responsibility to set and maintain high ethical and practice standards, and protect the integrity of the pharmacy profession.

A copy of the judgement can be found at http://www.nlpb.ca/media/Decision-Francis-v.-NLPB-20161214-RMH.pdf

Important Information Regarding IWK Health Centre Pharmacy Compounding Formulations

The pharmacy department at the IWK Health Centre maintains a **webpage** that includes non-sterile compounding formulas for selected oral and topical medications. This resource was developed to provide pharmacists with information on the most common non-sterile and oral and topical formulations prepared at IWK for inpatient use. Pharmacists should be aware that the contents of the page are continuously being reviewed and updated as new standards and stability studies are published and considered. In addition, the page includes a disclaimer that indicates that the information on the page is being provided for informational purposes and that IWK does not assume responsibility for the continued currency of the information or for any errors or omissions, and/or consequences arising from the use of the information outside of the IWK.

In light of this, IWK advises the following:

- Pharmacies are encouraged to bookmark the webpage for reference and visit the site as needed for the formula with each new prescription or refill.
- Do not print hard copies of formulas for ongoing use or hard code a formula into a pharmacy system.
- Do not use a search engine such as Google to locate an IWK compounding formula as IWK cannot guarantee that the search results will yield the most current formula.

Submitted by the Pharmacy Department at the IWK Health Centre

Update on Community Pharmacy Working Conditions Survey

Last March, in conjunction with researchers at the School of Pharmacy, the Newfoundland and Labrador Pharmacy Board surveyed pharmacists in the province to seek direct feedback on community pharmacy working conditions. The role of the pharmacist has changed over the past few years with wide acceptance by both the profession and the public that it serves. With this change in role comes new concerns about how well the current working environment supports this change.

Concerns about the impact of "quotas/targets" on the provision of pharmacy services have been one of the emerging issues for practicing pharmacists. Preliminary NL survey data highlight some interesting findings.

Pharmacists reported the frequency with which they prescribe for minor ailments; prescribe schedule II, III, and unscheduled drugs; provide interim supplies, prescription extensions, prescription adaptations and therapeutic substitutions; administer injections; and conduct medication reviews.

The type of pharmacy (whether Independent or Chain/Banner) and the presence or absence of a service quota had no significant impact on the frequency of minor ailments prescribing; schedule II, III, and unscheduled drug prescribing; providing an interim supply, prescription extension, or prescription adaptation. Pharmacists working in Independent pharmacies reported providing more frequent therapeutic substitution services, compared to pharmacists working in Chain/Banner pharmacies. In contrast, pharmacists working in Chain/Banner pharmacies reported providing more frequent injection services compared to pharmacists working in Independent pharmacies. In both cases, the presence or absence of a quota had no impact on service frequency.

The only service significantly impacted by the presence of a quota was medication reviews. Pharmacists who reported having to meet a medication review quota were 3.9 times more likely to conduct more frequent medication reviews compared to pharmacists who reported having no quota. There was no impact of pharmacy type on frequency of conducting medication reviews.

Keep watching NLPB communications for a complete report on the survey findings, which we hope to release early in the new year.

Meet the New Board Members

Colleen Squires graduated from the pharmacy assistant program at Keyin College, Grand Falls-Windsor in 2010 and began her career in pharmacy as an assistant with Gander PharmaChoice. She then began working towards becoming registered as a pharmacy technician, which she successfully completed by becoming the 5th person to be registered as a pharmacy technician in NL in January of 2016.

Colleen is the first pharmacy technician to sit on the NL Pharmacy Board. She is passionate about her position on the Board, the expanded scope of practice for pharmacy technicians, and how that can be integrated into community and hospital pharmacy practice.

Colleen currently practices at Shoppers Drug Mart in Gander where she lives with her husband, Mark, and her two sons, Kyle and Jack.

Shawn Vallis grew up in the small town of English Harbour West on Newfoundland's south coast where pharmacy services were something the people knew very little about, with the closest pharmacy nearly 80 km away.

After graduating MUN School of Pharmacy in 1999, he practiced with The Drug Store Pharmacy at various locations, until returning to rural Newfoundland to take a position with Sagona Drugs in Harbour Breton in January 2000, where he continues to practice today.

Shawn's love of rural Newfoundland, coupled with his belief that it is important to bring the rural perspective to the table where the course of the profession is being plotted led him to run for a second term on the Board, having previously served as an "at large" Board member from 2011-14.

Shawn currently lives in Harbour Breton with his wife, Sheena, and his daughters, Madelynn and Meghan.

Complaints and Discipline Resolution

Summary of 2016 Activities

Case # 20160310

An allegation was received from a patient in March 2016 alleging that a medication error had occurred in July 2015 and again in September 2015 (on refill of the original prescription) resulting in her receiving the incorrect drug for six months.

A panel of the Complaints Authorization Committee (CAC) met in April 2016 to consider the allegation and the response from the pharmacist. As the panel felt there was not enough information to make a decision at this time, they referred the allegation back to the Registrar for investigation.

