

# THE APOTHECARY

NEWSLETTER

SPRING 2021 - [nlpb.ca](http://nlpb.ca)



## IN THIS ISSUE:

- **MESSAGE FROM THE REGISTRAR**  
COVID-19 Immunization and the Role of Pharmacists
- **2020 ELECTED BOARD MEMBER** Spotlights
- **BOARD MEETING** Update
- **NLPB PROFESSIONAL LIABILITY INSURANCE** Taskforce
- **COMPLAINTS AND DISCIPLINE** Update
- **SUMMARY OF RECENT ADJUDICATION TRIBUNAL** Decision

The official newsletter of the Newfoundland & Labrador Pharmacy Board.

Registrants are responsible for reviewing all information within this publication.

*Welcome to the Spring 2021 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

### COVID-19 Immunization and the Role of Pharmacists

It has been more than a year since the first case of COVID-19 was diagnosed in Newfoundland and Labrador, and though it has been a hard year, progress has been made in combating the spread of the virus. More than one-third of the population has received at least one dose of an approved COVID-19 vaccine during Phase I and Phase II of the Provincial Government's COVID-19 Immunization Plan. As we move into Phase III to vaccinate the remainder of the population, pharmacists will play an important role in the vaccine rollout in our province.

Throughout the past year, pharmacy professionals have been increasingly recognized for their role as essential service providers. In many cases, they have become a patient's primary touch point with the health care system. In the early days of the pandemic, dispensing and managing the drug supply became a priority, but as we have adapted to our "new normal", pharmacists' expanded scope of practice has become an important focus. Whether it be prescribing, or administration of inhalations and injections or provision of treatments, the accessibility of community pharmacists has been key to providing quality patient care to the public during this time. This was quite evident during the seasonal influenza vaccine campaign this past fall, which saw the role of community pharmacies expanded. With pharmacists anticipated to begin administering COVID-19 vaccine injections in the coming weeks, the important role that pharmacists play in a patient's circle of care will once again come into focus.

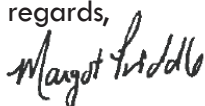
Registrants who will take part in the COVID-19 vaccine rollout must ensure they are prepared to do so:

- Pharmacists interested in participating in the administration of COVID-19 vaccinations can identify themselves by completing the COVID-19 Immunizer Registration Form in HEALTHeNL.
- Administration of the COVID-19 vaccine must be done in accordance with the *Administration of Drug Therapy by Inhalation or Injection Regulations*, which can be found on the Board website.
- Only authorized pharmacists and pharmacy students and interns under direct supervision of an authorized pharmacist, may administer injections, and this authority may not be delegated to a pharmacy technician.
- Pharmacists-in-charge must ensure that all staff providing injection services in their pharmacy have the skills and authorization required to do so.
- Pharmacists-in-charge must ensure all pharmacy staff that play a role in the provision of the vaccine receive appropriate training relevant to that role.

As a pharmacist, regardless of your participation in administering the COVID-19 vaccine, the public will look to you for knowledge and guidance regarding the vaccine and vaccine safety. It is your role to stay informed and provide accurate and up-to-date information. Please visit the *COVID-19 Guidance for Pharmacy Professionals* page on the Board website for a list of resources to help you stay informed.

Thank you for your service on the frontlines of this pandemic and for a continued commitment to public health and safety during this trying time.

Kind regards,



For specific information regarding vaccine ordering, storage, and documentation please contact your regional health authority once advised to do so by the Department of Health and Community Services.



## BOARD MEMBERS

### BOARD UPDATES

Earlier this year, NLPB sought nominations for Zone 1 and Zone 4 Board representatives. The deadline for nominations for the 2021 board member elections was Monday, March 8, 2021. Due to nominations received, voting is not required; results will be announced at the NLPB Annual General Meeting this summer.

Effective Thursday, March 4, 2021, Government-Appointed Representative Christopher Smith has resigned from the NLPB board.

#### EXECUTIVE COMMITTEE

##### CHAIR

Gerri Thompson

##### VICE CHAIR

Taggart Norris

##### EXECUTIVE MEMBER

Henry White

##### PAST CHAIR

Colleen Squires (*ex officio*)

#### PUBLIC REPRESENTATIVES

##### BOARD-APPOINTED

Shirlene Murphy

Mark Sheppard

##### GOVERNMENT-APPOINTED

Gerri Thompson

#### DEAN, MEMORIAL UNIVERSITY SCHOOL OF PHARMACY

Shawn Budgen

#### 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

Nicole MacDonald

##### ZONE 6 PHARMACY TECHNICIAN

Jillian Thorne

##### ZONE 7 AT-LARGE PHARMACISTS

Timothy Buchanan

Taggart Norris

#### ANNUAL GENERAL MEETING

NLPB'S AGM will take place virtually on **Friday, August 6, 2021.**



## 2020 ELECTED BOARD MEMBER SPOTLIGHTS

In the summer of 2020, a board member election took place for representatives of Zones 5, 6, and 7, resulting in three registrants being elected to the board for the first time, Nicole MacDonald, Jillian Thorne, and Tim Buchanan. NLPB also welcomed back long-serving board member, Taggart Norris. Learn more about the experience of these members and their goals for their board service.

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### **Nicole MacDonald**

#### **ZONE 5 HOSPITAL PHARMACIST**

Nicole currently works as the Systemic Therapy Manager of Pharmacy Services at Eastern Health, overseeing oncology funding in Newfoundland and Labrador for the Provincial Cancer Care Program and the Regional Medicine Program. She sits as a representative for the province on the Provincial Advisory Group (PAG) for the pan-Canadian Oncology Drug Review (pCODR) as well as for the pan-Canadian Pharmaceutical Alliance (pCPA). Previously, Nicole worked as a clinical oncology pharmacist at the Health Sciences Centre in St. John's. She completed her Bachelor of Pharmacy at Memorial University and subsequently completed an accredited hospital residency in New Brunswick. Recently, she obtained her Doctor of Pharmacy from the University of Toronto.

Nicole has always focused on improving pharmacy practice, notably leading a best possible medication history project during her residency that achieved Accreditation Canada standards for patient safety and obtained national recognition with CSHP. She has previously been involved with CSHP as an advocacy representative and is currently an education task-force member with CPhO. Nicole is involved with improving order-entry processes at the Health Sciences Centre to reduce medication errors. Her experiences have allowed her to develop a passion for advancing pharmacy practice, which will enable her to significantly contribute to the Board and the profession and represent the zone with a patient-focused perspective. She is committed to the vision and mission of the Board and will strive for quality and ethical care for patients.



### **Jillian Thorne**

#### **ZONE 6 PHARMACY TECHNICIAN**

Jillian Thorne became a Registered Pharmacy Technician in January 2016 through bridging education programs. She is currently employed with Lawtons Drugs in Gander, where she is involved with servicing Personal Care Homes. Jillian sits as chair of the Program Advisory Committee with Keyin College in Grand Falls-Windsor. Prior to her election to the board, Jillian served as a member of the Professional Development Committee with NLPB. By serving with the board, Jillian hopes to help advance the role of Registered Pharmacy Technicians to support and work together with Pharmacists to advance pharmacy care for a more safe & healthy community.



## 2020 ELECTED BOARD MEMBER SPOTLIGHTS

**Tim Buchanan****ZONE 7 AT-LARGE PHARMACIST**

Tim Buchanan currently lives in Grand Falls-Windsor with his fiancé, 2 dogs and a cat, where he works as a pharmacist at Loblaw Pharmacy. Tim was born and raised in Springdale and graduated from the School of Pharmacy at Memorial University in 2012. He began his career with Shoppers Drug Mart in Thunder Bay, ON, where he worked for nearly 5 years before returning to Newfoundland and Labrador permanently in 2017 and began working at Shoppers Drug Mart in Gander. After 2 years, he relocated to Loblaws in Grand Falls-Windsor where his fiancé recently began practicing as a family physician.

Throughout his career, he has been involved in many initiatives and have always embraced expanded scope of practice. He is passionate in regard to smoking cessation counseling and have been performing injections and immunizations since 2012, always approaching any new practice opportunities with a sense of enthusiasm. He believes self-regulation is a privilege that must be respected and is proud to play his part in the future of the pharmacy profession in Newfoundland and Labrador.

**Taggart Norris****ZONE 7 AT-LARGE PHARMACIST**

Taggart Norris' passion for pharmacy first began in 2004 when she worked as a pharmacy assistant while attending Memorial University. She graduated from Memorial's School of Pharmacy in 2011 and has been working as a community pharmacist for Sobey's National Pharmacy Group ever since.

Taggart currently works as Pharmacy Manager at Lawtons Drugs in Paradise where she has been practicing since 2017. She has been honored to serve as Member at Large on the NLPB board since 2014. Throughout her tenure on the board, she has served in several positions, including Vice Chair 2016-2017, Chair 2017-2018, and current Chair of the Finance and Audit Committee.

Some of the proudest moments of her career have occurred while serving on the board. Having the opportunity to advance the pharmacy profession has been an invaluable and rewarding experience that she continues to diligently work towards while keeping the safety of all Newfoundlanders and Labradorians at the forefront.



[www.linkedin.com/company/newfoundland-labrador-pharmacy-board-nlpb](https://www.linkedin.com/company/newfoundland-labrador-pharmacy-board-nlpb)

NLPB's LinkedIn page is dedicated to providing support and up-to-date information to registrants. Follow our page for updates on the pharmacy profession and resources relevant to pharmacy professionals in NL.



## BOARD MEETING UPDATE (*meeting took place on March 5, 2021*)

### Prohibition of Inducements – Code of Ethics and Interpretation Guide

During the March 5<sup>th</sup> board meeting in which the board discussed issues relating to inducements, the question of whether or not the language in the Code of Ethics referring to inducements was inclusive enough. Upon further discussion and consultation with legal counsel, the board approved a re-wording of section 6.7 of the NLPB Code of Ethics to replace the word “patient” with the words “person or entity” when referring to the offering of inducements. The revised section now states:

*6.7. Registrants do not offer inducements to any person or entity that are conditional on, or related to, a patient obtaining medications or services from the registrant.*

Since 1998, NLPB (under former Newfoundland Pharmaceutical Association) has had a prohibition on inducements in the form of a Practice Policy. However, due to frequent inquiries from registrants, pharmacy owners, and the public, it has become clear that the policy lacked detail and needed further clarification. As such, in addition to the revision approved to the NLPB Code of Ethics, the board approved the revision and reclassification of the Practice Policy as an Interpretation Guide.

The *Practice Policy – The Use of Promotional Enticements in Community Pharmacies*, has been rescinded.

The *Interpretation Guide – Prohibition on Inducements* has been approved.

The Interpretation Guide includes examples of inducements, medications, and services in the context of the NLPB Code of Ethics section 6.7, as well as expectations and exclusions.

As per the Interpretation Guide, registrants should note that “the provision of an inducement could be considered professional misconduct and, therefore, may be regarded as constituting conduct deserving sanction.”

Registrants are advised to review the updated Code of Ethics and the new Interpretation Guide, which can be found on the [Standards, Guidelines, Policies and Positions](#) page of the NLPB website.

### Updates to Standards of Practice

With the introduction of the COVID-19 vaccine and the possible inclusion of pharmacists in future phases of the delivery of the vaccine, NLPB has received a number of inquiries regarding pharmacists as it relates to prescribing or administering the vaccine. NAPRA has indicated that COVID-19 vaccines are included in Schedule II of the Drug Schedule (no prescription required) due to the fact that the vaccines require special enhanced public access due to the current global disease outbreak. As such, a prescription is not required prior to administration. To offer further clarity, NLPB has updated the *Standards of Practice – Prescribing by Pharmacists* by adding COVID-19 to the list of preventable diseases approved for prescribing by the board in *Appendix B*.

In addition, the *Standards of Practice – Administration of Drug Therapy by Inhalation or Injection* were reviewed and revised in accordance with the NLPB Document Review Cycle. Revisions included the removal of the requirement for notification. Registrants must note that **documentation of vaccines in the electronic health record is a baseline requirement** in accordance with public health expectations. The revised document was approved by the board.

Registrants are advised to review the updated Standards of Practice, which can be found on the [Standards, Guidelines, Policies and Positions](#) page of the NLPB website.

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**The next NLPB Board Meeting is scheduled to take place on Friday, August 6, 2021.**



## NLPB PROFESSIONAL LIABILITY INSURANCE TASKFORCE

Professional Liability Insurance compliance has been an ongoing issue with registrants over the past several years. During audits conducted in 2017 and 2019, the Board identified a number of registrants who inadvertently missed the renewal deadline for their professional liability insurance policies. With concern for public safety, the Board struck a Professional Liability Insurance Taskforce in February 2020 to examine this important issue and recommend a path forward. The taskforce is currently reviewing several possible solutions.

### What's the risk of practicing without Professional Liability Insurance?

Having sufficient professional liability insurance coverage is essential to protect both you and your patients. Mistakes happen. Fortunately, most mistakes are identified and rectified before they can result in harm, but this is not always the case; sometimes medication errors are made or patient counselling goes wrong. If you do not have an active professional liability insurance policy when such a mistake occurs, you may be held personally liable for financial damages resulting from that mistake. These financial damages may include a patient's long-term medical bills, lost wages, and legal fees. If you do not have the money to pay these bills, you may lose personal assets such as investments, vehicles, or even your home. Worst of all, you may cause further undue suffering to the patient effected by the mistake, as a lack of funds may result in them being unable to access the support and resources they need.

To protect both you and your patient from this situation, the *Pharmacy Act, 2012* and *Pharmacy Regulations, 2014* requires all registrants – pharmacists, pharmacy interns, pharmacy students, and pharmacy technicians – to obtain and continue to have professional liability insurance “in a form and amount satisfactory to the board.” The professional liability insurance requirements are as follows:

1. To be acceptable, coverage under professional liability insurance must be personal insurance – that which names the pharmacist, pharmacy technician, student or intern personally as an insured and covers the insured for all aspects of their practice and in all locations in the province in which that practice occurs.
2. An amount of \$2,000,000 per claim or per occurrence and \$4,000,000 annual aggregate is the acceptable minimum limit of coverage. In some situations, it may be appropriate for a higher level of coverage to be obtained on an optional basis.
3. Either “claims made” or “occurrence” forms of policies are acceptable. “Claims made” policies require an extended reporting period provision for a minimum of three years.
4. The policy must not contain a retroactive date and must provide for full prior acts protection.
5. An annual certificate of coverage, provided by the insurance carrier, is required to confirm that the professional liability insurance policy meets the criteria set by the Board.
6. Legal defence payments for regulatory proceedings or other legal proceedings afforded by a professional liability insurance policy must not erode the minimum limit of liability coverage required by the Board.
7. A crown servant within the meaning of the Treasury Board Policy on the Indemnification of and Legal Assistance for Crown Servants, is not obligated to hold and continuously maintain acceptable malpractice insurance, provided that the member:
  - i. at all times restricts his or her practice to the scope of duties and employment as a Crown servant; and
  - ii. completes a Practice Undertaking in a form approved by the Board.

Check your professional liability insurance policy today to ensure it is active and complies with all the requirements listed above. Then check your policy's expiration date and schedule one or more reminders in the time leading up to your renewal date. If you discover that your policy has lapsed, contact your insurer immediately to renew and back-date your policy to the day your policy expired.



## COMPLAINTS AND DISCIPLINE UPDATE

### Dispensing 3 month vs 1 month supplies

An allegation was filed by a physician that he was writing prescriptions for 3 months of medications and the dispensing pharmacy was only supplying one month and charging three dispensing fees.

With respect to only dispensing one month supply, the pharmacist claimed this is how the physician normally wrote his prescriptions, so they were just following status quo.

The Committee issued a caution to the registrant. They are cautioned that, pursuant to s. 3.7 of the Community Standards, prescriptions must be dispensed as written under normal circumstances, and if a prescription is not dispensed in that manner, it should be documented.

With respect to refunding the money paid to all patients of the Pharmacy who received one-month supplies, the CAC determined that they were not parties to this matter before it, but it will strongly suggest to the Pharmacist that they begin the process of refunding these overpayments.

### Lapse in professional liability insurance

An allegation was filed by the Registrar when 3 registrants came forward to acknowledge there was a lapse in their liability insurance. These Pharmacists were all members of a National Pharmacy Chain and it was noted in their responses to the Board, they were under the assumption that their liability insurance would be taken care of by their Head Office.

It is important to remember that all registrants are personally responsible for ensuring they maintain adequate personal liability insurance at all times. A copy of that policy should be readily available to the registrant at all times and, as well, there should be a copy uploaded to the registrant's profile during registration.

In this matter all registrants were asked to sign an Undertaking with the Board and any further breach could result in an allegation of conduct deserving of sanction.

### Student lapse in liability insurance while taking a semester off

During the professional liability insurance audit of 2020, it was determined a student did not have an insurance policy in place for approximately four months.

It was determined that the student had taken a semester off and let his insurance policy lapse as they currently were not in school. The student signed an Undertaking noting that further breaches could result in an allegation deserving of sanction.

Registrants are advised that when a person registers with the Board it is for the entire year and a liability insurance policy must be in place whether they are practicing or not unless they make it clear to the Board in advance that they wish to be labelled inactive.

### Lapse in professional liability insurance

This allegation was filed by the Registrar while investigating another matter. It was alleged that members of a small community chain of pharmacies were using a corporate blanket insurance policy instead of individual policies which are required under the regulations.

As with the previous liability insurance allegation, the registrant assumed their Head Office would take care of their policy.

This also led to an Undertaking being signed by the registrant, and any breach of any of the terms of the Undertaking could result in the referral of conduct deserving of sanction to be dealt with under Part V of the Act.

### LESSONS LEARNED

Under s. 14(e) of the *Pharmacy Act, 2012*, for pharmacists and s. 5, 1(c) of the *Pharmacy Regulations, 2014*, for pharmacy students, providing proof that they have obtained professional liability insurance coverage is a requirement of registration, which means if a registrant does not maintain coverage the validity of their registration is questionable. Therefore NLPB is compelled to address situations where a registrant is found to have not met this condition of provincial legislation.





## SUMMARY OF RECENT ADJUDICATION TRIBUNAL DECISION

An Adjudication Tribunal (the “Tribunal”) of the Disciplinary Panel of the Newfoundland and Labrador Pharmacy Board (the “Board”) held a hearing in the matter of a Complaint made by the Registrar of the Board against member Beverley Vey, registration number 86-577 (the “Respondent”), Pharmacist-in-Charge at Virginia Park Pharmacy, 262 Newfoundland Drive, St. John’s, NL.

On 04 November 2016, the Respondent refused to permit the Board’s Associate Registrar of Quality Assurance to conduct a practice site assessment pursuant to the Board’s Quality Assurance Program. The practice site assessment process involves direct communication with the Board and a pharmacist-in-charge regarding the regulatory standards applicable to their site. The pharmacist-in-charge first completes a self-assessment and the Board site assessors complete an onsite assessment. The Respondent argued that the Board did not have the authority to do practice site assessments and did not have the authority to appoint assessors.

