



PRINCE EDWARD ISLAND PHARMACY BOARD

The Island Capsule Newsletter January 2014

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)
Ryan Murphy (Murphy's Parkdale)
Bill Doucette (Murphy's Parkdale)
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Iain Smith (Health PEI)
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Shannon Ochsner – Lay Rep
Alicia MacCallum (QEH, Shoppers Drug Mart)
Adrienne Hagen – Pharmacy Technician Observer

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A Message from the Chair

I would like to wish a Happy and Healthy New Year to all of our pharmacists, pharmacies, and their families. 2014 promises to be a dynamic and exciting year for all of us!

We have seen some significant regulatory change in 2013, and more to come in 2014 with immunizations being at the fore front. We have a new Umbrella Health Act coming into effect in 2014 with the profession of pharmacy being the first profession to be brought under its jurisdiction. Therapeutic substitution, Adaptation, and Refusal to fill have and will make permanent changes to how and what pharmacists do on a daily basis and various competencies will be challenged, accessed and updated. Access to health care for all Islanders has and will continue to improve with expanded scope of practice for pharmacists evolving as it is, right now.

The self-governance of pharmacy is an important and necessary attribute of the profession, and I have thoroughly enjoyed my last year as Chair. I must thank all of the PEIPB members for their time and sacrifice to ensure that the Board continues to ensure the safety of the public first and foremost, but also to ensure the progression of the profession through continuous work on forever changing standards, regulations and policies. Board members and volunteer pharmacists have spent hours upon hours working on expanded scope, developing our own website, sitting on numerous committees and sub committees, being involved with NAPRA, PEBC, and many other national organizations that keep the pharmacy profession of Prince Edward Island current and informed, and for all of that I say Thank You again!! Special thanks must go to Neila Auld, Registrar, and Michelle Wyand, Assistant Registrar for their

unrelenting commitment to the governance of pharmacy on PEI. Last but certainly not least, thanks to Rachel Lowther-Doiron, the Board's executive administrator for her time and efforts. The Prince Edward Island Pharmacists Association has been a vital part of the forward momentum of the profession and I would like to thank Erin McKenzie, the Executive Director, and all of the elected members of the Association for their time and commitment with their role as promoters and ambassadors of the profession.

Maintaining patient safety, ensuring a high standard of competencies and promising delivery of safe and effective health care to Islanders is what the PEI Pharmacy Board does, day in and day out and I personally am proud to have the colleagues I do in PEI. Here's to a safe and exciting 2014!

Ken Crawford BSc.Pharm, RPh.

Continuing Education Reminder

Professional Development Logs for recording of your continuing education for the calendar year (January 1, 2014 to December 31, 2014) **must be recorded on your on-line file by December 31, 2014. 20 CEUs are required annually.** Visit www.pepharmacists.ca and click on "member login". 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 make sure your email is current, as is all information on the respective data files.** Print off your form and mail registration fee to the Board office, or email your payment to info@pepharmacists.ca. Larger companies can opt to "direct deposit" to the Board's bank account **on April 1** and forward the names of the pharmacists and the pharmacies they are paying for. Please contact Rachel in the Board office for more information.

Pharmacist' Expanded Scope

The PEIPB continues discussions with the Ministry of Health regarding our proposed legislation changes for pharmacists' expanded scope and also for the regulation of pharmacy technicians. The province has adopted a new "**Regulated Health Professions Act**" and it will encompass all regulated health professions in PEI, including Pharmacy. The Board is presently working with government's legislative counsel to become the first health profession regulated under this Act



(replacing the present Pharmacy Act). There will be major changes to how the Board operates and also to the present Standards and Authorization Regulations. In addition, we are working to implement enabling legislation for expanded scope of practice and new Standards of Practice documents.

External consultations have taken place with the PEI Pharmacists Association, the College of Physicians and Surgeons, Association of Nurses of PEI, the Veterinary Association, PEI Optometrists Association, and recently, a meeting with the Medical Society of PEI regarding these

proposed changes.

To date we have been successful in developing the Continued Care Prescribing legislation, and recently the regulations supporting “Adaptation” and “Therapeutic Substitution”. We used the Standards of Practice for Prescribing document to address standards for providing these services, and will continue to build on it as more expanded services are legislated. Hopefully this will happen in the Spring sitting of the House.

