



# PRINCE EDWARD ISLAND PHARMACY BOARD

## The Island Capsule Newsletter February 2013

*This newsletter is distributed to all licensed pharmacies in PEI, emailed and posted on our website. Decisions regarding all matters such as regulations, drug related incidents, etc. are published in it. The PEI Pharmacy Board therefore assumes that all pharmacists are aware of these matters*

### Board Members

Ken Crawford, Chair (Shoppers Drug Mart)  
David McLeod, Vice-Chair (Lawton's Drugs)  
Ryan Murphy (Murphy's Parkdale)  
Bill Doucette (Murphy's Parkdale)  
Iain Smith (Health PEI)  
Faye Campbell (Government)  
Nancy Canham – Lay Rep  
Shannon Ochsner – Lay Rep  
AliciaMacCallum (QEH, Shoppers Drug Mart)  
Adrienne Hagen – Pharmacy Technician Observer

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[www.pepharmacists.ca](http://www.pepharmacists.ca)

### Continuing Education Reminder

Professional Development Logs for recording of your continuing education for the calendar year (January 1, 2012 to December 31, 2012) **must be in the Board office by January 31, 2013.** A late fee of \$100 will be imposed. They can be emailed or sent by Canada Post. **Faxes are not accepted as they are often difficult to read.** We are in the process of tying CE recording onto your personal file on the on-line dataset. Stay tuned.

All submissions **must be accredited.** Should you have a presentation or program not accredited, you can do so by submitting it to the CE Division at the College of Pharmacy at Dalhousie University. Make sure it is submitted in time to have the accreditation received **prior** to including it on your PDL.

### April 1, 2013 Renewals

Pharmacists and Pharmacists-in-Charge are reminded that license renewals are due by March 31, 2013. These renewals are completed **online and through the email notification system.** Please ensure your email on your personal or Permit file is accurate or you will not receive the notification. Late fees will apply. Emails will be sent to begin the relicensing process on **March 1, 2013. It is your responsibility to ensure your email is current and the information within your personal file and Pharmacy Manager File is accurate.**

### Pharmacist' Expanded Scope

The PEIPB continues discussions with the Minister of Health regarding our proposed legislation changes for pharmacists' expanded scope and also for the regulation of pharmacy

## Contact Us

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## Office Hours

Monday – Friday  
9:00am – 4:00pm



technicians. It has been a slow process, but we do continue to push for changes.

- **Emergency Prescribing** - an immediate, urgent need
- **Prescription Renewal** – continued care – we have in place
- **Prescription Adaptation** – modifying the dose, the formulation, the regimen, the duration
  - **Therapeutic Substitution** – substituting a prescribed drug with a different drug that has an equivalent therapeutic effect. This could be beneficial with drug shortages, drug cost, etc.
- **Prescribing of Schedule II and III drugs** – beneficial for patients who could have the drug covered by their drug plan without the need/cost to make an appt to see their physician, or emerg, etc.
- **Prescribing of Schedule I drugs** – for minor ailments. This would give the pharmacist access to prescription drugs for the patient for such things as: GI reflux, nasal congestion, minor joint or muscle pain, dermatitis, dry eyes, warts, etc.
- **Immunization** – influenza, and vaccines for preventable diseases (Hepatitis a & B, Varicella, Herpes Zoster, Human Papillomavirus)

*Standards of Practice for Pharmacists Prescribing and Standards of Practice for Pharmacists Providing Immunizations* are presently being worked on.

## Regulated Pharmacy Technicians

By taking full responsibility for the technical components of dispensing within the pharmacy, technicians allow the pharmacist to expand their services and scope of practice to improve direct patient care.

- The registered technician would spend most of the day performing their duties, which include **accepting responsibility and accountability** for the technical aspect of both new and refill prescriptions;

- The pharmacist would spend most of the day evaluating

the therapeutic relevance of each prescription and talking to patients, providing professional services and other medication management functions (i.e. pharmaceutical opinions and Med Reviews);

- The prescription filling process does not slow down.

The National Association of Pharmacy Regulatory Authorities (NAPRA) has received federal funding to develop a national “Bridging Program” to assist present pharmacy assistants wishing to upgrade to a regulated Pharmacy Technician. Candidates would also have to complete the Pharmacy Examining Board of Canada’s (PEBC) Evaluating (PEBC will be extending the deadline of availability until 2018) and Qualifying exams, based upon the Entry to Practice Competencies, also developed through NAPRA. The Canadian Council for the Accreditation of Pharmacy Programs (CCAPP) is presently accrediting pharmacy technician programs to ensure their curriculum meets the required competencies.