The Respondent’s position was rejected by the Tribunal and she was found guilty of conduct deserving of sanction by contravening section 12(o) of the *Pharmacy Regulations, 2014*:

12. In addition to the responsibilities prescribed in the Act, a pharmacist in charge shall be responsible for the following: ... (o) cooperating with any person appointed by the board in accordance with the Act.

By written decision dated 11 May 2021, the Tribunal ordered that:

1. The Respondent’s licence to practise pharmacy be suspended for a 42 day period, with the suspension to commence 60 days after the date of this Order;
2. The Respondent pay costs to the Board in the amount of \$90,007.31 over a three year period;
3. The Respondent be restricted from acting as a Preceptor for a two year period from the date of this Order;
4. There be completion by the Respondent within two months of the date on which her suspension commences of an Ethics course approved by the Board which course is to be at the Respondent’s own expense; and
5. There be publication of a summary of this decision in accordance with the legislation.

### LESSONS LEARNED

- Pharmacists-in-charge are obligated to cooperate with any person appointed by the board in accordance with the *Pharmacy Act, 2012*.
- Under s. 54 of the *Pharmacy Act, 2012*:
  - (2) An assessor may, for the purpose of the quality assurance program (a) enter without notice at reasonable times, places where pharmacy is practised to make necessary inspections.
- Under s. 85 of the NLPB By-Laws, the term professional misconduct for the purposes of considering an allegation or a complaint and the institution of disciplinary proceedings includes but is not limited to including (n) refusing to allow the Registrar or a designated agent to enter at a reasonable time the pharmacy in which the registrant is engaged in the practice of pharmacy for the purpose of an assessment or investigation.



## NLPB OFFICE CONTACT INFORMATION

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- **MESSAGE FROM THE REGISTRAR** Back to Business
- **2021 BOARD ELECTION** Results
- **AGM & BOARD MEETING** Highlights
- **POINT OF CARE TESTING IN COMMUNITY PHARMACY**  
What You Need to Know
- **NON-STERILE COMPOUNDING STANDARDS** Implementation
- **REGISTRATION AND LICENCING RENEWAL** A Guide for Registrants

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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

### Back to Business

With more than 85% of the eligible population of Newfoundland and Labrador having received a first dose of an approved COVID-19 vaccine, and more than 70% having received two doses, the province has begun to see the light at the end of the tunnel regarding the pandemic that began nearly a year and a half ago. As public health restrictions ease, NLPB, like many organizations and businesses, is able to shift focus back to business, advancing pharmacy practice for the future rather than wholly focusing on mitigating present circumstances. In doing so, we must also consider the insights and opportunities that have emerged during the pandemic.

At the onset of the pandemic in March 2020, Health Canada issued an exemption for certain provisions of the Controlled Drugs and Substances Act to enable pharmacists to prescribe controlled substances for continuing therapy to patients. The exemption was extended to September 30, 2021, and recently Health Canada announced a further five-year extension to September 30, 2026, which allows this expanded role for pharmacists to continue independent of the pandemic.

The need for an expanded role for pharmacy professionals became even more evident during the 2020 seasonal influenza vaccine campaign, which saw nearly 40% of all influenza vaccine administered in the province performed in pharmacies. This trend continues with the COVID-19 immunization roll-out, with over 50,000 doses of COVID-19 vaccines administered in pharmacies in the province.

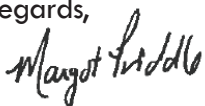
These circumstances serve to highlight the importance of pharmacy professionals practicing to top-of-scope to ensure the public have ease of access to the healthcare services they need. NLPB identified supporting pharmacy professionals in optimizing full scope of practice as a goal in our 2020-2022 Strategic Plan.

Since many shifts have taken place in public health since developing that plan, we have decided to go back to the table to re-evaluate the plan to ensure it is still relevant within this new landscape. The Board of Directors will participate in a strategic planning session in Spring 2022, which may result in a revision of the goals and objectives and the implementation of a new timeline for the strategic plan. Prior to this session, NLPB will be engaging registrants to identify practice needs that align with NLPB's vision of advancing pharmacy care for a safe and healthy community and that reflect the core values of accountability, collaboration, integrity, respect, and transparency. We at NLPB recognize the vital importance of giving pharmacy professionals a voice in the development of a strategic plan that will guide the profession forward in the best interest of the public it serves. So please keep an eye out near the end of 2021 or beginning of 2022 for more details and an invitation to participate.

The first meeting of the 2021-2022 Board of Directors took place on August 6, 2021, following the Annual General Meeting in which new Board Chair, Taggart Norris, was inaugurated. I would like to extend congratulations to Taggart, who returns as chair, having previously held the position in 2017-2018. I would also like to thank Gerri Thompson, as she moves into the Past Chair role, for her guidance during her tenure as Board Chair. Finally, I would like to welcome new and returning board members who were elected in the 2021 election; Amy Randell as Zone 1 Pharmacist and Henry White as Zone 4 Pharmacist, who will each serve three-year terms with the Board of Directors.

I look forward to the growth and opportunities that await the pharmacy profession in our province as we begin to make our way out of the COVID-19 pandemic and the important role NLPB will play in ensuring advancements are made in the best interests of public health and safety.

Kind regards,




## BOARD MEMBERS

### BOARD UPDATES

The NLPB Board of Directors met on August 6, 2021, following the 2021 NLPB Annual General Meeting. The meeting was chaired by newly inaugurated Board Chair, Taggarty Norris. The meeting marked the beginning of a three-year term for those members elected in the 2021 election; Zone 1 Pharmacist Amy Randell and returning Zone 4 Pharmacist Henry White. NLPB extends our thanks to outgoing board member Keith Bailey for his many years of service to the Board. The meeting also included the establishment of a new Executive Committee with the election of a new Executive Member, Jason Ryan.

#### EXECUTIVE COMMITTEE

##### CHAIR

Taggarty Norris

##### VICE CHAIR

Henry White

##### EXECUTIVE MEMBER

Jason Ryan

##### PAST CHAIR

Gerri Thompson

#### PUBLIC REPRESENTATIVES

##### BOARD-APPOINTED

Shirlene Murphy

Mark Sheppard

##### GOVERNMENT-APPOINTED

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#### ELECTED MEMBERS

##### ZONE 1 PHARMACIST

Amy Randell

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Jason Ryan

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##### ZONE 6 PHARMACY TECHNICIAN

Jillian Thorne

##### ZONE 7 AT-LARGE PHARMACISTS

Timothy Buchanan

Taggarty Norris

#### DEAN, MEMORIAL UNIVERSITY SCHOOL OF PHARMACY

Shawn Bugden



## 2021 BOARD ELECTION RESULTS

In the spring of 2021, a board member election took place for representatives of Zones 1 and 4, resulting in a registrant Amy Randell being elected to the board for the first time. NLPB also welcomed back long-serving board member, Henry White. Learn more about the experience of these members and their goals for their board service.

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### **Amy Randell** ZONE 1 PHARMACIST

Amy Randell was born and raised in St. John's, NL, where she graduated from Memorial University's School of Pharmacy in 2010. Following graduation, Amy moved to St. Bernard's, NL, where she worked as pharmacist-in-charge at a small independent pharmacy. In January 2013, Amy moved back to her hometown to complete a Master of Pharmacy at Memorial University. Her thesis project focused on cerebrovascular dysfunction in the setting of chronic inflammation in an animal model, the findings of which were published in *Life Sciences*, *PeerJ*, and *Journal of the American Society of Hypertension*. Upon completing her Master's degree, she returned to St. Bernard's, before relocating to work at the Catalina Pharmacy in Catalina, NL for several years. Amy moved back to St.

John's in 2020 to work for her current employer, Costco Pharmacy. She recently convocated from the University of Toronto PharmD for Pharmacists program and hopes to eventually get involved in clinical research and teaching. Amy is excited to take on this new role with NLPB and help shape the pharmacy profession.



### **Henry White** ZONE 4 PHARMACIST

Henry White graduated from Memorial University's School of Pharmacy in 1994 and began practicing in Walmart Pharmacy in Stephenville, where he continues to practice to this day. In 2004, Henry became the Pharmacy Manager at that location. Henry is now serving his third consecutive three-year term as Zone 4 Pharmacist on the NLPB Board of Directors. He has served as Executive Member on the Board's Executive Committee since 2018 and has now moved into the role of Vice-Chair.



[www.linkedin.com/company/newfoundland-labrador-pharmacy-board-nlpb](https://www.linkedin.com/company/newfoundland-labrador-pharmacy-board-nlpb)

NLPB's LinkedIn page is dedicated to providing support and up-to-date information to registrants. Follow our page for updates on the pharmacy profession and resources relevant to pharmacy professionals in NL.



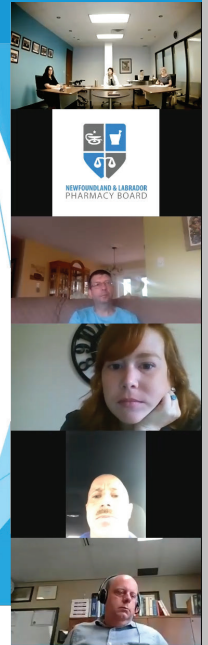
## AGM &amp; BOARD MEETING HIGHLIGHTS

# 2021

## ANNUAL GENERAL MEETING



**NEWFOUNDLAND & LABRADOR**  
PHARMACY BOARD



### Annual General Meeting

Thank you to the registrants, Board members, and NLPB staff who logged on to the NLPB Annual General Meeting on August 6 via Zoom conferencing. Registrar, Margot Priddle, presented the 2020 Annual Report, including highlights of NLPB's achievements and the challenges overcome during the unprecedented year, as well as updates on registration and licensing, quality assurance, professional practice, and complaints and discipline. If you missed the AGM, be sure to check out the [2020 Annual Report](#), available online at [nlpb.ca](http://nlpb.ca).

During the AGM, Taggart Norris was inaugurated as the new Board Chair by outgoing Chair, Gerri Thompson. As outgoing Chair, Gerri was presented with the Canadian Foundation for Pharmacy Past Chair Award in recognition of the leadership and time commitments of holding the Board Chair position.

The AGM closed with an acknowledgment of this year's recipients of the Emerald Achievement Award, which recognizes registrants who have been registered with NLPB and practicing pharmacy for 35 years. To be a recipient of the award, these registrants must be currently registered and in good standing with NLPB and have never been found guilty of professional misconduct. Recipients will receive their certificates by mail.

### 2021 Emerald Achievement Recipients

Marilyn Brazil	86-570
Evelyn Bursey	86-553
Constance Burt	86-554
Paula Caraccio	86-555
Paul Colbert	86-557
Sharon Crummey	86-560
Cynthia Griffiths	86-578
Michele Hedd	86-573
Norman Lace	86-566
Brenda Lambert	86-558
Darrell Lambert	86-567
Jacqueline Pennell	86-564
Rowena Skinner-Doyle	86-559
Pamela Smith	86-575
Karen Winsor	86-580

### New Executive Committee

The most recent board meeting took place via Zoom conferencing following the AGM on August 6, 2021. As Taggart Norris was inaugurated the new Board Chair at the AGM, a new Executive Committee was established. Henry White, who previously served as the Executive Member, moved into the role of Vice Chair. Jason Ryan was elected by acclamation as the new Executive Member. Outgoing Board Chair, Gerri Thompson will now serve as Past Chair.



## POINT OF CARE TESTING IN COMMUNITY PHARMACY – WHAT YOU NEED TO KNOW

In recent months, NLPB has experienced an increase in requests for information pertaining to the delivery of point of care testing (POCT) in community pharmacies. NLPB has not yet developed specific standards or guidelines pertaining to the delivery of this service. In the absence of this specific guidance, pharmacists-in-charge and pharmacists should consider the following before offering POCT services from their pharmacy.

### PHARMACISTS-IN-CHARGE

#### Knowledge & Training

- Be knowledgeable of the types of POCT to be offered, their purpose, and conditions for appropriate use, including verifying that planned tests are approved by Health Canada.
- Be sufficiently knowledgeable on POCT in general as well as the particulars of each individual test offered to be able to make decisions, problem-solve, and support staff performing POCT.
- Ensure staff performing POCT have appropriate initial and ongoing orientation and training, as well as ongoing competency/performance assessment.

#### Resources

- Ensure suitable and sufficient staffing is in place to ensure that offering the service does not compromise patient care.
- Ensure the physical space is appropriate for performing POCT safely for both staff and the patient, and will result in reliable testing, including being clean and hygienic, having the ability to maintain necessary temperature and humidity levels, and offering privacy.

#### Policies & Procedures

- Ensure policies and procedures are established, including those that support follow-up care as well as necessary communication with patients and relevant members of the circle of care.

#### Quality Assurance

- Ensure there is a quality assurance program in place that includes regular testing of equipment and consumable, systematic monitoring and evaluation of POCT processes, and documentation, review and follow-up of identified problems.

### PHARMACISTS

#### Knowledge & Training

- Have requisite knowledge and skills to perform POCT, including being knowledgeable on best practices for POCT, the overall POCT offerings of the pharmacy, as well as the particulars of each individual test.

#### Resources

- Perform POCT in a physical space that is appropriate and safe for both pharmacist and patient and will result in reliable testing, including being clean and hygienic, having the ability to maintain necessary temperature and humidity levels, and offering privacy.

#### Policies & Procedures

- Ensure each POCT performed is done so in compliance with POCT manufacturer's instructions and procedures.
- Ensure each POCT performed is appropriate for the individual being tested, taking into consideration patient-specific factors such as signs of present illness, current drug therapy, need for the test, and clinical and testing guidelines for condition being tested.
- Ensure the result of each POCT is appropriately documented, interpreted, communicated, and acted upon as necessary, including engaging the patient, adapting prescriptions, referring for follow-up testing, communicating with other healthcare providers, and reporting to public health agencies.

#### Quality Assurance

- Actively participate in the pharmacy's POCT quality assurance program.





## POINT OF CARE TESTING IN COMMUNITY PHARMACY – WHAT YOU NEED TO KNOW

### PHARMACISTS-IN-CHARGE (cont'd)

#### Legislation, Standards, & Guidelines

- Ensure the service complies with all relevant occupational health and safety legislation and best practices, including that pertaining to the handling of biological products, sharps, and hazardous waste.
- Ensure the service complies with all relevant privacy legislation and best practices, including that pertaining to the collection, documentation, retention, and disclosure of patient-specific information.
- Ensure the service complies with pharmacy legislation, the NLPB Code of Ethics, Standards of Pharmacy Operation, and all relevant standards of practice.

### PHARMACISTS (cont'd)

#### Legislation, Standards, & Guidelines

- Practice in compliance with relevant occupational health and safety legislation, privacy legislation, pharmacy legislation, the NLPB Code of Ethics, Standards of Pharmacy Operation, and all relevant standards of practice.

## VIRTUAL SITE ASSESSMENTS PILOT PROGRAM

NLPB conducts various types of practice site assessments to support registrants in meeting operational and practice standards. The goal of these assessments is to help pharmacists-in-charge (PICs) identify and address any standards that are not being met and to share information about best practices to promote quality assurance. With over 200 pharmacies located throughout Newfoundland and Labrador, arranging on-site visits can be challenging; a challenge which was exacerbated by the restrictions in place due to the COVID-19 pandemic. As such, NLPB has developed a virtual site assessment program, which will be piloted this fall, to address these challenges. A virtual site assessment will consist of the following components:



### PHONE OR VIRTUAL ASSESSMENT MEETING

PICs will be contacted by NLPB staff to schedule an assessment meeting. Meetings will take place through video conferencing or by phone. PICs should allot a minimum of 2 hours for the meeting.



### DOCUMENTATION, FORMS, AND PHOTOS

PICs will receive a list of requested materials which must be submitted prior to the scheduled assessment meeting. Materials include sample documentation, a community pharmacy self-assessment, and photographs of key areas of the pharmacy. The assessor may request an updated floor-plan if deemed necessary.

This streamlined process will offer flexibility to both NLPB staff and PICs, as the assessment call can be taken off-site and documents can be submitted electronically. In addition, prior review of documentation, will allow staff and PICs to make best use of the scheduled assessment time by allowing for a more focused discussion.



## NON-STERILE COMPOUNDING STANDARDS IMPLEMENTATION

### ARE YOU ON TRACK?

#### PHASE 1 COMPLETED

*December 31, 2019*

#### PHASE 2 IN PROGRESS

*December 31, 2021*

#### PHASE 3 UPCOMING

*December 31, 2022*



Since adopting the [Implementation Schedule for Non-Sterile Compounding Standards](#) in early 2019, NLPB has been supporting registrants in staying on track to reach full implementation by December 31, 2022. As we pass the halfway point in implementing the [Standards for Pharmacy Compounding of Non-Sterile Preparations](#), there is no better time for pharmacists-in-charge and registrants to review the standards and assess where they are and where they should be in the implementation process.

### PHASE 1

**Deadline: December 31, 2019**

In Phase 1, pharmacists-in-charge are expected to review the Standards and Guidance documents in order to complete a gap analysis and action plan for the pharmacy. Including:

- **Assess Risk for Compounding Non-Sterile Preparations and Product and Preparation Requirements:**
  - Conduct and document risk assessments for each non-sterile preparation being prepared by the pharmacy before it is compounded;
  - Begin work on master formulation records; and
  - Ensure ingredients used for compounding, compounding records, conduct of personnel, and verification of compounds meet the standards.
- **Assess Compounding Personnel and Determining Training and Skills Assessment Requirements:**
  - Ensure all personnel understand and perform their roles and responsibilities in accordance with the standards;
  - Assign a compounding supervisor to facilitate implementation planning; and
  - Identify all personnel, including cleaning personnel, who will require training and ongoing skills assessment.
- **Begin Work on Policies and Procedures**
- **Evaluate Facilities and Equipment to Ensure they Meet the Applicable Levels of Requirements:**
  - Determine what levels of compounding will be performed at the site; and
  - Identify any equipment upgrades and renovations necessary to meet the requirements associated with those levels.



## NON-STERILE COMPOUNDING STANDARDS IMPLEMENTATION

### PHASE 2

Deadline: December 31, 2021

Phase 2 is focused on finalizing outstanding items from Phase 1, personnel training and the development of a quality assurance program. All requirements for Level A compounding must be met by the end of this phase. Particular attention should be paid to the following:

- **Product and Preparation Requirements:**
  - Meet all requirements for Level A; and
  - Complete master formulation records.
- **Compounding Personnel/Training and Skills Assessment:**
  - Ensure all personnel, including cleaning personnel, are appropriately trained; and
  - Develop an appropriate skills assessment program that considers the type and complexity of compounding or cleaning.
- **Policies and Procedures:**
  - Complete policies and procedures for Level A compounding activities; continue working on those related to Levels B and C compounding; and
  - Establish policies and procedures related to the quality assurance program; carry forward to phase three, as required.
- **Facilities and Equipment/Levels of Requirements:**
  - Meet all requirements for Level A; and
  - Continue work on renovations required for Levels B and C compounding.
- **Quality Assurance:**
  - Complete development and implementation of quality assurance processes related to Level A compounding; and
  - Continue work on processes related to Levels B and C compounding.