The panel reconvened in August 2016 to review and discuss the results of the subsequent investigation. They considered information including:

- A description of the event and the actions taken upon discovery of the incident;
- Analysis of incident indicating possible contributing factors such as workload, staffing, workflow disruptions and preventative actions implemented;
- The results of a Community Pharmacy Self-Assessment which the respondent was required to complete prior to the investigative site visit; and
- The findings of personal interviews with the complainant and the respondent.

The panel reviewed the information presented with a focus on whether system failures and/or behavioural choices by the pharmacist could have contributed to the error. They also noted that:

- The pharmacist did not exhibit malicious intent or willful disregard towards the patient.
- The pharmacist co-operated fully with the investigation, and appeared to be genuinely distraught over the medication error. He appeared to have genuine concerns for the impact of his actions on the patient.
- Upon discovery of the error, the pharmacist implemented changes to the pharmacy workflow to help prevent future incidents.

Considering these factors and the documentation presented, the panel determined that while the pharmacist's actions did result in a negative health outcome for the patient, there was no malicious intent or apparent disregard to the patient exhibited. It also determined that the pharmacy met the Standards of Practice in place at the time of the incident and while risks to patient safety were identified, an action plan was implemented by the pharmacist to mitigate future occurrences.

As such, the panel found no reasonable grounds to believe that the respondent engaged in conduct deserving of sanction and, in accordance with the *Pharmacy Act, 2012*, dismissed the allegation.

The panel, while concerned about the actions of the pharmacist, felt that the most appropriate way to address the concerns in the interest of public safety was to direct the pharmacist with respect to his practice, requiring him to complete and submit to the Board within 90 days a policy and procedure manual, clearly identifying medication error risks within the pharmacy workflow and mitigating procedures.

Case # 20160311

An allegation was made by the Registrar in March 2016 against a pharmacist-in-charge alleging that the pharmacist has not demonstrated cooperation with the Board's Quality Assurance (QA) Program.

A panel of the CAC met to consider the allegation in April 2016 at which time they reviewed the allegation; a Community Pharmacy Assessment Summary Report ("the report") from July 2015, regarding an assessment completed by the Assistant Registrar, Quality Assurance ("the Associate Registrar") that month; the pharmacist-in-charge's initial response to the report; and a more detailed response, dated March 25, 2016, submitted following the allegation. The panel reviewed this information, noting that:

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- When she provided the pharmacist with the report in July 2015, the Associate Registrar indicated that a response to the report was required within 30 days describing the plan to correct the noted deficiencies.
- At the 30 day mark, no response had been received from the respondent.
- 84 days later, in September 2015, the Associate Registrar received an email from the respondent identifying an incomplete list of corrective measures that she had implemented.
- Six subsequent attempts from the Associate Registrar to receive a full response from the respondent were unsuccessful.
- In January 2016, the respondent was advised by email that if a response was not received within three days, the file would be forwarded to the Registrar and that noncompliance with the QA Program could be grounds for an allegation.
- When no response was received, the Registrar attempted to call the respondent, leaving messages on five occasions before finally reaching her in February 2016 when the respondent indicated that she would email the required correspondence to the Board that day. To the date of the allegation, the Registrar had still not received the required correspondence from the respondent.
- Following notice of the allegation, the respondent did finally submit a more detailed response which identified the corrective actions taken in response to the report.

The panel expressed concern about the lack of a complete and timely response to the issues raised in the report. Issues surrounding the best practices for the security, handling and dispensing of narcotics, including methadone, are of utmost importance as noncompliance can pose a significant public safety risk to both staff and patients. As pharmacist-in-charge, the respondent should have addressed these concerns much earlier than they were.

The failure to respond fully and affirmatively on a timely basis suggests the respondent did not cooperate in the manner expected with the Board generally and with the Associate Registrar, in particular. There was no explanation provided by the respondent as to why she did not respond fully to the report within the time frame indicated, nor did she indicate that she disagreed with the dates set out in the letter of allegation.

Based on the information presented, the panel decided that there were reasonable grounds to find that the respondent has engaged in conduct deserving of sanction and directed that the allegation shall be considered as constituting a complaint.

In determining whether or not the complaint should be referred to the disciplinary panel, the panel noted that the deficiencies set out in the report were eventually addressed to the satisfaction of the Board. As such, it would not instruct the Registrar to do so.

The panel decided to issue a caution to the respondent that in future she must cooperate fully with the Board or any person appointed by the Board to conduct its regulatory functions. The letter of caution also advised the respondent that compliance with the Board's QA Program is not only mandatory but essential to ensuring the safest possible practice environment which consequently minimizes public safety risks. Further noncompliance and disregard could in turn result in a further allegation and subsequent disciplinary actions.

Case # 20160513

An allegation was received from a regional health authority (RHA) in May 2016, alleging that a pharmacist had violated sections of the Code of Ethics through unprofessional communications with and towards the complainant and its employees via email correspondence and by posting comments on social media.