**Q: What is the proposed scope of practice of the registered pharmacy technician?**

The proposed scope of practice of the registered pharmacy technician in Prince Edward Island is consistent with that legislated in other provinces:

- (1) A pharmacy technician is only authorized to perform the technical aspects of the practice of pharmacy, under the *direction* of the pharmacist who is present in the pharmacy, including the following:
  - a. prepare and compound prescriptions;
  - b. obtain, enter and record prescription information;
  - c. receive, transcribe and record verbal prescriptions from practitioners;
  - d. transfer prescriptions to and receive prescriptions from other pharmacies, as permitted by law;
  - e. provide copies of prescriptions to authorized recipients as required by the Act; and
  - f. provide technical information where a therapeutic assessment or clinical judgment by the pharmacist is not required.
- (2) A pharmacy technician must not counsel a patient, directly or indirectly, in respect of a drug or medical condition, and a pharmacist may not delegate the responsibility to counsel a patient to a pharmacy technician.
- (3) A pharmacy technician may assist in gathering information from a patient in respect of a drug or medical condition, needed to assess the appropriateness of a drug therapy, but the pharmacist remains responsible for obtaining sufficient information to assess the patient and the appropriateness of drug therapy.
- (4) A pharmacy technician must recognize when the professional expertise of a pharmacist is required and consult with the pharmacist in such cases.

- (5) A pharmacy technician may not delegate to another person the authority to carry out an authorized act.
- (6) A pharmacist may delegate to a pharmacy technician the responsibility to check prescriptions prepared for release for technical accuracy and compliance with the Act, the regulations and the standards of practice and confirm the accuracy and completeness of compounds prepared for release by the pharmacist. The pharmacist
  - a. evaluates the prescription;
  - b. assesses the patient and the patient's health history and medication record;
  - c. determines that the proposed therapy is appropriate for the patient;
  - d. fulfills the pharmacist's responsibility to counsel the patient and to monitor the patient's drug therapy;
  - e. complies with any conditions prescribed by the enactment of Standards of Practice; and
  - f. is satisfied that the delegation is appropriate.

**Q: Does this scope of practice restrict others from performing these tasks?**

The scope of activities previously listed can be performed under the *direction* of a pharmacist – direction being defined as “*instruction and management*” by a pharmacist of the performance of a task or activity. It does not prevent others (assistants, pharmacy students) from performing these activities, but in those instances, the activities would be performed under the direct *supervision* (defined as *observation and direction* of an activity) of a pharmacist, and the pharmacist would be fully responsible as if they had undertaken the activities themselves.

**Q: What does “as permitted by law” mean with respect to pharmacy technicians being able to complete prescription transfers?**

As currently written, the Food and Drug Regulations only allow for pharmacists to complete prescription transfers. However, NAPRA has been working with the federal government to have pharmacy technicians included as authorized individuals and it is anticipated that this change will occur soon.

**Q: With respect to a pharmacy technician's ability to provide technical information, can you provide some examples that highlight differences between technical and clinical activities?**

Technical activities might include explaining how to use a glucose meter, how to measure the dose of an antibiotic, how to mask the unpleasant taste of the antibiotic, how to mix Metamucil with cold juice, whereas clinical activities might include understanding and advising on what symptoms would indicate the need to take a glucose reading, an assessment of whether or not an antibiotic is working, or recommendation of when Metamucil is appropriate for a patient or whether an alternative product is warranted. Technical information is independent of a patient's clinical condition.

## Q: Which prescriptions are pharmacy technicians able to check?

Regulated pharmacy technicians **will be** authorized to perform the final *technical* check on prepared products and prescriptions (i.e. correct drug, strength and quantity are in the prescription vial, correct labeling). This applies to both new and refill prescriptions. Pharmacy technicians **will not** be authorized to check on the initial or ongoing appropriateness of a patient's drug therapy.

## Proposed Pharmacy Practice Management Systems requirements received

The Board has received a draft document proposing requirements for Pharmacy Practice Management Systems. The document developed by NAPRA has been circulated to stakeholders for consultation. The document proposes technical, functional, and administrative requirements that are proposed as essential to support pharmacists in providing patient care, e-prescribing, and contributing to electronic health records. NAPRA has proposed that the requirements come into effect two years after their final approval.

This means that pharmacy software vendors will need to make the necessary changes to ensure pharmacists are provided with the technology support they need when providing quality patient care in accordance with the (NAPRA) Standards of Practice.