### PHASE 3

Deadline: December 31, 2022

Phase 3 is focused on finalizing outstanding policies and procedures as well as full implementation of the quality assurance program, especially as they relate to Levels B and C compounding. Particular attention should be paid to the following:

- **Product and Preparation Requirements:**
  - Meet all requirements for Level B and C.
- **Policies and Procedures:**
  - Finalize all policies and procedures.
- **Facilities and Equipment/Levels of Requirements:**
  - Meet all requirements for Level B and C, including completion of any necessary renovations.
- **Quality Assurance:**
  - Complete development and implementation of quality assurance processes related to Levels B and C compounding.



## REGISTRATION AND LICENSING ANNUAL RENEWAL – A GUIDE FOR REGISTRANTS

NLPB's annual renewal period will begin on October 25, 2021, at which time all registrants will be notified by email that the Member Portal is open for renewals. The deadline to renew both registrations and pharmacy licences is November 30, 2021. All continuing education units (CEUs) must be entered and all fees paid by that date.

Annual renewals must be completed through the NLPB Member Portal. If you have forgotten your username or password, click "Forgot your password? Click Here to restore it" and enter your email to retrieve it.

### Preparing to renew your registration

All registrants are required to complete 15 CEUs between December 1, 2020 and November 30, 2021 to be eligible to renew their annual registration. A minimum of 7.5 CEUs must be accredited and the remaining may be either accredited or self-assigned. Once 15 CEUs are entered into your Member Portal account, the *Renew Now* button will appear on your member homepage.

#### HOW TO ENTER CEUs

1. Log in to the Member Portal using your username and password.
2. Under the *My Professional Development* section, click *Record a New Learning Activity*.
3. On the first *Learning Portfolio Record* page, select the current *Professional Development Log (PD) Year*, "Dec 1, 2020 – Nov 30, 2021", from the drop-down box.
4. Indicate if the PD is accredited by selecting the appropriate response to *Is this activity accredited?*
5. Click *Next*.
6. Input the requested information regarding the learning activity and click *Next*.
7. Review the information you have entered, and if all information is correct, click *Save*.
8. Repeat this process until all learning activities have been recorded.

Before beginning the renewal process online, ensure you have an electronic copy of your professional liability insurance certificate available to upload.

#### PROOF OF INSURANCE

Your professional liability insurance certificate must include the following information:

- Insurance provider's name
- Policy number
- Amount and type of coverage
- Expiry Date

You can obtain a copy of your certificate from your insurance provider.

*Please note, a receipt of payment to your insurer is not sufficient.*

Additionally, Pharmacists who are authorized to administer injections must upload proof of current CPR/First Aid certifications.

### Renewing your registration online

Click the *Renew Now* button on your member homepage to begin the online renewal process.

*Please note, once the renewal is started, it cannot be saved and resumed at a later time. The system will automatically log you out after two hours.*

Carefully review the information on your file, ensuring it is complete and accurate and making changes as necessary. All items marked with an asterisk (\*) are required fields. To navigate the renewal, scroll to the bottom of the page and click *Next*.

If your category of registration has changed (i.e. changing from relief pharmacist to staff pharmacist), please contact Registration to have it updated.

Read and click to check that you agree to the declarations. Please note, by typing your name into the renewal, you are agreeing these declarations are true. Making false declarations or providing false or incomplete information on the renewal may be cause for revocation of registration and/or an allegation of conduct deserving of sanction.

Click *Save* to complete the application.



## REGISTRATION AND LICENSING ANNUAL RENEWAL – A GUIDE FOR REGISTRANTS

### Paying Fees

Once the renewal form is complete, you must pay your fees in order to complete registration. **The deadline for receipt of payment is November 30, 2021. Any payment received after this date will be subject to an automatically applied 50% late fee.**

#### REGISTRATION RENEWAL FEES

As per NLPB's Schedule of Fees Policy, annual fees are adjusted for inflation using the annual increase in the Consumer Price Index (CPI) for the prior year.

This policy was suspended for a period in recognition of hardships faced during the COVID-19 pandemic. The policy will be re-enacted for the 2022 Schedule of Fees, which will be posted to the NLPB website prior to the opening of the annual renewal period.

Choose *Pay Now* to pay by credit card (Visa or MasterCard) or *Invoice Me* to pay by cheque or cash, or if your employer will be submitting payment. A copy of your invoice must be included with payments made by cheque or money order.

**Please note, a processing fee will be charged for a declined credit card or an NSF cheque.**

### After registration renewal

A copy of your invoice will be emailed to you as proof of payment. You can also view or print invoices from your profile at any time by clicking *Renewal/Other Invoices* under the *My Profile* section of the Member Portal homepage and selecting the print icon for the appropriate invoice.

Your 2021 registration certificate will be emailed to your primary email address in December. **It is your responsibility to ensure your registration is complete, including payment of fees, prior to working in 2022.**

### Renewing a pharmacy licence

Pharmacists-in-charge (PICs) must renew their own pharmacist registration before they are able to renew the pharmacy licence.

PICs have two usernames, one for their personal profile and one for the pharmacy profile. If you are having trouble logging in; try clicking "I'm not <NAME>" to enter a new username.

Once logged in to the pharmacy profile, click *Renew Your Pharmacy Licence*. Answer all questions in the renewal form carefully and click *Next* to advance to the next screen. Review your pharmacy's information, ensuring it is complete and accurate and making changes as necessary. Please fill in any missing information and ensure the names of dispensary staff, pharmacy hours, and ownership information are up to date. Ensure you include non-registered staff members, including pharmacy assistants and clerks, but not temporary staff such as students or interns. Continue navigating through the renewal form, clicking *Next* at the bottom of the page to advance forward.

Read and click to check that you agree to the declarations. Please note, by typing your name into the renewal, you are agreeing these declarations are true. Making false declarations or providing false or incomplete information on the renewal may be cause for revocation of registration and/or an allegation of conduct deserving of sanction.

The pharmacy licence will be emailed to the PIC before the end of December. It must be displayed in a conspicuous place in the pharmacy, in full public view.

**Pharmacy licence renewal is not complete until payment has been received by NLPB. The PIC is responsible for ensuring the licence has been renewed for 2022 and all regulated staff are registered to practice in 2022 before the end of year.**

#### DO I NEED TO RENEW? A QUICK GUIDE TO GOING ON LEAVE OR RETIRING

If you are not planning to practice pharmacy in 2022, you can choose to let your registration lapse and are not required to maintain professional liability insurance or PANL membership (if applicable).

Please notify the board in writing indicating that you will not be registering for 2022, including the reason.

If you are going on leave for part of 2022, please contact NLPB to reactivate your profile and renew your registration, 2-3 weeks prior to your return. The annual fee is prorated 50% for registration on or after July 1.



## NLPB OFFICE CONTACT INFORMATION

<b><u>Address</u></b>	<b><u>Phone/Fax</u></b>
Suite 201 145 Kelsey Drive St. John's, NL A1B 0L2	Phone: 709-753-5877 Toll-Free: 877-453-5877 Fax: 709-753-8615
General Information	<a href="mailto:inforx@nlpb.ca">inforx@nlpb.ca</a>
Sonya Doran Licensing Administrator	<a href="mailto:sdoran@nlpb.ca">sdoran@nlpb.ca</a>
Meghan Handrigan Office Administrator	<a href="mailto:mhandrigan@nlpb.ca">mhandrigan@nlpb.ca</a>
Melanie Healey Associate Registrar – Professional Practice	<a href="mailto:mhealey@nlpb.ca">mhealey@nlpb.ca</a>
Gayle Johnson Complaints and Quality Assurance Coordinator	<a href="mailto:gjohnson@nlpb.ca">gjohnson@nlpb.ca</a>
Aileen O'Keefe Registration and Licensing Administrator	<a href="mailto:aokeefe@nlpb.ca">aokeefe@nlpb.ca</a>
Noelle Patten ( <i>on Leave</i> ) Associate Registrar – Quality Assurance	<a href="mailto:npatten@nlpb.ca">npatten@nlpb.ca</a>
Natalie Payne Legal Counsel	<a href="mailto:npayne@nlpb.ca">npayne@nlpb.ca</a>
Margot Priddle Registrar	<a href="mailto:mpriddle@nlpb.ca">mpriddle@nlpb.ca</a>
Julie Reddy Communications Specialist	<a href="mailto:jreddy@nlpb.ca">jreddy@nlpb.ca</a>
Russell White Practice Consultant/Practice Site Assessor	<a href="mailto:rwhite@nlpb.ca">rwhite@nlpb.ca</a>

# THE APOTHECARY

NEWSLETTER

FALL 2021 - [nlpb.ca](http://nlpb.ca)



## IN THIS ISSUE:

- **MESSAGE FROM THE REGISTRAR** Taking Care this Holiday Season
- **BOARD MEETING** Update
- **DRUG SCHEDULING** in Canada
- **REGISTRATION AND LICENSING** Update
- **COMPLAINTS AND DISCIPLINE** Update
- **QUALITY ASSURANCE** Update
- **TARGET HARDENING** Preventing Robberies and Break-ins

The official newsletter of the Newfoundland & Labrador Pharmacy Board.

Registrants are responsible for reviewing all information within this publication.

*Welcome to the Fall 2021 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

### Taking Care this Holiday Season

As we approach the end of 2021, I would like to reflect on this past year and both the opportunities and challenges the pharmacy profession has faced. For many, 2020 will be remembered as the year of COVID-19, and 2021 will be known as the year of the vaccine. Pharmacies became instrumental in immunizing the population this year, with more than 144,000 influenza immunizations administered in pharmacies since the beginning of 2021 and nearly 80,000 COVID-19 vaccines dispensed since June, when pharmacies began participating in the vaccine rollout. Pharmacy professionals have always played an important role in managing public health, and the pandemic has served to both spotlight and strengthen that role. NLPB would like to recognize each of your invaluable contributions in managing the current public health crisis.

As pharmacy professionals you have also faced increased pressure over this past year, serving on the frontlines as an accessible gateway to the healthcare system while accessibility to many other healthcare professionals has decreased. As such, it is important that you recognize the dangers of exhaustion and burnout, take action to prevent it, and address it before it affects your ability to practice. In addition to the personal toll that burnout can take on the individual, for pharmacy professionals it can lead to negative patient outcomes. During this busy holiday season, it is important that you take the time to check in on your health and practice self-care to ensure you are taking care of your own wellness needs so you can provide quality care for others.

On behalf of the NLPB board and staff, we wish you a very happy holiday season.

Seasons Greetings,

*Margot Liddle*




*Seasons Greetings*  
 from the board members and staff of the  
 Newfoundland and Labrador Pharmacy Board

*May your holidays be merry and bright*

 NEWFOUNDLAND & LABRADOR  
 PHARMACY BOARD





## BOARD MEMBERS

### BOARD UPDATES

The NLPB Board of Directors met on November 26 for their final board meeting of 2021. The next meeting of the board will take place in March 2022, along with a strategic planning session to re-evaluate the 2020-2022 Strategic Plan.

#### EXECUTIVE COMMITTEE

##### CHAIR

Taggart Norris

##### VICE CHAIR

Henry White

##### EXECUTIVE MEMBER

Jason Ryan

##### PAST CHAIR

Gerri Thompson

#### 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

Nicole MacDonald

##### ZONE 6 PHARMACY TECHNICIAN

Jillian Thorne

##### ZONE 7 AT-LARGE PHARMACISTS

Timothy Buchanan

Taggart Norris

#### PUBLIC REPRESENTATIVES

##### BOARD-APPOINTED

Shirlene Murphy

Mark Sheppard

##### GOVERNMENT-APPOINTED

Gerri Thompson

#### DEAN, MEMORIAL UNIVERSITY SCHOOL OF PHARMACY

Shawn Bugden



Follow NLPB's LinkedIn page for updates and resources relevant to pharmacy professionals in NL.



## BOARD MEETING UPDATE

### Bylaw Amendment

At the November 2021 meeting, NLPB board members approved the addition of the following subsection to section 85 of the NLPB Bylaws, Professional Misconduct Defined:

Breach of a federal, provincial, municipal, or other law, bylaw, order, or provision applicable to the practice or profession of pharmacy or to the operation of pharmacies.

This subsection will now be designated as subsection b).

### Changes to Provincial Drug Scheduling

On November 26, 2021, NLPB board members approved a motion in relation to the Newfoundland and Labrador Provincial Drug Schedules to schedule by reference. As such, NLPB board of directors will no longer be required to approve drug changes made to the NAPRA National Drug Schedules (NDS). Once a change to the NDS has been approved by the NAPRA board of directors, it will be considered in effect in Newfoundland and Labrador immediately.

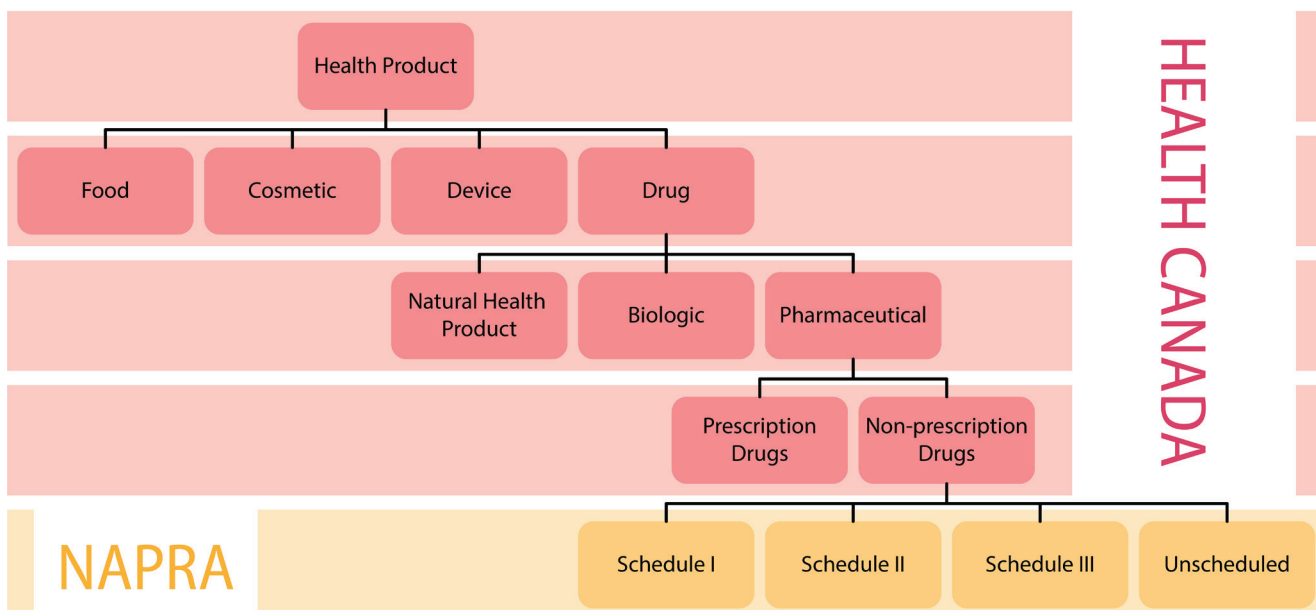
## DRUG SCHEDULING IN CANADA

Health Canada and the National Association of Pharmacy Regulatory Authorities (NAPRA) both have roles related to drug scheduling in Canada. These roles are separate and distinct, with each organization performing specific functions within the drug scheduling process.

Health Canada has the authority and responsibility to authorize health products for sale in Canada, including the responsibility to evaluate the safety, efficacy, and quality of health products. When reviewing health products, Health Canada classifies the product into one of several product types and further classifies drug products into additional categories.

NAPRA only reviews products that have not been classified as requiring a prescription by Health Canada under the National Drug Schedules (NDS) program. The NDS program consists of three schedules and four categories of drugs.

The chart below outlines the classification system used by Health Canada and NAPRA.



Visit [nlpb.ca/pharmacy-practice/provincial-drug-schedules](https://nlpb.ca/pharmacy-practice/provincial-drug-schedules) for more information and links to the NAPRA NDS.



## REGISTRATION AND LICENSING UPDATE

### 2022 Annual Registration and Licensing Renewal



**727**  
Pharmacists



**223**  
Pharmacy  
Technicians



**219**  
Pharmacies

NLPB's annual renewal period ended on November 30, 2021. At this time, 727 pharmacists and 223 pharmacy technicians have renewed their registration and 219 pharmacies have renewed their licence. All registrants must be registered and all fees must be paid prior to working in 2022. It is the pharmacist-in-charge's responsibility to ensure the pharmacy licence has been renewed and that all regulated staff are registered to practice in 2022 before the end of the year.

### Website Update

If you haven't already, visit [nlpb.ca](http://nlpb.ca) to explore the updated Registration and Licensing section of the NLPB website. The section has been expanded into multiple pages in order to facilitate a more seamless experience for registrants. The updated navigation structure, with content customized to each type of pharmacy professional that NLPB regulates, will help registrants find the information they need without having to sift through content that is not relevant to them. Keep an eye out in the new year for more updates to the NLPB website.

## IMPORTANT REMINDERS

### COMPOUNDING STANDARDS IMPLEMENTATION DEADLINE

As per the [Implementation Schedule for Non-Sterile Compounding Standards](#) and the [Implementation Schedule for Sterile Compounding Standards](#) the **deadline to complete Phase II of both schedules is December 31, 2021**. For more information on Compounding Standards and their implementation, visit NLPB's website at: <https://nlpb.ca/pharmacy-practice/standards-guidelines-policies/#nonsterile>.

### COVID-19 VACCINE REGULATIONS

As of Friday, December 17, 2021, the COVID-19 Vaccine Regulations are in force. As per the regulations and the Amendment dated December 14, 2021, any individual who is employed or provides services to an area, part, department or division of a business where members of a provincially or federally regulated health profession, such as pharmacists or pharmacy technicians, provide services in their capacity as a health professional, is required to be fully vaccinated.

NLPB is providing this information as a courtesy to registrants but is not involved in the development or administration of the legislation. As such, questions pertaining to the application of the regulations should be directed to the provincial government's Business Response Team at: [businessresponseteam@gov.nl.ca](mailto:businessresponseteam@gov.nl.ca).

### NLPB OFFICES – COVID-19 VACCINE REQUIREMENTS

Any person visiting NLPB offices are now required to provide proof of vaccination or proof of an approved medical exemption upon entering the office.