A panel of the CAC met initially in August 2016 to review information related to this allegation and discuss the issues. Following this initial meeting, the panel referred the allegation back to the Registrar for investigation.

The panel met again in November 2016 to review the additional information and make a determination.

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In reviewing this information presented, the panel considered the following:

- The objects of the Board, as set out in section 7 of the *Pharmacy Act, 2012;*
- Whether or not there was evidence to demonstrate that the respondent exhibited unprofessional behaviour in e-mails sent to employees of the RHA and in Facebook comments, thereby breaching the duty of honesty and integrity set out in article 10.1 of the Code of Ethics; and
- Whether or not there was evidence to demonstrate that the respondent breached the duty to avoid conflicts of interest as set out in article 6.7 of the Code of Ethics.

The panel appreciated the concern of the complainant about the abrasive and disrespectful manner of communication engaged in by the respondent, but also recognized that the respondent does have certain rights to express his opinion. No issues regarding the pharmacist's competency, standards of pharmacy practice, or standards of pharmacy operation had been brought forward. As such, the panel found no reasonable grounds to believe that the pharmacist had violated articles 6.7 or 10.1 of the Code of Ethics. Pursuant to section 39 (2) of the Act, since there was no evidence of conduct deserving of sanction, the panel dismissed the allegation.

Case # 20160516A

An allegation was received from the Chair of the NLPB Professional Development Review Committee in May 2016 alleging that a pharmacist had failed to comply with the 2015 Professional Development Audit in accordance with *Pharmacy Regulations, 2014* and the *Standard of Practice-Professional Development for Pharmacists and Pharmacy Technicians*.

A panel of the CAC met to consider the allegation in August 2016. They reviewed the allegation; communications between the Board and the respondent regarding the audit; the respondent's Learning Portfolio records; a timeline of issues related to the respondent's history with the audit between 2011 and 2016; and a previous adjudication tribunal decision related to non-compliance with the Professional Development audit process.

The panel reviewed the information presented and expressed concern that there appears to be a level of disrespect exhibited by the respondent with respect to participation in the mandatory Professional Development audit process. While the respondent did ultimately meet the audit requirements, he did not do so in a timely manner, and made negative comments regarding the audit process and the role of the Board and its staff. The panel felt that the respondent treats the professional development requirements as a nuisance, and the efforts of the Pharmacy Board staff to enforce those requirements in the same light. This is disappointing, and is behaviour not expected from a professional.

Considering the documentation presented and the respondent's history with the audit process, the panel determined that there were reasonable grounds to find that the respondent has engaged in conduct deserving of sanction and directed that the allegation shall be considered as constituting a complaint.

Subsequently, the panel carefully considered the option of referring this complaint to the disciplinary panel, and ultimately decided not to instruct the Registrar to do so. This decision was made in part because the respondent did eventually show compliance with the requirements of the Board, and therefore, there do not appear to be any concerns for public safety.

The panel did feel that a very strong caution must be given to the respondent, given the repeat nature of the conduct that is the subject of the present case. Therefore, the respondent was strongly cautioned to be fully compliant, in a timely manner, with the Board's professional development audit requirements and processes in the future. He was also cautioned to show the respect expected from all professionals for Board processes and that failure to be mindful of this caution could result in a further allegation and subsequent disciplinary actions.

Postscript Recap

Since the last issue of The Apothecary, the Board has posted several issues of The Postscript. A summary of some key articles is provided below. Please visit the **NLPB Newsletters page** of the NLPB website to view past issues in their entirety.

October 2016

- Standards of Pharmacy Operation - Community Pharmacy - Approaching Deadlines
- Questions Related to Physician Suspension/Withdrawal From Practice
- CPD Reminder

November 2016

- 2017 Annual Renewals
- Professional Development Reminder & FAQ
- Professional Development Program - Medical Assistance in Dying in NL
- Memorial University Survey

December 2016

- Reminder of Board Office Holiday Hours
- Memorial University Call for Preceptors

Looking for a Receipt?

Did you know you can view and print your invoices and receipts at any time? Under **My Profile**, click **Renewal/Other Invoices** to see a list of invoices. Click the invoice number you want to view. You can print it right from your browser by clicking on the printer icon.

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Elected Members
Zone 1 ..... Jeremy Parsons
Zone 2 ..... Ray Gulliver
Zone 3 ..... Shawn Vallis
Zone 4 ..... Henry White
Zone 5 (Hospital Pharmacist) ..... Jody Pomeroy
Zone 6 (Pharmacy Technician) ..... Colleen Squires
Zone 7 (At Large) ..... Taggarty Norris, Chad Parsons
Dean, MUN School of Pharmacy ..... Lisa Bishop
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Board-appointed ..... Donald Anthony
..... Shirlene Murphy
Government-appointed ..... Ruby Chaytor
..... Gerri Thompson
MUPS Representative *(observer)* ..... Caitlyn Walsh

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