## What are “Bath Salts”?



Bath salts are a class of products containing synthetic stimulants sold by dealers via the internet or in drug paraphernalia shops (“head shops”). Bath salts are frequently labeled “not for human consumption”, presumably in an attempt to circumvent drug laws in the jurisdictions in which they are purchased. These products are in no way related to the salts that are sold to put in the bath (e.g. Epsom salts).

Bath salts contain amphetamine-type stimulants, such as methylenedioxy-pyrovalerone (MDPV), methyline, or mephedrone and are known by various street names (Ivory/Purple Wave, Vanilla Sky, Bliss, Cloud Nine, among many others).

Authorities in the Maritime provinces are reporting an increased prevalence of bath salts in the area.

Pharmacists should be aware of the dangerous effects of this product, including hallucinations, paranoia, chest pain, blurry vision, agitation and combativeness.

### Legal Status in Canada

Mephedrone and methylone are regulated as controlled substances in Canada because they are deemed to be similar to amphetamine, which is listed as Item I in Schedule III of the Controlled Drugs and Substances Act (CDSA). MDPV is not however considered to be a controlled substance and so is not currently subject to the controls set out in the CDSA or its regulations. Health Canada has begun work to regulate the substance and to place it in Part I of the Controlled Drugs and Substances Act, the same category as Heroin and Cocaine, so as to decrease its availability on the street.

For more information, please refer to linked document:

<http://www.ccsa.ca/2012%20CCSA%20Documents/CCSA-CCENDU-Drug-Alert-Bath-Salts-2012-en.pdf>

### **Responsibilities of the Pharmacist in Charge**

Pharmacists assuming the role of Pharmacist-in-Charge (PIC) should not “take lightly this responsibility. The PIC is responsible for the overall management of the pharmacy, the pharmacy staff and adherence to all regulations, standards, policies, procedures, etc. Please ensure you are familiar with “who is responsible for what” by reviewing the document:

[Responsibilities of the Pharmacist-in-Charge, Pharmacist and Permit Holder](#)

### **Methadone Authorization**

Pharmacists are required to ensure that a prescriber is authorized to prescribe

methadone, and under what conditions, when they receive a prescription from a patient. “Exemptions” to prescribe methadone are given by Health Canada, and often have expiry dates and sometimes very specific conditions. To verify this authority, pharmacists can contact Health Canada at this telephone number:  
**1-866-358-0453.**

The Methadone Maintenance Committee has revised the Methadone Guidelines and will be distributing them following Board approval. The Board has sent two local pharmacists to the Canadian Association of Mental Health’s (CAMH) training program on methadone to assess incorporating this in the Guidelines.

### **Physician’s Authority to Practice Medicine in PEI**

While pharmacists can accept a prescription from a prescriber authorized to practice medicine in another Canadian jurisdiction, there have been cases where prescriptions have been filled in PEI that were **written in PEI** when the physician, though licensed elsewhere in Canada, did not have a **PEI license to practice medicine in this province**. For example – a cruise ship docked in Charlottetown, a physician attending a religious retreat in Eastern PEI. While it can be difficult to monitor such occurrences, pharmacists should be cognizant of these possibilities. If you are suspect of the prescribing authority, contact the PEI College of Physicians and Surgeons at 902-566-3861. They are interested in knowing if, and when, this occurs.



## **Inspector's Corner**

### **Cold Chain**

“Cold Chain” is a temperature, humidity and light controlled supply chain for products that require a specific temperature range during distribution and storage. Specifically, this refers to a supply chain that includes the handling, transportation and storage of temperature-controlled drug substance or a finished drug product. Products that have not been handled in accordance with the conditions set by the manufacturer are considered to be unsafe for use as quality and effectiveness have been compromised. Pharmacists have an obligation to their patients by ensuring that drugs and biologic products are received, stored, and dispensed within the manufacturer’s specifications. As the scope of the pharmacist evolves to include providing injections, the development of standards surrounding “cold chain” will become paramount. The PEI Pharmacy Board has developed and distributed a **Cold Chain Policy** which will assist pharmacists in storing and distributing temperature sensitive products. Highlights of this policy include:

1. “Bar style” refrigerators will no longer be acceptable for storing medications. Domestic refrigerators with modifications or purpose-built refrigerators will be required for the storage of temperature sensitive products. Food and beverages will not be permitted in the same refrigerator.
2. Twice daily temperature monitoring will be required and documented on a Daily Temperature Log.
3. Acceptable practices with regards to the storing and distributing of temperature sensitive products

### **Narcotic Reconciliation**

As of January 1, 2012, pharmacies are required to comply with the Narcotic and Controlled Drug Reconciliation Guidelines. The Narcotic and Controlled Drug Reconciliation policy is intended to provide pharmacy managers with an effective means to assist them in assuring that the narcotic and controlled drugs in the pharmacy are secure from internal loss, theft and diversion. It represents the minimum requirements expected of pharmacies in achieving this purpose. All pharmacies must complete the four steps of the reconciliation process in order to be in compliance with the policy. The PEIPB may randomly request a copy of the reconciliation forms to assess compliance with policy.