## COMPLAINTS AND DISCIPLINE UPDATE

### Methadone dosing error and insufficient aftercare provided

An allegation was filed by a Complainant alleging that she was provided an incorrect dose of methadone, and after ingesting some of the drink was not given appropriate aftercare or treated with due respect. In responding to the allegation, the pharmacist acknowledged the error, expressed remorse, and explained steps she had taken to review the incident and make changes in the pharmacy. Upon reviewing the matter, the Complaints Authorization Committee agreed that there were significant differences between the parties in their perceptions of how and what symptoms of the Complainant were communicated and of the aftercare that was received by the patient. Ultimately, the Committee determined that there were reasonable grounds to believe that the pharmacist had breached the following provisions:

*Newfoundland and Labrador Pharmacy Board Standards for the Safe and Effective Provision of Opioid Agonist Maintenance Treatment (“OAMT Standards”)*

8.3 a) *Prior to releasing methadone doses to the patient, the pharmacist must:*

iv) *If it is safe to provide the witnessed dose, the pharmacist must:*

- *Ask the patient to confirm their prescribed dose and their name on the dose bottle;*
- *Directly observe the patient ingesting the medication;*
- *Engage the patient in brief conversation to ensure the entire dose has been swallowed.*

11 e) *Administration Errors. In the event of a confirmed or suspected medication dosing error, the pharmacist must take appropriate and necessary action to minimize harm to the patient, ensuring transparency throughout the*

*entire process. This includes prompt consultation with the patient’s other health care provider(s) to determine appropriate actions to be taken. Following the incident, a root-cause analysis should be performed to determine any risks associated with the pharmacy workflow that may have contributed to the error, and process improvements should be made to prevent future errors.*

*Newfoundland and Labrador Pharmacy Board Code of Ethics*

1.2 *Registrants provide appropriate treatment and care.*

2.2 *Registrants treat all those they serve with courtesy and respect.*

3.1 *Registrants recognize and respect that each patient has different needs, beliefs, values, experiences, and preferences that will influence their attitudes towards health care and their desired health goals.*

The Complaints Authorization Committee agreed that the incident was indicative of a lack of focus on the part of the pharmacist and that, although the pharmacist did provide some aftercare and showed a level of compassion for the Complainant, there was likely more that could have been done on the part of the pharmacist to ensure that she and the Complainant understood each other in terms of the risks to the Complainant and the experience of the Complainant in the aftermath of the incident.

The Committee cautioned the pharmacist that she must guard against becoming so comfortable in her OAMT practice that it becomes rote. She was further cautioned to remember that each case is different and deserves individual care, and to avoid distractions while working in the pharmacy. The Committee also counselled the pharmacist to review all NLPB standards relevant to OAMT and the Code of Ethics, and to conduct a root-cause analysis and provide a copy to the Complainant.

*continued on next page*



## COMPLAINTS AND DISCIPLINE UPDATE

### LESSONS LEARNED

Independent double-checks should be performed for all steps of the methadone dispensing process. The patient's verification of the dose prior to ingestion represents an additional check to ensure that they are receiving the correct medication and dosage.

A pharmacy's policy and procedure for providing methadone doses must align with the steps outlined in section 8.3 of the OAMT Standards, and the process must be followed for every patient, every time. Failure to do so increases the risk of error.

If an error occurs, the patient's well-being is the priority. Particularly in cases of methadone dosing errors, the prescriber must be consulted promptly regarding an action plan for managing the incident. Pharmacists should identify and address patient's concerns about the potential health impacts of the incident and follow-up to monitor the effects of the error on the patient. After immediate health concerns are addressed, the pharmacy should complete a root cause analysis of the incident and, when appropriate, share information with the patient about how the pharmacy will improve processes to prevent recurrence.

### Medication error and privacy infringement – patients who share same last name

An allegation was filed by a Complainant alleging that her prescription had been mixed up with another patient's medication who shared her last name, resulting in both a medication error and a privacy infringement. The pharmacist acknowledged the error, expressed remorse, and took appropriate steps to address the error. The pharmacist indicated that she had been working as a relief pharmacist in a national chain at the time of the incident and had not been comfortable with the system in place at the pharmacy for checking prescriptions as it was different from her home pharmacy.

Upon reviewing the matter, the Complaints Authorization Committee found that there were reasonable grounds to believe that the pharmacist

had engaged in conduct deserving of sanction and counseled the pharmacist to ensure that if she is not comfortable with a system to correct it beforehand and to ensure that she is comfortable in her work environment. In its decision, the Committee also directed that a copy of the decision be provided to the pharmacist in charge and recommended that the pharmacist in charge take advantage of all safety protocols that are built into her system and available for use at her pharmacy.

### LESSONS LEARNED

Pharmacies should have prescription pick-up processes in place that respect patient confidentiality but also ensure that the right patient is receiving the right prescription.

While the bulk of responsibility for how a pharmacy operates belongs to the pharmacist in charge, in accordance with the Code of Ethics, individual registrants are also responsible for practicing in a manner that provides patients with quality care and are expected to take all reasonable steps to resolve situations where management policies and professional obligations are in conflict.

### Practicing without registration/failure of PIC to ensure all regulated pharmacy staff practicing at pharmacy are registered

In January 2021 the NLPB discovered that a pharmacist who had been actively working between January 1, 2021 and January 25, 2021 had failed to renew his registration and therefore had been practicing pharmacy during that time without being registered with the NLPB. The Registrar filed an allegation against the pharmacist who had not renewed and against the pharmacist-in-charge, who has the responsibility of ensuring all registrants practicing at the pharmacy are registered with the NLPB.

Both pharmacists entered into Settlement Agreements with the NLPB, acknowledging that their failure to ensure registration amounted to conduct deserving of sanction. The pharmacist who had not renewed was reprimanded and paid a fine of \$1000. The

*continued on next page*



## COMPLAINTS AND DISCIPLINE UPDATE

pharmacist in charge was reprimanded and paid a fine of \$500. Both pharmacists also paid a contribution towards the costs of the NLPB's involvement with the allegation.

### LESSONS LEARNED

Registrants are responsible for ensuring they are duly registered with NLPB prior to practicing pharmacy in NL. This includes ensuring that they have completed the registration renewal process each year. NLPB regularly communicates regarding registration renewal starting in October of each year and the process must be completed by November 30<sup>th</sup>.

Pharmacists-in-charge have a separate responsibility under the *Pharmacy Regulations, 2014*, to ensure that regulated pharmacy professionals employed by the pharmacy are registered with the board. Again, the pharmacist-in-charge should have processes in place to meet this requirement upon hiring staff and in conjunction with annual registration renewal.

### Dispensing an expired prescription

An allegation was filed by a Complainant veterinarian alleging that a pharmacy had filled a prescription for a patient of hers on three occasions beyond the expiry date that she had written on the prescription. It was determined that there were two pharmacists, one of whom was the pharmacist in charge, and two pharmacy technicians who were involved with the three refills that were dispensed after the expiry date. Allegations were forwarded to each of the four registrants. All four registrants acknowledged the errors and indicated that they had met as a staff to discuss the issue. The Complaints Authorization Committee determined that there were reasonable grounds to believe that the four registrants had each engaged in conduct deserving of sanction.

The Complaints Authorization Committee issued a caution to two of the registrants and a counsel to the two others, as two of the registrants had a prior disciplinary history that the Committee felt warranted a stronger warning. All four registrants

were cautioned/counselled that it is important to pay attention to detail and to carefully consider all information on a prescription at the time of data entry as well as at the verification stage. The pharmacist in charge was also cautioned to ensure that staff are advised of the importance of carefully reviewing the original prescription at the verification stage and to make sure that all staff are up to date in their understanding of all policies related to data entry and to checking prescriptions.

### LESSONS LEARNED

While typically prescriptions are considered "valid" for one year from the date on which the prescription was written, registrants should ensure that if a specific "stop date" is indicated by the prescriber, it is documented appropriately and honored.

### Failure to designate a replacement PIC upon extended leave

On February 15, 2021, the Registrar filed an allegation against a pharmacist ("Respondent") pursuant to section 37 of the *Pharmacy Act, 2012*. In the allegation, the Registrar alleged that the Respondent had left his position as pharmacist in charge for greater than 45 days without designating a replacement.

In his response to the allegation, the Respondent acknowledged being away from his position as pharmacist in charge while on medical leave for a period of longer than 45 days without designating a replacement. Following his response to the allegation, the Respondent agreed to participate in Alternative Dispute Resolution with the Registrar to attempt to resolve the matter.

The Respondent acknowledged that his actions constituted conduct deserving of sanction. In particular, he acknowledged that his actions were in violation of:

#### (i) *Pharmacy Act, 2012*

28. (1) The pharmacist in charge of a pharmacy operating under this Act shall ensure that that pharmacy is



## COMPLAINTS AND DISCIPLINE UPDATE

operated in compliance with this Act and failure to do so constitutes conduct deserving of sanction.

- (2) A person other than a pharmacist in charge shall not direct, control or manage a pharmacy.

(ii) *Pharmacy Regulations, 2014*

12. In addition to the responsibilities prescribed in the Act, a pharmacist in charge shall be responsible for the following:

- (a) actively directing, controlling or managing the pharmacy;

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- (d) ensuring that another pharmacist is designated as a pharmacist in charge when he or she is away from the pharmacy for more than 45 days.

The Respondent and the Registrar agreed to the following disposition of the allegation:

- 1) The Respondent is reprimanded for his admitted conduct deserving of sanction.

- 2) The Respondent will pay a contribution towards the costs of the Board's involvement in the allegation.
- 3) The Respondent will be restricted from acting as pharmacist in charge for a minimum period of two years from the date of this Settlement Agreement.
- 4) A copy of this Settlement Agreement will be placed in the Respondent's file and will be noted on any requests for a Letter of Standing from the Board.
- 5) This summary will be posted in the next issue of the Apothecary and may be published on the Board's website.

### LESSONS LEARNED

Pharmacies in NL are not permitted to operate without a designated pharmacist in charge (PIC). Whether the current PIC is leaving the pharmacy permanently or will be away temporarily for more than 45 days, it is their responsibility to ensure a new PIC is in place prior to leaving. If a PIC is unable to facilitate transition to a new PIC within a timely manner, the PIC is responsible to initiate pharmacy closure procedures.

## UPDATE TO HEALTH CANADA SUBSECTION 56(1) CLASS EXEMPTION

The [Health Canada Subsection 56\(1\) Class Exemption](#) for Pharmacists Prescribing and Providing Controlled Substances in Canada was updated in November 2021 to permit inter-provincial prescription transfers.

Pharmacists can now transfer a prescription for a controlled substance to another pharmacist within Canada for the duration of the Health Canada exemption.

Please note that only pharmacists who are authorized to prescribe by NLPB can continue prescriptions for controlled substances under the exemption.

For more information, check out NLPB's updated FAQ:

<https://nlpb.ca/media/NLPB-FAQ-on-Health-Canada-Exemption-Dec2021rev.pdf>

### PRESCRIPTION MONITORING PROGRAM – NL

The Newfoundland and Labrador Centre for Health Information is once again looking for feedback on the Prescription Monitoring Program – NL. In 2020, we asked for your feedback on the Program, and we are interested in hearing from you once again to see if, and how, things have changed as a result of the PMP-NL. Please take this 5-minute online survey to help inform future changes to improve the Program:

[https://www.surveymonkey.com/r/PMPNL\\_Dispenser\\_Year3](https://www.surveymonkey.com/r/PMPNL_Dispenser_Year3)



## QUALITY ASSURANCE PROGRAM UPDATE

### Community Pharmacy Practice Site Assessments Update

The ongoing COVID-19 pandemic continued to pose challenges to scheduling and conducting community practice site assessments throughout 2021. Recognizing that this trend may continue, a new “virtual” method of conducting assessments was developed. This process allows assessments to be completed remotely, adding flexibility to scheduling for pharmacists-in-charge and enabling NLPB to provide assessments to sites on a more frequent basis.

While methods continue to evolve in response to feedback received, presently, the program consists of a pre-assessment submission of materials by the pharmacist-in-charge followed by an assessment call. Materials to be submitted include a self-assessment form, sample documentation and photographs of the pharmacy. The self-assessment form, which is primarily focused on the Standards of Pharmacy Operation and Standards of Practice, helps pharmacists-in-charge identify any standards that are unmet and questions they may have about the application of standards and guidelines. These materials are reviewed by the site assessor prior to the assessment call, allowing for efficient use of time during the discussion.

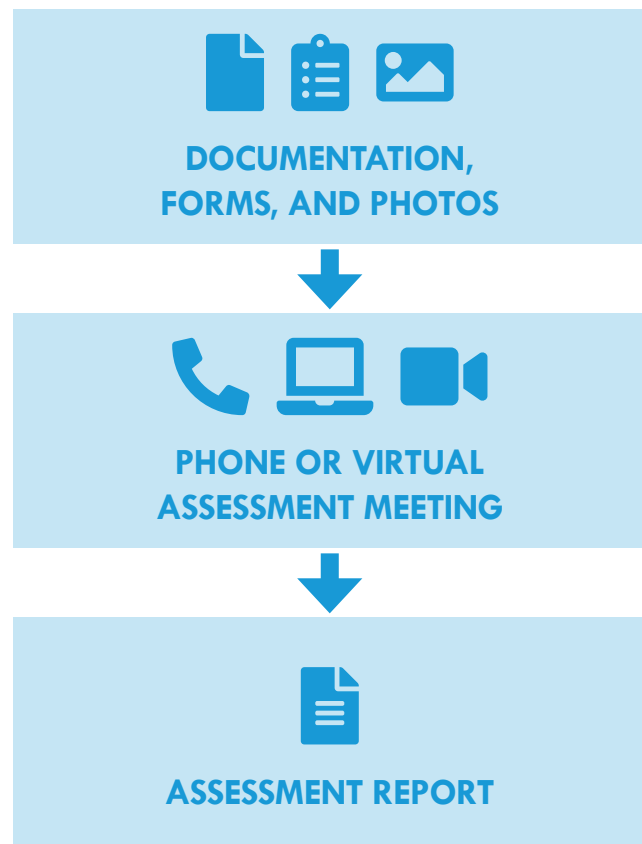
Assessment calls occur on the Zoom platform, allowing for face-to-face video conferencing and the ability to simultaneously review documentation on screen. Where this technology is not available, assessments are moved to a traditional telephone call. Calls consist of a review of various standards and guidelines as well as a discussion of additional best practices on topics such as security, quality assurance, internal policies and procedures, and various other topics surrounding professional practice.

NLPB site assessors complete an assessment form and this, along with the pharmacist-in-charge’s self-assessment form and discussions during the assessment, informs the assessment report. Pharmacists-in-charge are required to respond to the report, including plans for addressing

any standards that are unmet and implementing recommendations.

To date, nine assessments have been completed using this method and it will continue to be used into 2022. Trends and key learning points that become evident through individual assessments will be identified and shared broadly for the benefit of all registrants.

### Virtual Practice Site Assessment Process



### Professional Development Update

There will no longer be an end-of-year blackout period for entering professional development activities into the NLPB online registrant portal. In the past, registrants have only been able to enter learning activities earned after November 30 into the portal in the following calendar year. Now, pharmacy professionals can start entering learning activities as soon as they are completed. If you have completed activities for the December 1, 2021-November 30, 2022 PD year you can start recording them in the portal now.





## TARGET HARDENING – PREVENTING ROBBERIES AND BREAK-INS

It is important that pharmacy professionals are aware of the potential for robberies and break-ins, and the risks to both the pharmacy staff and the public when these events occur. While it is not possible to completely prevent a security incident, there are measures that pharmacists-in-charge (PICs), pharmacists, pharmacy technicians, and support staff can take to decrease the likelihood and to protect pharmacy staff and property. Pharmacy owners and PICs are encouraged to engage with community partners (e.g., police and security experts) to identify and implement strategies that deter perpetrators and enable successful investigations should an event occur.

### Security Assessment

#### General considerations

- Are lighting levels sufficient, both inside and outside the premises?
- Is there always adequate staff on site (including evenings, weekends, holidays, etc.)?
- Are patrons required to limit the wearing of disguising clothing inside the pharmacy (hats, sunglasses, helmets, etc.)?
- Has the PIC connected with local police to discuss security and put the pharmacy on their radar?
- Is the pharmacy layout conducive to the use of a buzzer-entry system?
- Are windows and doors adequately protected? Are deadbolt locks used? Shatterproof glass? Are external bars or security gates needed to improve security?

#### Security system quality evaluation

- Is there a high definition (HD) closed-circuit television system (CCTV) in place that has date/time stamped data and archived storage? Is the camera system checked daily to make sure it is working? Is the location where data is stored unidentifiable and protected?

- Are key areas of the pharmacy covered by the CCTV? Is there a camera within the dispensary and/or at the public entrance that captures high quality close-up, eye-height images of individuals?
- Is there an alarm system that includes motion detectors, door alarms, and silent alarms? Is there a panic button or trigger code for the alarm?
- If the pharmacy is located within a larger retail space, does the dispensary have its own separate alarm zone?
- Is there clear and visible signage that indicates an alarm system and video surveillance are in place?

#### Managing controlled substances

- Is the controlled substances inventory kept to a minimum? (i.e., “minimum” based on the next available delivery and on pharmacy needs).
- Are physical inventory counts, reconciliations, and audits regularly performed?
- Are narcotics and controlled drugs stored in a high-quality, secure safe?

#### Policies, procedures, and staff training

- Does the pharmacy have written policies and procedures for pharmacy security and security incident prevention?
- Are pharmacy staff aware that they should not discuss pharmacy security procedures with anyone outside the pharmacy?
- Are staff trained yearly on robbery or break-in prevention and what to do if an event occurs? Is there a step-by-step guide?
- Are staff trained to be alert and aware of suspicious behaviour?
- Do staff know what to do if a robbery or break-in occurs?

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## TARGET HARDENING – PREVENTING ROBBERIES AND BREAK-INS

### Response to Security Incidents

#### In the event of a robbery

The fundamental objective should be to maximize safety for staff and patrons.

- Try to remain calm and methodical.
- Comply with the individual – do as told, nothing more and nothing less.
- Utilize non-threatening body language; maintain personal space as much as possible and limit eye contact if possible.
- Attempt to remember as much as possible about the offender(s) (voice, language, clothing, mannerisms, physical description, and distinguishing features).
- Stay out of danger if not directly involved.
- Consider activation of a silent alarm, if safe to do so.
- Ensure that the offender's escape route remains clear.

#### Immediately following a robbery

- Make a note of how the perpetrator exits the area. Consider factors such as movement direction and use of a vehicle (including license plate number, make, model, colour, etc.).
- Immediately close the pharmacy, secure the premises and lock all entrances.
- If the police have not already been alerted by a silent alarm, call the police as soon as it is safe to do so.
- Maintain the integrity of the site to maximize collection of evidence and the likelihood of apprehending the perpetrator. This could include: avoid touching anything that the offender came into contact with, as this may be able to provide forensic evidence; ask witnesses to remain at the scene until the police can interview them – collect contact details where possible; and ask all witnesses to independently complete a description.
- Once police arrive, give full statements, and comply with their requests.

#### Next steps

- Provide critical stress debriefing and stress counselling as soon as possible, and support staff wellness, including time off for affected individuals.
- Contact NLPB and provide details about what happened.
- Report any loss or theft of controlled substances to Health Canada using a Loss or Theft Report Form within 10 days. A copy of this form should be sent to the NLPB and retained in the pharmacy.
- Attempt to prevent repeat victimization by reviewing details surrounding the security incident and conducting a pharmacy security evaluation to identify areas of risk and improvements.

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#### **Reference Documents:**

Guidelines for Addressing Pharmacy Robbery, Apothecary, Winter 2015

Preventing Violence, Robbery and Theft: A Guide for Retail Owners, Managers, and Workers. Available at: <https://www.worksafefbc.com/en/resources/health-safety/books-guides/preventing-violence-robbery-and-theft?lang=en> )

Safety and Security for Pharmacies: Preventing Robberies. Pharmacy Connection, 2018. Available at: <https://pharmacyconnection.ca/safety-and-security-for-pharmacies-winter-2018/>)

Recommended guidance for community pharmacists in the areas of security, inventory reconciliation, and record keeping. Health Canada. (2019) Available at: [https://napra.ca/sites/default/files/2019-04/CS-GD-022%20Recommended%20guidance%20for%20community%20pharmacists\\_EN.pdf](https://napra.ca/sites/default/files/2019-04/CS-GD-022%20Recommended%20guidance%20for%20community%20pharmacists_EN.pdf)



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# THE APOTHECARY

NEWSLETTER  
SPRING 2022 - [nlpb.ca](http://nlpb.ca)



The official newsletter of the Newfoundland & Labrador Pharmacy Board.

Registrants are responsible for reviewing all information within this publication.

## IN THIS ISSUE:

- **COMPOUNDING STANDARDS** The Journey to Implementation
- **BOARD MEETING** Update
- **RESPONSIBILITIES OF A PHARMACIST-IN-CHARGE** Managing Leave
- **COMPLAINTS AND DISCIPLINE** Update
- **CONTINUOUS QUALITY & SAFETY IMPROVEMENT**  
Practice Site Assessments

*Welcome to the Spring 2022 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).*

## COMPOUNDING STANDARDS — THE JOURNEY TO IMPLEMENTATION

### Implementation of Sterile and Non-sterile Compounding Standards — A Walk Down Memory Lane...

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#### FEBRUARY 2017

NLPB adopts NAPRA [Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations](#) and [Model Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations](#).

#### FALL 2017

NLPB conducts a pilot of the practice site assessment program for hospital pharmacies, revealing significant gaps between the requirements of the new compounding standards and current practices and infrastructure. NLPB initiates discussions with the pharmacy management and senior executives within the Regional Health Authorities (RHAs) and the Department of Health and Community Services (DHCS) about the need to implement the new standards in the interest of patient safety.

#### FEBRUARY 2018

NLPB adopts NAPRA [Model Standards for Pharmacy Compounding of Non-Sterile Preparations](#) and [Guidance Document for Pharmacy Compounding of Non-Sterile Preparations](#), in principle.

#### SPRING 2018

NLPB strikes two task forces — one for non-sterile compounding and one for sterile compounding — to inform the development of implementation schedules for the standards.

#### FEBRUARY 2019

NLPB approves the [Implementation Schedule for Non-Sterile Compounding Standards](#) and [Implementation Schedule for Sterile Compounding Standards](#).

#### 2019

Registrants assess their pharmacy's gaps and start action planning as they approach the Phase 1 deadline at the end of the year.

#### JUNE 2020

Phase 2 and 3 Compounding standards deadlines are extended by 1 year in recognition of additional constraints on the health care system as a result of the COVID-19 pandemic.

#### DECEMBER 31, 2021

End of Phase 2. All pharmacies are expected to fully meet Level A non-sterile compounding standards. Pharmacies providing Level B, Level C, and sterile compounding standards have most “people and process” elements of the standards in place and are completing or have completed facility upgrades.



## COMPOUNDING STANDARDS — THE JOURNEY TO IMPLEMENTATION

### Celebrating Completion of Phase 2

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December 31, 2021 marked the end of Phase 2 of compounding standards implementation. Pharmacy owners, managers, pharmacists-in-charge, and pharmacy professionals have made significant progress with improving the quality and safety of compounding practice by updating policies and procedures, improving the training of compounding personnel, and upgrading their infrastructure. Many community and hospital pharmacies have invested heavily to be able to safely provide compounding services. Throughout these past three years, NLPB practice consultants and assessors have received many inquiries from pharmacy professionals and have been regularly assessing pharmacy renovations. NLPB would like to thank registrants for their commitment to quality improvement and patient safety.

### Phase 3: Approaching the Finish Line

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**DECEMBER 31, 2022**

The final deadline to meet ALL Level B and C non-sterile and sterile compounding standards.

As the implementation plan progresses through Phase 3, many pharmacies engaging in complex compounding are nearing the completion of significant facility upgrades and are in the process of implementing a quality assurance program that verifies the quality of their compounding practice and the integrity of their facilities. Specifically, most hospital pharmacies have faced complex renovations that were necessary to meet facility requirements for sterile compounding, a higher risk practice that is primarily carried out by hospital pharmacies in this province. Significant resources have been invested by the provincial government through the Regional Health Authorities (RHAs) and pharmacy teams have been dedicated to bringing the sterile compounding standards to life.

Once renovations are completed, pharmacy teams must schedule and prepare for the final certification and NLPB site assessment. NLPB's Practice Site Assessor (Hospital), Ken Walsh, who teams would have been in contact with throughout the process, will provide a list of required documents and arrange an on-site or virtual assessment of the newly constructed or renovated space. Ken has been a hospital pharmacist for many years and completed his Certification for Sterile Compounding for Inspectors through Critical Point.

As many hospital pharmacies are approaching the facility certification and assessment process, Ken has some helpful tips for achieving a successful outcome:

- Contact the certification company well in advance to arrange a certification date for the compounding facility and equipment.
- When the certification is scheduled, contact NLPB at the earliest opportunity, at least 30 days in advance, to schedule your assessment.
- Complete the relevant NLPB self-assessment form to ensure all requirements are met.
- Submit the pre-assessment documentation requested by the assessor — including an up-to-date self-assessment, clearly labelled photos, and certification documents — as soon as possible.
- Ensure the relevant staff are scheduled to participate in the preparation, certification, and assessment processes.



## COMPOUNDING STANDARDS — THE JOURNEY TO IMPLEMENTATION

### CROSSING THE FINISH LINE - JAMES PATON MEMORIAL HOSPITAL PHARMACY

James Paton Memorial Hospital Pharmacy became the first hospital pharmacy to complete its construction of new sterile compounding facilities and the related certification and assessments processes in March 2022. John Bautista, Central Health's Compounding Supervisor, regards the accomplishment with both pride and relief. With so many moving parts, the project was a team effort, with project manager, Lindsey Lewis; sterile compounding technicians, Wendy Fudge, Robyn Jennings, and Julie Woolfrey; and housekeeping staff, led by manager Dana Fudge, all playing a vital role. When asked what factors he felt led to their success, John replied, "working with team members who respected each other and who really accepted responsibility and did what needed to be done, without hesitation."

The project team was diversely skilled to ensure all bases were covered. The project manager was a vital link between pharmacy and the various contractors and sub-contractors working on the facility, and was able to reconcile the pharmacy requirements with the physical construction to ensure all standards were being met. John was able to use his Lean Healthcare Green Belt as an asset on the project as it enabled him to visualize the workflow area and helped him design the physical layout of the facility. The housekeeping staff had an important role in meeting the standards, as they were responsible for making the area safe for staff and, by extension, safe for patients.

The project received a lot of support from management, with Pharmacy Manager, Evelena Verge, and Director of Pharmacy, George Skeard, helping to provide solutions to various challenges encountered during the life of the project. In addition, John was able to reach out to his counterparts from the other RHAs in the province to gain knowledge from their collective experiences.

John and his team have been in constant contact with NLPB's Practice Site Assessor (Hospital), Ken Walsh, since the beginning of the project. "He was, and continues to be, very timely in answering my questions, and has really worked with us, providing potential solutions to any problems we meet along the way," said John of working with Ken, "he appreciates the enormity of this project, and that has been beneficial indeed."

In preparing for the final certification and NLPB assessment of the renovation, John and his team took the time to write a revised and detailed gap analysis based on what is required by NLPB. It allowed the team to reflect on what they had collectively created and how far they had come since their initial gap analysis in 2019. To prepare for the arrival of the certifiers, the housekeeping staff began a thorough cleaning of the area as soon as the contractors had finished their work. Once the housekeeping staff were finished, the pharmacy technicians took time out of their busy work day to intensively clean the hoods. When preparing for the NLPB site assessment, John and his team took many photos, as the public health restrictions at the time due to the COVID-19 pandemic prevented an on-site assessment. In addition to the list of requirements provided by NLPB, when taking pictures, John tried to anticipate any small details that may need to be assessed, such as signage, ceilings, air vents, and the locations of alcohol-based hand rub dispensers.

As many hospital pharmacy teams are working diligently towards this achievement, John would offer this advice, "Engage stakeholders, such as housekeeping, early and regularly. Consult your peers and reach out to NLPB if you run into problems. And pictures, lots of pictures."

*Having worked closely with the team during the duration of this project, NLPB's Practice Site Assessor (Hospital), Ken Walsh, would like to commend Central Health's pharmacy team for their work towards reaching compliance with the facility requirements of the sterile compounding standards.*



**BOARD MEMBERS****BOARD UPDATES**

The NLPB Board of Directors met on March 11 for their first board meeting of 2022. The next meeting of the board will take place in August 2022, along with a strategic planning session to re-evaluate the 2020-2022 Strategic Plan. The Annual General meeting will take place on May 13, 2022.

**EXECUTIVE COMMITTEE****CHAIR**

Taggart Norris

**VICE CHAIR**

Henry White

**EXECUTIVE MEMBER**

Jason Ryan

**PAST CHAIR**

Gerri Thompson

**PUBLIC REPRESENTATIVES****BOARD-APPOINTED**

Shirlene Murphy

Mark Sheppard

**GOVERNMENT-APPOINTED**

Gerri Thompson

**NON-VOTING****REGISTRAR**

Margot Priddle

**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**

Nicole Kennedy

**ZONE 6 PHARMACY TECHNICIAN**

Jillian Thorne

**ZONE 7 AT-LARGE PHARMACISTS**

Timothy Buchanan

Taggart Norris

**DEAN, MEMORIAL UNIVERSITY  
SCHOOL OF PHARMACY**

Shawn Bugden





## BOARD MEETING UPDATE

Prior to the March 11 meeting of the board, the board decided to postpone the planned strategic planning session for March, due to the additional strain pharmacy professionals experienced during the COVID-19 outbreak earlier this year, making meaningful registrant engagement difficult. The strategic planning session has been rescheduled for August 2022, with registrant engagement planned prior to the session.

### Point of Care Testing Guidelines

At this meeting, NLPB board members approved the *Guidance for Point of Care Testing in Community Pharmacy* document. The guidelines detail both operational and pharmacist expectations when providing point of care testing services and are intended to guide pharmacy practice in the absence of defined legislation or standards of practice. Registrants should only depart from a guideline if they can demonstrate that, by doing so, they did not detract from the safety, effectiveness, or appropriateness of patient care. These guidelines should be reviewed by all registrants. The guidelines are available on the Standards, Guidelines, Policies & Positions page under the Pharmacy Practice section of the NLPB website or by clicking this link: <https://nlpb.ca/media/Guidelines-POCT-March2022.pdf>

### Professional Development Accreditation

Following a jurisdictional scan conducted by staff and discussion of the issue at a previous meeting of the board, the board formally acknowledged that professional development accreditation is not an appropriate business line for a regulatory body. Therefore, the board decided that NLPB will cease accreditation services by November 30, 2023, with the understanding that NLPB will support initiation of accreditation services by another organization who is interested to the extent possible. Additional information regarding this matter will be communicated in the coming months.

### Quality Assurance Committee

Following a recent call for expressions of interest for registrants to fill open positions for hospital pharmacists and pharmacy technicians on the Quality Assurance Committee, the board appointed

four applicants, Brittany Churchill, Cassandra Osmond, Paula Chaplin, and Sheilagh Hanley to the committee for a three-year term. In addition, current committee members Karen Mercer, Kelda Newport, Susan Gladney-Martin, and Andrew Sweetapple were re-appointed to sit on the committee for a further three-year term.

### Continuous Quality Improvement Program

NLPB committed to the development and implementation of medication safety standards (including incident reporting processes) in the 2020-2022 Strategic Plan. The project was placed on hold in 2019 to allow for the completion of the [National Association of Pharmacy Regulatory Authorities \(NAPRA\) Model Standards for Continuous Quality Improvement and Medication Incident Reporting](#). NLPB staff members sat on the task force responsible for the development of these standards, which were published in July 2021. During the most recent meeting of the board, these standards were adopted in principle, for the purpose of developing an accompanying interpretation guide and continuous quality improvement (CQI) program for community pharmacies. It was noted that CQI programs implemented by some other Canadian provinces have included common elements which may be implemented in NLPB's future program, such as the reporting of medication incidents, data analysis, proactive risk management, open communication about medication incidents and lessons learned, and documentation and evaluation of medication incidents.

In order to begin development on a plan to launch the program, the board approved a name for the CQI program — MedSTEP NL (Medication Safety Through Error Prevention).

Also during this meeting, a task force was struck to provide feedback on the development of an interpretation guide, advise on CQI program components, and recommend implementation deadlines. Several members of the board have joined the task force, with plans to put out a call for additional volunteers in the coming months.



## RESPONSIBILITIES OF A PHARMACIST-IN-CHARGE — MANAGING LEAVE

Whether staff are taking a short vacation, an extended leave of absence, or leaving their position with the pharmacy, pharmacists-in-charge have a duty to ensure the pharmacy is taken care of while staff members are away. Recently, NLPB has encountered several instances when this duty has not been upheld. A pharmacist-in-charge's failure to comply with their responsibilities and obligations as set out in the *Pharmacy Act, 2012* and *Pharmacy Regulations, 2014*, may result in disciplinary action. To avoid such instances and to ensure public safety, pharmacists-in-charge are encouraged, when possible, to have policies and procedures in place to ensure staff leave does not negatively affect pharmacy operations or patient care.

### Replacing the Pharmacist-in-charge

A pharmacy cannot operate for an extended period of time without a designated pharmacist-in-charge on site. Pharmacists-in-charge who will be away for more than 45 days or will be permanently leaving their position with the pharmacy are responsible to ensure another pharmacist is designated as a pharmacist-in-charge. In these instances, it is not only the pharmacist-in-charge's responsibility to notify the pharmacy owners, but they are also required to notify NLPB. When possible, notice should be given to NLPB 30 days prior to the pharmacist-in-charge taking extended leave or leaving their position with the pharmacy, otherwise the application will be subject to an additional fee. Although the pharmacist-in-charge may not be the person responsible for hiring their replacement, they do have a responsibility to ensure that the pharmacy does not operate without a designated pharmacist-in-charge.

The timeline to replace a pharmacist-in-charge can vary depending on the candidate selected. At one end of the spectrum, if the candidate is a current registrant with NLPB and has already been authorized to be designated a pharmacist-in-charge, then the processing time is minimal upon NLPB receiving the completed [Application to Change Pharmacist-in-Charge](#). On the other end of the spectrum, if the candidate is currently practicing in another Canadian province and is not registered

with NLPB, then the timeline can take up to 8 weeks to allow for obtaining required documents, processing of applications, and successful completion of both the NLPB registration exam and pharmacist-in-charge education program. In addition, documents which must be obtained from third-parties, such as a certificate of conduct or letter of standing, are subject to the third-parties' processing times. Explore all of your options for designating a new pharmacist-in-charge by reviewing Chart A: Process for PIC Replacement on page 8.

In the case of extended leave of more than 45 days, if no suitable candidate is found before the pharmacist-in-charge leaves, then they must apply to NLPB for a temporary closure by completing and submitting the [Request for Temporary Closure](#) form.

In the case of a pharmacist-in-charge permanently leaving their position with the pharmacy, if no suitable candidate can be found before they leave, they are required to contact NLPB to discuss the process for closing the pharmacy. If the pharmacy owner is able to hire an eligible pharmacist-in-charge in the future, they can apply for a new pharmacy licence.

### HIRING FROM ANOTHER PROVINCE

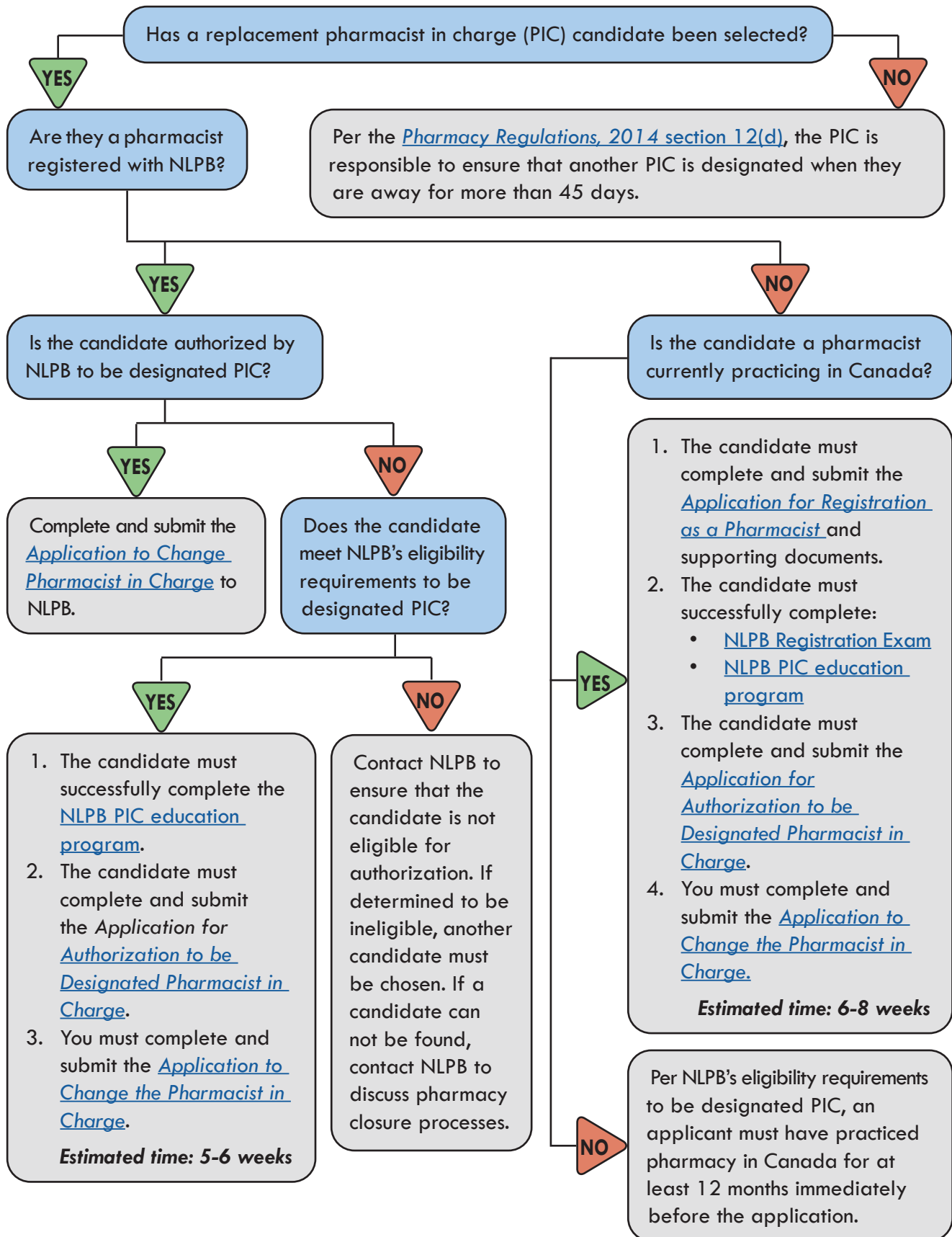
The registration process for a pharmacist practicing within another Canadian province includes obtaining:

- Certificate of conduct issued within the past six months;
- Letter of Standing from all pharmacy regulatory authorities with which they are currently, or were formerly, registered;
- Verification from their employer(s) that they have practiced as a pharmacist for a minimum of 420 hours in the previous two calendar years;
- Successful completion of the NLPB Registration Exam;
- Proof of professional liability insurance; and
- Proof of membership with PANL.