## Narcotic Destruction

Pharmacists are reminded that Health Canada requires **two health care professionals** to sign off/witness the destruction of narcotics and controlled drugs. Until they are a regulated professional, this does not include pharmacy assistants or “technicians”. As well, two such signatures should also be recorded on any narcotics and/or controlled drugs that are returned for destruction by patients. Forms are available on the Board’s website.

Pharmacists must be diligent in deterring diversion from within the workplace.

## Dimenhydrinate and OTC Codeine Policies

The policy regarding the sale of **dimenhydrinate** has been rescinded by the Board. Pharmacists are still required to keep the products behind the dispensary counter and should monitor its sale. Entry into DIS is no longer required.

### OTC codeine products:

- Pharmacists are now required to document the sale on the **patient’s** DIS profile, not the “agent’s” profile.
- If an agent is picking up the product, the pharmacist must have the consent of the patient – either in writing or by phone.
- If consent cannot be obtained, the pharmacist must use professional judgment on whether or not to provide the product.
- The policy also emphasizes the importance of reviewing the patient profile for the complete history of purchases and not just the most recent in determining to provide the product – and counsel and document accordingly.

## ISMP Pilot Project

There are currently nine community pharmacies in PEI participating in the ISMP

pilot project which includes documenting medication incidents with the Community Pharmacy Incident Reporting Tool (CPhIR) and assessing their practice sites for medication safety using the Medication Safety Self- Assessment tool, both developed by ISMP. The CPhIR tool provides sites with the opportunity to track medication incidents that occur at their sites and consider the contributing factors that led to the incident. The MSSA is a tool provides pharmacies with a baseline to assess their efforts with regards to medication safety. ISMP will be presenting the results of the PEI Pilot project at the upcoming CPhA conference in Charlottetown this June. There will also be an opportunity this summer to join the pilot project which included access to the two programs free of charge for 1 year. Stay tuned for more information.





Recently the Board met with representatives from the College of Pharmacy, including Director Rita Caldwell for a presentation on the future plans for the Pharmacy Program as well as Structured Practice Experience. As is consistent with the rest of Canada, the College is moving in the direction of a **Pharm D** program and will be a “2 + 4” year study program. In addition **all** practice experience will be structured through the university program, and no longer will the Board, and other provincial regulatory authorities, be a part of either structured or unstructured practice experience. Practice experience will increase to 40 weeks with the introduction of the Pharm D program. The College will be submitting the request to the Board of Governors at Dalhousie University to change the BSc (Pharm) to a PharmD and it is anticipated the College will be accepting its first class in the new PharmD program in 2016 . Once the new PharmD curriculum is implemented, the College will be investigating a “bridging” program for recent graduates from the present “1 + 4” year **Baccalaureate** to upgrade to a Pharm D. The Board will keep you informed as to the progress and expected implementation time lines.

## Investigations Committee

The Board is looking for pharmacists who would offer to sit on the Complaints and Investigations Committee. Several present members have served for many years and feel it is time to bring in some new people.

### Mandate

Investigates complaints and concerns regarding a registrant’s conduct, competency and/or ability to practice and to recommend an appropriate course of action to the Board, pursuant to legislation.

### Responsibilities

1. Investigate complaints referred by the Registrar in a timely manner.
2. Inform respondents and complainants about the discipline process as applicable.
3. Conduct interviews on the matter.
4. Determine disposition of the matter.
5. Make a report to the Board following completion of the preliminary inquiry, and/or the full investigation.

### Membership

1. At least three practicing pharmacists, a pharmacy technician and a Lay Rep from the Board who, in the opinion of the Board, have a combination of knowledge and experience suitable for fulfilling the responsibilities of the committee.
2. The Board will appoint a Chair from one of the pharmacist members.
3. The Chair may appoint ad hoc advisors as needed (ex-officio).

For more information, contact the Registrar.