**RESPONSIBILITIES OF A PHARMACIST-IN-CHARGE — MANAGING LEAVE**

**CHART A: Process for PIC Replacement**



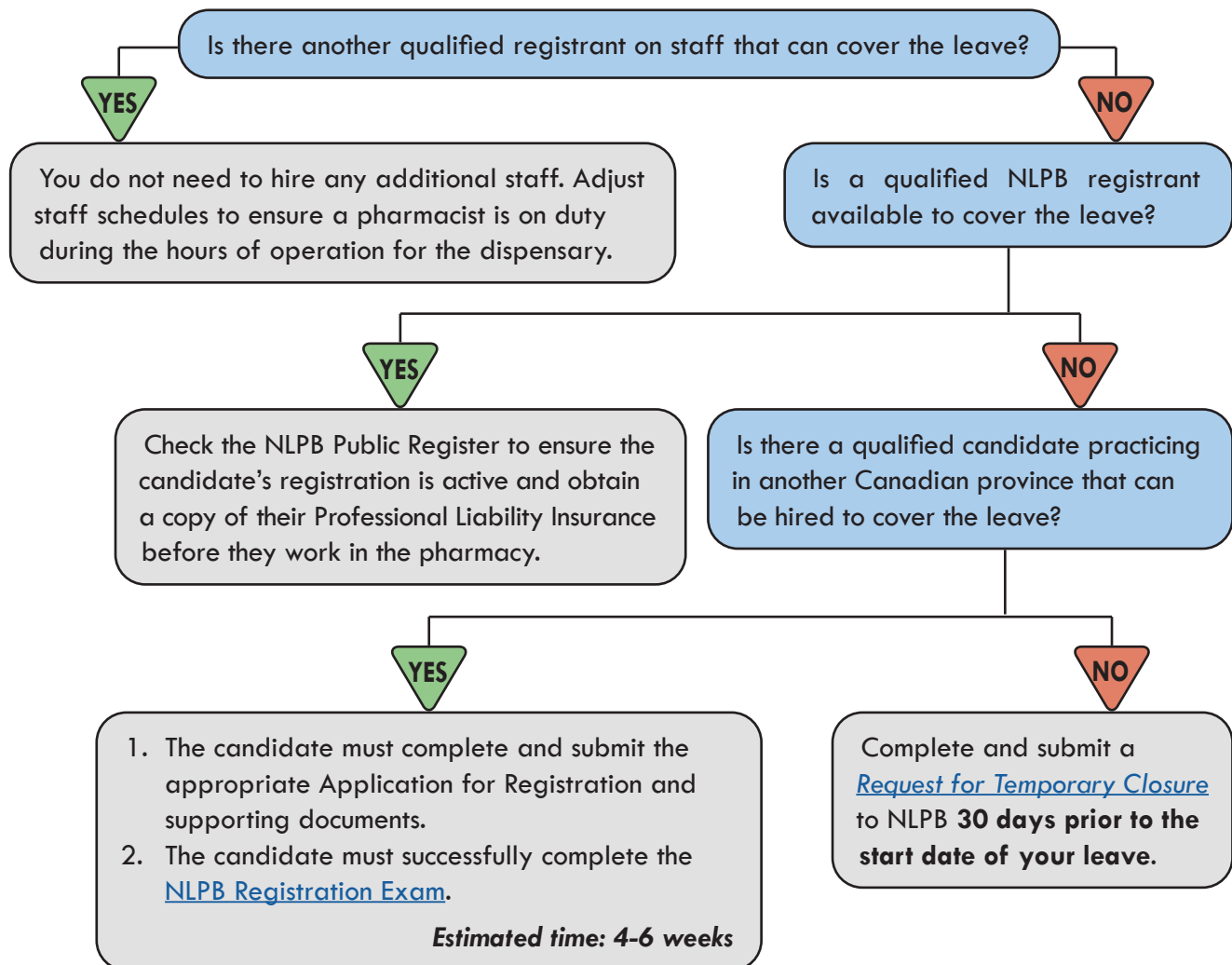
## RESPONSIBILITIES OF A PHARMACIST-IN-CHARGE — MANAGING LEAVE

### Managing Pharmacist Relief

A pharmacy cannot operate without the oversight of a pharmacist and sufficient staff. Therefore, it may be necessary to hire additional temporary staff to cover the pharmacy staff leave. If hiring pharmacists or pharmacy technicians from other Canadian provinces to cover staff leave, ensure there is sufficient time to have them complete the registration process. Relief pharmacists and pharmacy technicians should not be relied on for coverage until their registration is confirmed. The registration process for a pharmacist or pharmacy technician practicing within another Canadian province can take 4-6 weeks to complete. For a detailed view of the process of covering short term

leave, refer to Chart B: Process for Pharmacist or Pharmacy Technician Leave Relief below. When managing staff leave, the pharmacist-in-charge’s main priority should always be continuity of care for the pharmacy’s patients. If any changes to pharmacy hours of operation and/or services should result from a staff shortage, or for any other reason, it is their duty to ensure patients are informed and that their needs will be addressed during the disruption. NLPB should also be informed of the change in pharmacy operation at the earliest opportunity.

### CHART B: Process for Pharmacist or Pharmacy Technician Leave Relief



## COMPLAINTS AND DISCIPLINE UPDATE

### Failure to Perform Adequate Assessment in Relation to Refill Requests

While two parents were in the midst of sorting out custody and parenting of their child, one parent (the Complainant) filed an allegation against a pharmacist, alleging that the pharmacist had been dispensing too much of a controlled substance that was prescribed to the child to the other parent. The child's patient profile printout showed multiple early refills that resulted in nearly double the amount of tablets being dispensed over a nine month period. The pharmacist acknowledged the early refills and indicated that they were primarily provided at times when the other parent stated that they had not received all of the child's medication back from the Complainant when the child returned from their care. The pharmacist attempted to reach the prescriber on a number of occasions but did not receive any direct communication in reply from the prescriber.

The Complaints Authorization Committee found reasonable grounds to believe that the pharmacist had breached the following responsibilities: to assess patient adherence issues prior to dispensing, to consult with other health care professionals when appropriate, to consider how inappropriate use of medication can negatively impact the general public, and to take appropriate measures to mitigate potential public risks that may arise from his decisions. The Complaints Authorization Committee counselled the pharmacist to consider both the safety of his patients and public safety, and to consider intervening sooner in circumstances where family disputes are interfering with a patient's regular refill schedule. The pharmacist was also counselled to consider other means to correct the problem, such as ensuring a conversation with the prescriber occurs or contacting the police or child protective services when it becomes apparent that there are regular questions arising about whether a child is receiving their medication.

### LESSONS LEARNED

Regardless of whether the patient has presented a prescription for a new medication, a new prescription for ongoing therapy, or has requested a refill, no medication should be released to the patient without a pharmacist completing a clinical assessment and consulting with the patient or their agent, as required.

When assessing refill requests for appropriateness, pharmacists are expected to review relevant patient information to ensure:

- there are no significant drug interactions, contraindications, or adverse effects;
- the medication is still required;
- the patient is adherent with taking the medication as prescribed for their health condition;
- the dose and instructions for use of the medication are correct; and
- that the patient is receiving appropriate monitoring for this medication and disease.

If after completing this assessment, the pharmacist determines that the patient's request for a refill poses a potential risk to the patient or that there are medication adherence issues, they are expected to:

- adapt the prescription as necessary, in accordance with appropriate legislation and standards;
- contact the prescriber to discuss the issue and/or recommend changes to the drug therapy; and/or
- refuse to dispense the medication.

Further to this, in accordance with the [Code of Ethics](#), registrants have a societal obligation to

- recognize how the inappropriate use of medication can negatively impact patients, the general public, and the health care system, and participate in activities that prevent such harms whenever possible; and
- take appropriate measures to mitigate potential public risks that may arise from their practice decisions.



## COMPLAINTS AND DISCIPLINE UPDATE

### Breach of Code of Ethics in Relation to Advertising and Inducements

An allegation was filed alleging that a pharmacy had violated NLPB's advertising guidelines with respect to an advertisement posted through various social and other media by a third-party company that the pharmacy had a contract with. The allegation was forwarded to both the staff pharmacist who had provided quotations for the advertisement and to the pharmacist in charge.

The Complaints Authorization Committee determined that there were reasonable grounds to believe that the advertisement violated the NLPB's advertising and inducement guidelines as it contained: comparative statements implying superiority over other pharmacies, endorsements, and inducements to encourage the transfer of prescriptions to that pharmacy.

The Complaints Authorization Committee counselled the staff pharmacist and pharmacist in charge to ensure the advertisement was removed and to be more cautious in the future about attaching their name or the pharmacy's name to an advertisement.

The Complaints Authorization Committee also counselled the parties that regardless of who sponsors an advertisement, it must comply with all NLPB requirements.

### LESSONS LEARNED

Registrants are expected to practice in accordance with the [Code of Ethics](#), which states that:

- registrants do not participate in advertising or promotion that is outside of the boundaries of the law or that diminishes the dignity and honour of the profession; and
- registrants do not offer inducements to any person or entity that are conditional on or related to a patient obtaining medications or services from the registrant.

The [Code of Ethics Interpretation Guide related to Advertising & Promotion](#) goes on to state that advertisements and promotions communications MUST NOT:

- contain comparative statements, or claim or imply superiority over other pharmacies or registrants; or
- encourage the transfer of prescriptions by offering the receipt of a gift, discount or other inducement associated with filling prescriptions or receiving professional services.

### PROFESSIONALISM ON SOCIAL MEDIA

The requirement to abide by all federal, provincial, and NLPB legislation, standards, and guidelines, along with expectations of professional and ethical conduct, are the same for registrants whether they are interacting with others in person or through social media and whether they are interacting in a personal or professional context.

Registrants are reminded to review and abide by the [NLPB Registrant Use of Social Media Policy](#) when interacting on social media platforms. Inappropriate use of social media may result in disciplinary action from the NLPB, disciplinary action from the registrant's employer, an investigation by the Office of the Information and Privacy Commissioner, civil liability, or prosecution.

Any registrant who is aware of any activity by another registrant that is in violation of these requirements has a duty to report, as outlined in [section 58 of the Pharmacy Act, 2012](#).



## CONTINUOUS QUALITY & SAFETY IMPROVEMENT – PRACTICE SITE ASSESSMENTS

Public health restrictions and the additional strain on the healthcare system due to the COVID-19 pandemic have contributed to a delay in the scheduling of NLPB practice site assessments (PSAs). However, as NLPB has moved forward in scheduling PSAs, practice site assessors have faced additional challenges with pharmacists-in-charge (PICs) committing to carving out the time in their schedule to carry out the assessment. While we understand that pharmacy professionals are busy managing day-to-day practice issues, NLPB staff are required to carry out PSAs as part of NLPB's Quality Assurance (QA) program, and PICs are required to participate. Continuous improvement of quality and safety in pharmacy practice must remain a shared goal of both NLPB and pharmacy professionals, and PSAs are key to ensuring that goal is reached.

### A Legislative Requirement

[Section 52\(1\) of the Pharmacy Act, 2012](#) states:

*52. (1) The board shall establish and maintain a quality assurance program to promote high standards of practice within the pharmacy profession.*

Per the legislation, the QA program must be designed to promote continuing competence and quality improvement.

The QA program consists of four main categories:

- registrant;
- practice site;
- practice support tools; and
- legislative and regulatory support.

Within the practice site category, NLPB has developed practice site assessment programs for community and hospital pharmacies in order to promote regulatory standards and facilitate quality improvement processes.

### Community Pharmacy PSAs: Getting Back on Track

NLPB has been carrying out practice site assessments in community pharmacies since 2014. The QA program has a set target to assess a pharmacy at least every 3-5 years, as well as to perform assessments upon pharmacy opening, renovation, or relocation. Since

2020, circumstances have made it difficult to meet this target, as the focus of both registrants and NLPB had to shift to the issues related to the COVID-19 pandemic. However, as the province adjusts to a new normal of living with COVID-19, NLPB is compelled to shift back to its core business lines and meet its regulatory obligation to carry out QA activities.

As indicated in the [Fall 2021 issue of The Apothecary](#), NLPB recently implemented a new virtual method of conducting assessments, to address the challenges the COVID-19 pandemic will continue to present to scheduling and conducting community pharmacy PSAs. This process allows assessments to be completed remotely, adding more flexibility to scheduling for PICs and enabling NLPB to resume the pre-pandemic frequency of conducting assessments.

When a pharmacy is selected for a PSA, the PIC will receive an email, indicating an assessment date. As such, it is important that PICs ensure the preferred email address in the pharmacy profile of NLPB's member portal is accurate, and that it is being checked regularly. The NLPB assessor will then consult with the PIC directly to determine the assessment start time. It is important to note, that although NLPB does its best to work with the PIC to accommodate their schedule, participation is mandatory. Assessments are usually scheduled four weeks in advance to give the PIC sufficient notice to prepare. PICs are asked to confirm their assessment time as soon as possible and only request to reschedule if necessary (i.e. unexpected staff shortages, illness, etc.).

### Patient Safety: A Shared Goal

Through the PSA program, NLPB aims to enhance patient outcomes by working with registrants to increase adherence to federal and provincial legislation, Standards of Practice, and the Code of Ethics. NLPB's mandate is to protect the public; however, patient safety is a shared goal with registrants, as we collectively aim to improve the safety and quality of pharmacy practice and meet patients' health care needs.

NLPB thanks pharmacy professionals for their commitment and cooperation towards meeting this shared goal.



## NLPB OFFICE CONTACT INFORMATION

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General Information	<a href="mailto:inforx@nlpb.ca">inforx@nlpb.ca</a>
Meghan Handrigan Office Administrator/Licensing Administrator	<a href="mailto:mhandrigan@nlpb.ca">mhandrigan@nlpb.ca</a>
Melanie Healey Associate Registrar – Practice & Registration	<a href="mailto:mhealey@nlpb.ca">mhealey@nlpb.ca</a>
Gayle Johnson Complaints & Discipline Administrator	<a href="mailto:gjohnson@nlpb.ca">gjohnson@nlpb.ca</a>
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Noelle Patten Associate Registrar – Licensing & Quality Assurance	<a href="mailto:npatten@nlpb.ca">npatten@nlpb.ca</a>
Natalie Payne General Counsel/Director of Complaints & Discipline	<a href="mailto:npayne@nlpb.ca">npayne@nlpb.ca</a>
Margot Priddle Registrar	<a href="mailto:mpriddle@nlpb.ca">mpriddle@nlpb.ca</a>
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R.J. White Practice Consultant/Practice Site Assessor	<a href="mailto:rwhite@nlpb.ca">rwhite@nlpb.ca</a>

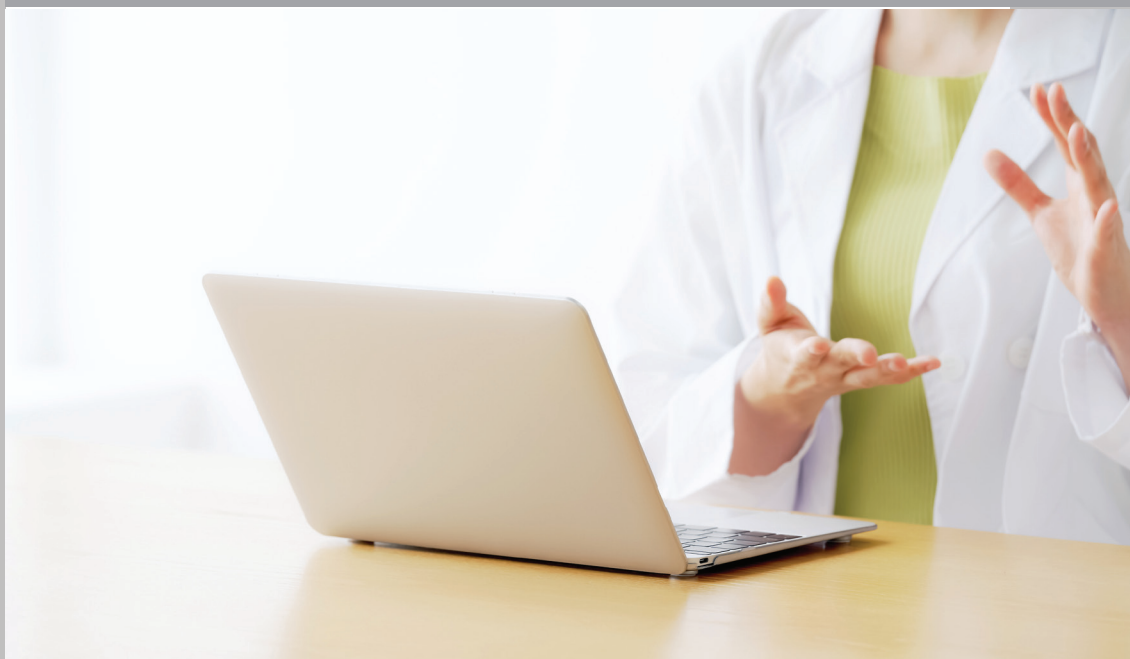




# THE APOTHECARY

NEWSLETTER

FALL 2022 - [nlpb.ca](http://nlpb.ca)



## IN THIS ISSUE:

- **FAREWELL FROM THE REGISTRAR** Reflections...
- **MESSAGE FROM THE REGISTRAR** New Beginnings..
- **BOARD MEETING** Update
- **STANDARDS OF PHARMACY OPERATION - COMMUNITY**
- **QUALITY ASSURANCE** Get the Most Out of a Virtual Assessment
- **COMPLAINTS AND DISCIPLINE** Update
- **PREVENTION OF SIRVA** The Importance of Landmarking

The official newsletter of the Newfoundland & Labrador Pharmacy Board.

Registrants are responsible for reviewing all information within this publication.

*Welcome to the Fall 2022 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).*

## FAREWELL FROM THE REGISTRAR — MARGOT PRIDDLE

### Reflections...

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It has been my absolute honour and privilege to serve as your Registrar for the past 10 years.

When I first assumed this role in 2012, it was during a time of transition, as the Pharmacy Act, 2012 was enacted. Since that time, we have seen remarkable change in the practice of pharmacy, with expansions of scope and advancements in regulatory processes to ensure safe, quality practice. I was privileged to see pharmacists become authorized to prescribe for minor ailments during my tenure as Registrar.

During this time, we also welcomed new regulated practitioners into the profession. One of my proudest moments was signing the first pharmacy technician registration in Newfoundland and Labrador. Now, seven years later, we have more than 200 regulated pharmacy technicians practicing in the province.

Our many successes have been the result of strong partnerships and stakeholder support, including that of our registrants. There are truly few words to recognize the extraordinary efforts of the pharmacy professionals of this province during the last few years. I am reminded daily of the incredible responsibilities our registrants take with them every time they step into their practice.

I am pleased that as I retire from my position as Registrar, I am doing so with the knowledge that I leave NLPB in exceptional hands: a strong and dynamic board of directors, dedicated volunteers, a fantastic and devoted staff, and our new Registrar, Noelle Patten, who will guide the organization with strength, wisdom, and integrity.

Thank you for your commitment to your patients, your profession, and your support of professional self regulation. It is this commitment that has made this work so rewarding.

My parting words are to believe in yourself, trust in your knowledge, and remember, if the intentions of your actions are guided by the best interest of your patients, you will always be okay.

Sincerely,



## LOG INTO THE NEW NLPB REGISTRANT PORTAL

The NLPB Registrant Portal is now available to all registrants. To access the portal please visit: [nlpb.portalca.thentiacloud.net/webs/portal/service/#/login](https://nlpb.portalca.thentiacloud.net/webs/portal/service/#/login). Login instructions have been sent to all registrants. If you have not yet received your login credentials, please check your Junk Mail folder before contacting NLPB. Should you have any questions regarding navigating the portal or updating your profile information, please contact [registration@nlpb.ca](mailto:registration@nlpb.ca) for assistance.

Please note, access to pharmacy profiles is not yet available for pharmacists-in-charge.



**MESSAGE FROM THE REGISTRAR — NOELLE PATTEN****New Beginnings...**  
.....

For the past 10 years, the NL Pharmacy Board has had a formidable leader in Registrar and CEO, Margot Priddle. She has led NLPB during a period of much change and unprecedented challenges – including significant expansion to pharmacists' scope of practice, regulation of pharmacy technicians, and, of course, Snowmageddon and the ongoing COVID-19 pandemic. Throughout these turbulent times, Margot has been a steady hand, a reassuring voice, and a thoughtful decision-maker who has held the wellbeing of NLPB and the public we serve as her primary considerations. From an organizational perspective, Margot's strong business acumen has brought both growth and stability to the NLPB office. Her leadership style fostered innovation and struck the perfect balance of creating a sense of both accountability and empowerment amongst the staff. On behalf of NLPB, I cannot say "thank you" enough to Margot for all that she has done for the profession of pharmacy, regulators, and the people of the province.



Earlier this year, I celebrated my 8-year anniversary at NLPB, and I can honestly say it has been a wonderful journey so far. My role in quality assurance has afforded me the opportunity to meet many pharmacy colleagues throughout the province, to see where and how they work, and collaborate with them to improve the quality and safety of pharmacy practice.

Like pharmacy practice, health regulation is an evolving discipline; each year I've continued to learn about effective governance and regulation. In addition to building relationships within the pharmacy community, I have established connections within the provincial health system and with provincial and national regulatory counterparts. I am delighted to have the opportunity to serve NLPB in a greater capacity and look forward to continuing to work with NLPB's talented staff, dedicated board of directors, registrants, and all of NLPB's key stakeholders to promote the best possible healthcare for patients.

A new chapter is beginning for NLPB and pharmacy practice in NL. This fall, the Pharmacy Act will be opened and the legislative framework for the practice of pharmacy in NL will be reconsidered, which will support NLPB in fulfilling its public protection mandate and its vision to advance pharmacy practice for a safe and healthy community. Furthermore, as the work of the Health Accord gets underway, it is timely for NLPB to re-evaluate its strategic priorities. In November, NLPB will undertake the creation of a new strategic plan that reflects the current practice environment and the health needs of Newfoundland and Labradorians. I encourage pharmacy professionals to share their views on opportunities and challenges to help NLPB set the right strategic direction. Exciting times are ahead!

Sincerely,

*Noelle Patten*



## BOARD MEMBERS

### BOARD UPDATES

On August 8, the NLPB Board of Directors gathered for a meeting in St. John's. The next meeting of the board will take place in November 2022, along with a strategic planning session to develop new strategic goals and objectives.

#### EXECUTIVE COMMITTEE

##### CHAIR

Taggart Norris

##### VICE CHAIR

Henry White

##### EXECUTIVE MEMBER

Jason Ryan

##### PAST CHAIR

Gerri Thompson

#### PUBLIC REPRESENTATIVES

##### BOARD-APPOINTED

Shirlene Murphy

Mark Sheppard

##### GOVERNMENT-APPOINTED

Gerri Thompson

#### 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

Nicole Kennedy

##### ZONE 6 PHARMACY TECHNICIAN

Jillian Thorne

##### ZONE 7 AT-LARGE PHARMACISTS

Timothy Buchanan

Taggart Norris

#### DEAN, MEMORIAL UNIVERSITY SCHOOL OF PHARMACY

Shawn Bugden



## BOARD MEETING UPDATE

It is of note that the August 8 meeting of the NLPB Board of Directors was the last meeting to be attended by Margot Priddle as Registrar. The board thanked her for her contributions during her last 10 years as Registrar and wished her well in retirement.

### Revisions to Standards of Pharmacy Operation — Community Pharmacy

Over the past year, NLPB has undertaken an extensive review of the *Standards of Pharmacy Operation – Community Pharmacy* (SOPO-Community). This included a consultation survey that was circulated to all registrants earlier this summer. At the recent meeting of the board, the revisions to the SOPO-Community were approved, with a final implementation deadline of September 2023.

Some of the changes made to the SOPO-Community are listed on page 6. Pharmacists-in-charge, pharmacists, and pharmacy technicians are encouraged to review the standards in their entirety at their earliest convenience. A copy of the updated SOPO-Community is available on the NLPB website at [nlpb.ca/pharmacy-practice/standards-guidelines-policies/#standards-of-pharmacy](http://nlpb.ca/pharmacy-practice/standards-guidelines-policies/#standards-of-pharmacy).

The expectation is that the requirements of the standards should be met at earliest possible date but no later than September 1, 2023. All new pharmacy openings will be expected to meet the Standards at the time of opening.

To support registrants in implementing the updated SOPO-Community, NLPB will be offering resources, such as webinars or articles, related to the new requirements over the coming months. Upon review of the standards, we encourage registrants to share their feedback regarding resource topics.

### Quality Assurance Program — Registrant Audit Plans and Schedules

Each year during registration renewal, registrants declare their compliance with registration requirements. In 2015, under the Registrant arm of the NLPB Quality Assurance Program, NLPB

began auditing some of these self-declarations to promote compliance with registration requirements and assure that registrants were meeting these requirements. To date, self-declaration audits may include professional development, professional liability insurance, practice hours, and First Aid/CPR. Due to both NLPB staff and registrants' need to prioritize addressing pandemic-related issues and increased demands for patient care, these audits have not been conducted since the start of the COVID-19 pandemic in early 2020. Prior to preparing to reinstate auditing processes, NLPB staff re-evaluated the previously determined audit plan, taking into consideration both the rationale for conducting audits and the results of a recent jurisdictional scan of auditing processes used by other Canadian pharmacy regulators. These findings were presented to the board of directors at the August meeting and the following auditing schedule was approved:

- **Professional Liability Insurance (PLI) Audit:** NLPB will continue to conduct a PLI audit yearly for 3 years and then reassess. The next audit is scheduled to be conducted in January 2023.
- **First Aid/CPR Certification Audit:** NLPB will conduct an audit to assess injection-authorized pharmacists' maintenance of First Aid/CPR certification at the earliest opportunity in 2023, following completion of the PLI audit. The results of the 2023 audit will be reviewed, along with a jurisdictional scan to determine an ongoing audit schedule. The routine schedule will be communicated to registrants once confirmed.
- **Professional Development (PD) Audit:** NLPB will not be rescheduling the PD audit that was postponed earlier this year. The Professional Development Review Committee will reconvene this fall to discuss a plan for the next scheduled PD audit in the spring of 2023. Registrants will be advised in advance of any changes to the process.



## STANDARDS OF PHARMACY OPERATION — COMMUNITY PHARMACY

The following is a list of revisions to the *Standards of Pharmacy Operation – Community Pharmacy* (SOPO - Community). This list is not exhaustive and registrants are encouraged to read the updated SOPO-Community in its entirety.

- An Introduction with a set of definitions has been added, for clarity.
- A new section has been added requiring all pharmacies to have a continuous quality management program.
- More information regarding pharmacy security expectations has been added.
- The current requirement for a “safe or lockable cabinet” has been increased to a requirement for a “secure safe”.
- Language was added to clarify that all dispensaries are expected to have “an appropriate area” and “appropriate space, equipment and materials” for Level A compounding in accordance with the Standards for Pharmacy Compounding of Non-Sterile Preparations.
- The requirement to retain physical paper patient records for three years after they have been scanned has been removed.
- Sections pertaining to security and accountability of narcotics and controlled drugs have been reorganized, and more information has been added, to clarify the expectation that all controlled substances are protected against both external and internal loss or theft.
- A requirement has been added for dispensaries to be monitored by an alarm system during times that a lock and leave enclosure is closed but the pharmacy remains open or accessible to non-regulated staff members and the general public.
- More specific references to the electronic health record, in general, and the Pharmacy Network, specifically, have been added throughout the Pharmacy Practice section.
- The SOPO-Community now specifically references the expectation that pharmacists and pharmacy technicians practice in accordance with the NAPRA Model Standards of Practice for Pharmacists and Pharmacy Technicians.
- Language has been added in relation to the registrant’s responsibility for validation and authentication of all prescriptions, regardless of the source of the prescription.
- More detail has been added regarding clinical and technical checks and the information that should be utilized and documented during these checks.
- Language has been added regarding prescription release including the expectation for informed consent when releasing to someone other than the patient, positive identification, and documentation requirements.

## 2023 SCHEDULE OF FEES

The 2023 Schedule of Fees has been posted to NLPB’s website: [nlpb.ca/registration-and-licensing/fees-timelines](https://nlpb.ca/registration-and-licensing/fees-timelines).

As per NLPB’s Schedule of Fees Policy, annual fees are adjusted for inflation using the annual increase in the Consumer Price Index (CPI) for the prior year.



## QUALITY ASSURANCE — GET THE MOST OUT OF A VIRTUAL ASSESSMENT

Over the past year NLPB's quality assurance team has conducted most community pharmacy practice site assessments using a remote, "virtual" model. Throughout this time, we have re-evaluated and refined our processes in response to lessons learned and feedback received from pharmacists. This has also revealed several tips that will help each pharmacist-in-charge (PIC) get the most out of the practice site assessment.

### Scheduling and Pre-Assessment

Requests to schedule a community practice site assessment are sent directly to the PIC's primary email address, as listed in their registrant profile. It is important for this email address to be accurate and checked regularly to ensure all communications from NLPB are received, including scheduling requests.

Once an assessment is scheduled, the PIC is provided with a list of requested sample materials and photos. These may be submitted by email or through a secure cloud storage folder provided to the PIC. Consideration should be given to the format and quality of the electronic files submitted to ensure that they are usable. Please ensure all electronic document submissions adhere to the *NLPB Scanning Guidelines and Checklist for Document Submission Policy*. The following are some key points to note.

- All personally identifiable patient information must be removed from sample materials and absent from any submitted photos. Any files found to contain personal health information are deleted and therefore unusable for the assessment.
- Where possible, please use a scanner or "fax-to-email" when submitting sample documentation. If using a camera, please ensure the entire document is in-frame and suitably lit. Notably, light reflections often make glossy labels and documents illegible.
- If emailing photos from a mobile device, please ensure that they are included as an "attachment" as opposed to placed "in-line" with the email text. Photos placed "in-line" are often shrunk and compressed to an unusable size.

### Assessment Call

Presently assessment calls are conducted using the Zoom platform. There is no requirement for the call to take place from the dispensary.

- A stable internet connection is key to a smooth conference call. Please be mindful of WiFi stability and connection quality when choosing a call location.
- The assessor will "share screen" for most of the assessment so that it is clear what material is being reviewed. As such, it is suggested that Zoom calls be taken from a tablet, laptop, or PC. Generally, cellphone screens are too small for this application.
- Video calls can be taxing on computer resources. It is recommended you close other applications, namely web browsers, to improve call quality.
- If a PIC does not have access to a webcam or microphone, arrangements can be made to conduct the call over the phone while screen sharing through Zoom.
- While there is no requirement to have a webcam, or enable it, doing so generally improves the conversation.

The quality assurance team looks forward to working with pharmacy professionals across the province to ensure optimal patient safety and continuous improvement in practice.



## COMPLAINTS AND DISCIPLINE UPDATE

### Failure to designate a replacement PIC upon resigning

The Registrar filed an allegation against a pharmacist-in-charge who left his position without fulfilling his responsibilities as set out by the *Pharmacy Act, 2012* (“Act”) and the *Pharmacy Regulations, 2014* (“Regulations”). The pharmacist initially left the pharmacy on a leave of absence. Before leaving, he failed to ensure that the relief pharmacist hired to work in his absence was authorized to provide Opioid Agonist Maintenance Treatment (“OAMT”). Upon arriving at the pharmacy, the relief pharmacist, who was not authorized to provide OAMT, had to scramble to determine how to obtain the required authorization and to obtain that authorization before providing OAMT to the patients attending the pharmacy that day.

While on the leave of absence, the pharmacist determined that he would not be returning to the pharmacy or to his role as pharmacist-in-charge. While he resigned his employment with the employer, he failed to notify the NLPB that he intended to leave his position as pharmacist-in-charge and failed to ensure that the pharmacy license was transferred to someone authorized to act as a pharmacist-in-charge in the manner required by the NLPB pursuant to the Act and Regulations. The NLPB only became aware that the pharmacist had left his position when the proposed new pharmacist-in-charge contacted the NLPB to initiate the process of taking over the role. Consequently, the pharmacist also failed to conduct a physical inventory count of narcotics and controlled drugs during the transition to the new pharmacist-in-charge.

The Complaints Authorization Committee reviewed this matter and found reasonable grounds to believe that conduct deserving of sanction had occurred. The matter was referred to an Adjudication Tribunal. The Adjudication Tribunal found the pharmacist guilty of breaching:

1. Sections 5.1 and 5.2 of the NLPB Code of Ethics by failing to take all reasonable steps to provide OAMT service to his patients and failing to ensure that patient care was not compromised when he was unable to provide OAMT services during his leave of absence;
2. Sections 28(1) and 28(2) of the Act and sections 12(a) and 12(b) of the Regulations by failing as pharmacist-in-charge to actively manage the pharmacy pursuant to the Act and allowing another person to manage the pharmacy; and
3. Section 1.6(c)(ii) of the NLPB *Standards of Pharmacy Operation – Community Pharmacy* by failing to conduct an additional inventory count of narcotics and controlled drugs when the pharmacist-in-charge changed.

The pharmacist was sanctioned as follows:

1. The pharmacist was reprimanded;
2. The pharmacist was ordered to pay the costs of the investigation and hearings in the amount of \$17,645.03 forthwith;
3. The pharmacist, who was no longer registered to practice pharmacy in NL at the time of the hearings, was restricted from acting as a pharmacist-in-charge for a period of two years should he obtain a certificate of registration to practice in the province again in the future;
4. Prior to obtaining a certificate of registration in NL in the future, the pharmacist must pay the costs in this matter in full, pass the NLPB’s jurisprudence exam to the satisfaction of the NLPB, and provide a written declaration that he has read and understands the legislation, regulations, standards, by-laws, and Code of Ethics applicable in NL.

### LESSONS LEARNED

The pharmacist-in-charge (PIC) is a key participant in the pharmacy profession’s self-regulation process. While the board of elected and appointed members is tasked with setting the standards of practice and ethical guidelines for the pharmacy profession, the PIC is the “eyes and ears” of the board in the pharmacy.

*contd. on page 9*





## COMPLAINTS AND DISCIPLINE UPDATE

The *Pharmacy Act, 2012* directs that:

*The pharmacist-in-charge of a pharmacy... shall ensure that that pharmacy is operated in compliance with this Act.... (s. 28(1))*

*A person other than a pharmacist-in-charge shall not direct, control or manage a pharmacy. (s. 28(2))*

The PIC is ultimately responsible for ensuring that all federal and provincial legislation, regulations, bylaws, and standards are followed in the pharmacy. By doing so, the PIC assures patient safety to the best of their ability.

Where a PIC is unable, for any reason, to fulfill this role, whether on a temporary or permanent basis, it is their responsibility alone to ensure that:

- Where the PIC will be away from the pharmacy for less than 45 days (e.g. vacation, short-term medical leave), they may delegate their PIC duties to another pharmacist that is equipped to do so in their absence. However, the PIC is still the licence holder of the pharmacy during this type of short-term absence.
- Where the PIC is away from the pharmacy for longer than 45 days (e.g. long-term medical leave, parental leave), the PIC must notify the NLPB as much in advance as possible, and complete the required process to transition to a new PIC on an interim or permanent basis.

### Insufficient documentation policies and procedures

A complainant filed an allegation against a pharmacist alleging, among other things, that the pharmacist made a medication error by incorrectly filling the complainant's medication with a generic brand when the prescription contained a specific brand direction. In the circumstances, the brand discrepancy was caught and rectified before the patient took the medication home. The Complaints

Authorization Committee ("Committee") reviewed this matter and did not find reasonable grounds to believe that the pharmacist had engaged in conduct deserving of sanction. The Committee noted, however, that it appeared that the brand selection error occurred while a relief pharmacist was on duty. Therefore, they issued a direction to the pharmacist-in-charge to ensure that pharmacy staff have a consistent process for documenting important information on a patient's file, such as a specific brand direction on a prescription, so that anyone involved in the patient's care will be made aware.

### LESSONS LEARNED

- Maintaining proper checks and balances in the pharmacy workflow can catch near misses early in the dispensing process. This not only prevents inefficiencies, but also prevent patients from being exposed to near misses and having their faith in the safety of the pharmacy disrupted as a result.
- Pharmacists-in-charge should implement and regularly review policies and procedures for documentation to ensure that critical patient information is being documented consistently, and that all pharmacy staff, including relief, contribute to and access the patient record when providing care.
- Pharmacy management systems should have their workflow set up so that an image of the original prescription is displayed and utilized when checking both first fills and refills.

### Dispensing 6 month vs 3 month supplies

A complainant filed an allegation against a pharmacist alleging that he had dispensed a sixty-day supply of a medication when the prescription was for a thirty-day supply. The prescription included an instruction that the prescription was not eligible for medication management by the



## COMPLAINTS AND DISCIPLINE UPDATE

pharmacist as the patient required assessment each month by the prescriber. Further, it was alleged that the pharmacist did not indicate remorse when the prescriber contacted him to discuss the matter.

Upon reviewing the matter, the Registrar determined that the matter may be resolved through alternative dispute resolution. The pharmacist and the complainant agreed, and a Settlement Agreement was put in place. Pursuant to the Settlement Agreement, the pharmacist admitted that he had engaged in conduct deserving of sanction by breaching:

1. Sections 1.7 and 8.3 of the NLPB Code of Ethics (“Code of Ethics”) by failing to take all reasonable steps to prevent harm to the patient and failing to consult with the prescriber when appropriate; and
2. Sections 3(f) and 4(c)(iv) of the *NLPB Standards of Practice – Prescribing by Pharmacists* (“Prescribing Standards”) by adapting a prescription where the original prescription contained a specific indication not to and by making that decision based on the risk of having to absorb the cost of having a part bottle of the medication left over instead of what is in the best interests of the patient.

The following disposition was agreed upon:

1. The pharmacist is reprimanded;
2. The pharmacist is ordered to pay a contribution towards the costs of the NLPB’s involvement in

the matter within thirty days of signing the Settlement Agreement;

3. The pharmacist will abide by the requirements of the Code of Ethics and Prescribing Standards and will provide a signed undertaking acceptable to the Registrar within thirty days of signing the Settlement Agreement confirming that he has reviewed and understands them
4. A copy of the Settlement Agreement will be placed on the pharmacist’s file and will be noted on any requests for a Letter of Standing from the NLPB.

### LESSONS LEARNED

- Registrants are reminded that the best interests of the patient must always come first. Financial considerations for the pharmacy as a business can never take priority over patient safety.
- *The Standards of Practice – Prescribing by Pharmacists*, prohibit registrants from adapting a prescription where the original prescription contains a specific indication otherwise (s. 3(f)). If a registrant has reason to question any direction from a prescriber, the registrant should contact the prescriber directly to discuss the issue before taking action.

## PREVENTION OF SIRVA — THE IMPORTANCE OF LANDMARKING

With flu season and fall COVID-19 boosters on the way, now is a great time for injection-authorized pharmacists to review their injection technique and landmarking. Shoulder Injury Related to Vaccine Administration (SIRVA) is the sudden onset of persistent and prolonged shoulder pain with restriction of function following administration of a vaccine into the deltoid area. Improper landmarking, where the injection is administered too high in the deltoid, is the most common reported cause of SIRVA. Pharmacists should always landmark, not eyeball, the injection location, marking 2-3 fingers down from the acromion to ensure the injection is administered at least 3 cm from the lateral edge of the acromion process. Pharmacists administering vaccines are encouraged to review their injection technique and vaccine preparation process regularly, using resources such as the [Intramuscular and subcutaneous injection: a guide for pharmacists video by Immunize Canada](#).



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# THE APOTHECARY

NEWSLETTER

WINTER 2022 - nlpb.ca

## Happy Holidays

from the board and staff of the  
Newfoundland and Labrador Pharmacy Board

*Wishing you all the best this holiday season  
and a healthy and happy new year!*



The official newsletter of the  
Newfoundland & Labrador  
Pharmacy Board.

Registrants are responsible  
for reviewing all information  
within this publication.

### IN THIS ISSUE:

- **MESSAGE FROM THE REGISTRAR** Fall Updates and Seasons Greetings
- **BOARD MEETING** Update
- **NLPB REGISTRANT & PHARMACY PORTALS** A Project Overview
- **2023 ANNUAL REGISTRATION & LICENSING RENEWAL**
- **PROFESSIONAL LIABILITY INSURANCE REQUIREMENTS** Updates
- **PROFESSIONAL DEVELOPMENT PROGRAM ACCREDITATION**  
Discontinuation
- **COMPLAINTS AND DISCIPLINE** Update



@NLPHARMACYBOARD

*Welcome to the Winter 2022 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

### Fall updates and season's greetings

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It has certainly been a busy fall at NLPB office, and I am delighted to provide you with an update of our activities over the past few months.

In October, NLPB initiated an external consultation, including a survey of NLPB registered pharmacy professionals and focus group sessions with several stakeholders, to inform its next strategic plan. Our strategic planning facilitator received approximately 120 responses to the survey, which provided valuable feedback for the strategic planning process. Thank you to all those who took the time to participate. The anonymous feedback was compiled and presented to the Board of Directors and NLPB staff at the strategic planning session in November and will be very helpful as we move forward with the creation of the 2023-2025 strategic plan.

In the last edition of *The Apothecary*, NLPB shared that it would be working closely with the Department of Health and Community Services on potential changes to the *Pharmacy Act, 2012* and related *Pharmacy Regulations, 2014*. Since that time, NLPB has been meeting regularly with the Department to discuss revisions to legislation. We look forward to continued progress with the government's work to enable pharmacy professionals to use their full scope of knowledge and skills in the best interests of the public and health system.

In the interest of improving and streamlining NLPB processes, at the beginning of this year NLPB made the decision to move to a new information management system and a project plan was established to implement a more advanced system by mid-summer. This would allow pharmacy professionals time to adapt to the new system and for NLPB to address system issues prior to the busy renewal period in the fall. Unfortunately, the release was delayed due to several issues that arose on the system provider's end. As a result, the launch of the new system coincided with the annual renewal period, creating many challenges. On behalf of NLPB, I sincerely apologize for any additional stress and workload that you may have experienced as a result of the new system. Thank you for the patience and kindness you have shown NLPB staff, despite your frustrations. NLPB looks forward to putting the challenges of this fall behind us and to providing a more user-friendly and comprehensive registration system for you. We ask that you please bear with us as we bring the system to full functionality later in the new year.

Finally, as 2022 comes to an end, I would like to acknowledge the significant contributions that pharmacy professionals have made to the health system over the past year. This year, like the past several years, has been one of uncertainty – with the impacts of COVID-19 continuing, changing public health recommendations, ongoing drug shortages, increasing respiratory illnesses in our community, ongoing vaccination efforts, and more. Pharmacy professionals have consistently been the most accessible health care providers in a health system that is facing unprecedented demands. NLPB thanks pharmacists, pharmacy technicians, and pharmacy teams for their efforts to meet patient healthcare needs.

The challenges and unpredictable nature of the past few years is taking its toll on many people, pharmacy professionals included. After the busy weeks leading up to the holidays, I hope that you all have some time to rest and restore. On behalf of the NLPB board and staff, we wish you and yours a very happy holiday season and all the best that 2023 can bring.

Season's Greetings,

*Noelle Patten*



**BOARD MEMBERS****EXECUTIVE COMMITTEE****CHAIR**

Taggart Norris

**VICE CHAIR**

Henry White

**EXECUTIVE MEMBER**

Jason Ryan

**PAST CHAIR**

Gerri Thompson

**PUBLIC REPRESENTATIVES****BOARD-APPOINTED**

Shirlene Murphy

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**

Nicole Kennedy

**ZONE 6 PHARMACY TECHNICIAN**

Jillian Thorne

**ZONE 7 AT-LARGE PHARMACISTS**

Timothy Buchanan

Taggart Norris

**DEAN, MEMORIAL UNIVERSITY  
SCHOOL OF PHARMACY**

Shawn Bugden



## BOARD MEETING UPDATE

On November 24, the NLPB Board of Directors gathered for a meeting in St. John's. The meeting was held one day following the first of two strategic planning sessions to develop new strategic goals and objectives, which was attended by NLPB Board and Staff.

### Updates to Standards & Guidelines

At the November 2022 meeting, the NLPB board approved revisions to both the [Guidelines Regarding the Sale of Naloxone in Community Pharmacies](#) and the [Standards of Practice for The Sale of Exempted Codeine Products in Community Pharmacies](#).

#### Guidelines Regarding the Sale of Naloxone in Community Pharmacies

In undertaking the review of these guidelines, consideration was given to feedback from the provincial take-home naloxone program and ODT Centre for Excellence, as well as current practices in other provinces. In the interest of harm-reduction and increased patient access, specific effort was made to scale the guidelines back in the areas of assessment, documentation, and labelling but to retain focus on the patient consultation expectations. The document was also revised in several places to reflect the recently revised [Standards of Pharmacy Operation - Community Pharmacy](#).

#### Standards of Practice - The Sale of Exempted Codeine Products in Community Pharmacies

In undertaking the review of these standards, consideration was given to language used in other standards that speak to assessment and documentation expectations, recent revisions to the [Standards of Pharmacy Operation - Community Pharmacy](#), as well as references from other

provinces where similar restrictions on the provision of exempted codeine products are in place.

### Committee Appointments

The following committee appointments were approved at the November 2022 meeting of the board:

- Disciplinary Panel: Heather Seeley (R.Ph), Mike Batt (R.Ph), Sheldon Baines (R.Ph), Kristina Myers (R.Ph), Jeffery Fost (R.Ph), Sarah Way (R.Ph), Wanda Spurrell (R.Ph), Sandi Osmond (R.Pt), Debi Snow (R.Pt), Deep Upadhyay (R.Pt), and Barbara Ann Gill (R.Pt) have all been renewed for a further three-year term. A call for expression of interest seeking pharmacists to fill the three vacant pharmacist appointments will be issued in 2023.
- Pharmacy Practice Advisory Committee: Justin Peddle (R.Ph), who has recently moved into the position of Regional Practice Consultant - Pharmacy for Eastern Health has been appointed to the committee for a term of three years.
- Finance and Audit Committee: Henry White, in his capacity as Board Vice-Chair, has been appointed as a member and chair of the committee.

### Deadline Extensions

Following a review of submitted requests, the board approved extensions of the Compounding Standards implementation deadlines for nine hospital pharmacy sites.

### Budget 2023

The 2023 budget was approved by the board at the recommendation of the Finance and Audit Committee.



## NLPB REGISTRANT & PHARMACY PORTALS — A PROJECT OVERVIEW

As part of NLPB's internal quality improvement processes, NLPB staff conduct reviews of the software programs we use in our operations to ensure staff have access to the tools they need while providing a user-friendly and efficient registration and licensing system. As part of our regular course of business and operational cycle, in 2021 we reviewed our database solution to ensure it was supporting our data management needs. As a result, NLPB issued a Request for Proposals for Information Management Software on Friday, September 24, 2021.

Following a thorough review of submitted proposals, NLPB made the decision to move to a new registrant management system in the first quarter of this year. In order to avoid a disruption of service for pharmacy professionals, the selected vendor agreed to a phased launch, with the registrant and pharmacy portals being developed and launched by the first week of May and the remaining portals to be launched by July 2022. The phase one launch was planned to coincide with the end of the service agreement with the previous system provider.

Due to various issues with the vendor's project team, the project start date was pushed out by three months. The registrant portal was launched in September. The pharmacy portal launch date was further extended due to required updates to the platform on which the portal was developed.

Unfortunately, these delays caused the launch of these portals to coincide with NLPB's registration and license renewal periods. Although the project team thoroughly tested the portals prior to launch, post-launch bugs are a common occurrence when releasing new online systems. Due to the timing of the launch, pharmacy professionals were simultaneously challenged with login issues and bugs with the renewal process. In addition, they were asked to adapt to new security features. Acknowledging these challenges, NLPB extended the annual renewal period by two weeks. In addition, to support pharmacy professionals in navigating the portals and successfully renewing, NLPB staff developed various instructional guides and tips and were available to troubleshoot system issues throughout the entire renewal period.

NLPB would like to extend our thanks to pharmacy professionals for their patience during this challenging transition. As the project continues into 2023, additional portals will be launched with new features, including online applications, designed to improve processes and best support pharmacy professionals completing registration and licensing processes. NLPB staff will continue to work to ensure a smooth launch for these portals as well as address any remaining bugs in the registrant and pharmacy portals.

## 2023 ANNUAL REGISTRATION & LICENSING RENEWAL



**734**  
Pharmacists



**255**  
Pharmacy  
Technicians



**223**  
Pharmacies

NLPB's annual renewal period ended on December 15, 2022. To date, 734 pharmacists and 255 pharmacy technicians have renewed their registration and all 223 pharmacies have renewed their licence. All registrants must be registered and all fees must be paid prior to working in 2023. It is the pharmacist-in-charge's responsibility to ensure the pharmacy licence has been renewed and that all regulated staff are registered to practice in 2023 before the end of the year.





## PROFESSIONAL LIABILITY INSURANCE REQUIREMENTS— UPDATES

Over the past five years, NLPB has continued to [highlight the importance of professional liability insurance \(PLI\) for all pharmacy professionals](#). PLI is a legal and ethical requirement of registration as a pharmacist, pharmacy technician, pharmacy intern, or pharmacy student in Newfoundland and Labrador. Perhaps most importantly, PLI is necessary to ensure that patients are fully supported in the event of a medication or patient counselling error that causes harm.

Recent annual audits of PLI coverage for pharmacy professionals in this province have yielded results that identify a percentage of pharmacy professionals for whom coverage has lapsed or been inadequate as per the requirements set forth by NLPB, generally as a result of inadvertent error. Following the development and implementation of various communication-based efforts to reduce the lapse rate, [NLPB struck a Professional Liability Insurance Taskforce in 2020](#) to identify ways to help minimize these errors.

The PLI Taskforce conducted research and worked with an external consultant to develop a way forward. As a result, NLPB has recently implemented changes to the [Professional Liability Insurance Requirements for Registration](#) that create a **dual onus on the individual pharmacy professional and the pharmacist-in-charge** to ensure all registered employees' PLI policies are up to date. Creating this second layer of accountability will help catch inadvertent errors in PLI coverage for registered pharmacy professionals, such as missed renewal dates or inadequate levels of coverage.

These changes are required to be implemented **no later than September 30, 2023**. Registrants who are scheduled to renew their PLI policy before that date may implement the changes at that time. Registrants who are not scheduled to renew their PLI policy before that date are required to proactively make the changes in advance of September 30, 2023.

Regardless of the changes, the basic requirements will be retained:

- PLI policies must be personal insurance - that which names the registered pharmacy professional personally and covers them for all aspects of their practice and in all locations in the province in which that practice occurs.
- The minimum limit of coverage is \$2,000,000 per claim or per occurrence and \$4,000,000 annual aggregate.
- An annual certificate of coverage from the insurer is required to confirm that the PLI policy meets the criteria set by NLPB.
- Registered pharmacy professionals must upload a copy of their annual certificate of coverage to the NLPB Registrant Portal within 30 days of the policy start or renewal date.

### Changes:

- Registered pharmacy professionals must provide a copy of their annual certificate of coverage to the pharmacist-in-charge within 30 days of the policy start or renewal date to be kept on file at the pharmacy at which they practice.
- Registered pharmacy professionals who practice as relief must present a copy of their annual certificate of coverage to the pharmacist-in-charge at any pharmacy where they are working.
- PLI policies must include a clause to the effect that the insurer will notify NLPB if the policy is cancelled, expires, or ceases to meet the criteria set by NLPB. PLI policies must also include a clause ensuring that the PLI policy will continue in force until the required notice is provided to NLPB.
- Pharmacists-in-charge will be asked to provide a declaration during the pharmacy licence renewal process that they have confirmed that all pharmacy staff have valid PLI policies and that copies are kept on file at the pharmacy. This declaration will be added to next year's renewal for 2024.



## PROFESSIONAL LIABILITY INSURANCE REQUIREMENTS— UPDATES

### FAQs:

**Q:** Will this create more work for the pharmacist-in-charge?

**A:** It is already the responsibility of the pharmacist-in-charge to ensure compliance with all applicable legislation, regulations, bylaws, and NLPB standards of pharmacy operation and standards of practice. These new processes are intended to assist pharmacists-in-charge with ensuring that registered pharmacy professionals practicing in the pharmacy hold appropriate PLI policies by requiring them to provide copies of their annual certificates of coverage.

**Q:** As a relief practitioner, do I have to provide a copy of my annual certificate of coverage to the pharmacist-in-charge at every pharmacy I work in? As a pharmacist-in-charge, do I have to obtain a copy of the annual certificate of coverage from every relief practitioner who works in the pharmacy?

**A:** Yes, but this only needs to be done once per coverage year. Once a relief practitioner's annual certificate of coverage is on file at the pharmacy at which they are practicing, a new one does not need to be provided for each shift.

**Q:** What does it mean that the insurer will notify NLPB if a PLI policy is cancelled?

**A:** Auto-reporting is a common provision in PLI policies. It means that if your policy is cancelled, not renewed beyond its expiry date, or the insurer becomes aware that your policy no longer meets the criteria required by NLPB, the insurer will automatically report this to NLPB. Your PLI policy will remain in effect until this report has been provided to NLPB. Upon receipt of this information, if you are still registered to practice, NLPB will contact you to remind you that you must stop practicing immediately until you

have an appropriate PLI policy in place. **Please remember that it is still your responsibility to ensure that you have appropriate PLI in place at all times. Auto-reporting is a tool to help catch inadvertent lapses. You are still responsible for failing to maintain appropriate PLI coverage if you practice without the required coverage at any time.**

**Q:** How much does an auto-reporting provision cost?

**A:** The cost of an auto-reporting provision is at the discretion of your insurer. Not all insurers are the same, and NLPB does not have any influence or control over PLI policy cost for registered pharmacy professionals.

**Q:** How do I add an auto-reporting provision to my PLI policy?

**A:** You will need to notify your insurer prior to your next renewal (or prior to September 30, 2023 if you will not renew your PLI policy again before that date) that you need this provision added. Have a copy of NLPB's [Professional Liability Insurance Requirements for Registration](#) available to provide to your insurer if needed.

### Uploading your PLI Certificate

Registered pharmacy professionals are required to maintain a current record of their professional liability insurance policy in their NLPB Registrant Portal profile.

For instructions on recording your PLI information in the system, please refer to the [NLPB Registrant Portal User Guide: Adding/Updating Professional Liability Insurance](#).



## DISCONTINUATION OF PROFESSIONAL DEVELOPMENT PROGRAM ACCREDITATION

As of November 30, 2023, the Newfoundland and Labrador Pharmacy Board will no longer be providing accreditations of professional development (PD) programs. The Board of Directors made this decision based on the following:

- NLPB is the only pharmacy regulatory body in Canada that is currently accrediting PD programs;
- NLPB does not have the resources or expertise to provide the same level of assessment of PD programs that other accrediting bodies provide.

Individuals or groups who are seeking accreditation of pharmacy education programs are encouraged to contact the [Canadian Council on Continuing Education in Pharmacy \(CCCEP\)](#) for information on alternate accreditation services. CCCEP has several accreditation processes available to education providers, including accreditation of individual programs, conference accreditation, and accreditation for regularly scheduled series.

## COMPLAINTS AND DISCIPLINE UPDATE

### Dismissed: refusing to refill prescription early

A complainant filed an allegation against a pharmacist when she refused to refill the complainant's Ventolin inhaler. The pharmacist indicated that it was too early for a refill and that she would not dispense another inhaler without a note from a physician because of the risks associated with overuse. The complainant had a history of early refills on Ventolin, and the pharmacist was concerned that the complainant's breathing condition was not being adequately controlled.

While agreeing that both withholding the Ventolin refill and providing the complainant with a refill could have potentially created risks for the patient, the Complaints Authorization Committee ("Committee") did not find reasonable grounds to believe that the pharmacist had engaged in conduct deserving of sanction and the allegation was dismissed. In making this decision, the Committee considered the professional responsibilities set out in [section 3.1 of the NLPB Standards of Pharmacy Operation – Community Pharmacy](#) and [sections 1.1, 1.2, 1.3, or 1.7 of the NLPB Code of Ethics](#).

### LESSONS LEARNED

Pharmacists are reminded that when making challenging clinical decisions such as this one, it is important to ensure that consideration is given to all available information, including any potential risks to the patient. Once the decision has been made, the pharmacist should ensure it is communicated and documented effectively and that the patient understands the rationale for the decision.

## HOLIDAY OFFICE HOURS

**Closed December 26 to January 2**

Regular office hours resume on Tuesday, January 3, 2023



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