As we meet with government in the New Year to implement the Regulated Health Professions Act and new pharmacy regulations, we are hoping to see Administration of drugs by Injection, Emergency Prescribing and Prescribing for Minor Ailments come into place.

Regulated Pharmacy Technicians

According to recently released national statistics from NAPRA, there are more than 36,000 licensed pharmacists practicing in Canada. In 2013, there was also an increase in excess of 150% for licensed pharmacy technicians in the country from 504 in 2012 to 1428 in 2013). It is believed this upward trend will certainly continue as more jurisdictions license pharmacy technicians in the years to come.

The Board is working with technicians and legislative counsel to move this initiative forward in Prince Edward Island. Entry to Practice Competencies, Standards of Practice and a National Bridging Program have been developed through NAPRA.

Narcotic Reconciliations

Pharmacists are reminded of their responsibility to ensure monthly narcotic reconciliations are carried out. There have been several instances in the past year with

regard to drug diversion through pharmacies, and these reconciliations are an important checking/monitoring process.

Dealing with Medication Incidents

“I think you made a mistake with my prescription”

As a pharmacist, this statement immediately causes a rush of anxiety. In spite of our best intentions, there are times when things can go very wrong and medication incidents occur. It is, however, the manner in which we respond to notification of a medication incident that can make the biggest difference in both the outcome for the patient and pharmacist involved. Quite often when patients report incidents to the Board, they are more upset with the response, or lack thereof, they received from the pharmacist or pharmacy management than with the actual error itself.

Immediate, clear, open and continued communication with the patient is necessary. Pharmacists must take steps to determine why the medication incident occurred and implement any necessary changes to ensure the prevention of a recurrence of the incident. It is a fact that most medication incidents are the result of a series of events that have failed and not the actions of one individual. It is vital that all pharmacy staff is aware of and follows proper policies and procedures so that medication incidents may be responded to promptly and with the patient's health and safety a priority.

Steps to take to improve your response to a medication incident include:

- When a patient presents a possible medication incident to the pharmacy, **the pharmacist must give the patient their immediate and total attention**. The safety of the patient is the pharmacist's primary concern at this time.
- It is important to **listen intently to the patient** as they describe the situation and not interrupt even if you can immediately identify the reason for the concern. To ensure understanding, repeat or paraphrase what you have been told.
- **Acknowledge the distress** and risk that the incident has caused the patient and express empathy and concern for the patient. Do not try to diminish the seriousness of the incident.
- **Determine if the patient is at possible risk of harm**. Notify the prescriber of the medication and any other emergency personnel deemed necessary.
- **Apologize to the patient** even if you are still unsure about the circumstances of the medication incident. In accordance with the Apology Act, making an apology does not constitute admission of fault or liability.
- **Determine the cause of the medication incident** in a transparent and timely manner ensuring that necessary changes are made in policies and procedures that may have led to the medication incident.
- **Communicate this information to the patient**, without excuses, so that they understand that steps have been taken to fully address the medication incident and to prevent a recurrence.
- **Document and communicate information about the medication incident**. Document as much information about the incident as possible. Share and discuss details about the medication incident with all dispensary staff, focusing on possible contributing factors and any changes to pharmacy policies and procedures necessary to prevent a recurrence.

- **Report medication incidents and near misses** to the Institute for Safe Medication Practices – Canada’s Medication Incident and Near Miss Reporting Program. Medication incidents and near misses can be reported anonymously. Remember, everyone can learn from medication incidents when they are reported.

Adapted with permission from the Spring 2013 issue of the Manitoba Pharmaceutical Association newsletter

There’s An App For That!

Recently, the Annals of Pharmacotherapy (Ann Pharmacother 2013;47:1088-95) published a review designed to help guide pharmacists on selecting mobile applications (“apps”) that would be useful to their practice. The author identified 27 apps for review including drug references, clinical references, medical calculators, laboratory references, news and CPD apps as well as a number of general productivity apps to help pharmacists increase efficiency in their daily activities.

While the apps listed below are not inclusive of the full review, it shows the expansiveness of the information available to pharmacists utilizing this exciting new technology. Not all of these apps are free, but most are widely available for both iOS and Android operating systems.

- LactMed (iOS and Android)
- Lab Pro Values (iOS and Android)
- Mediquisitions (iOS and Android)
- Medscape (iOS and Android)
- Micromedex (iOS and Android)
- Pharmacist’s Letter (iOS and Android)
- Read by QxMD (iOS only)
- Sanford Guide to Antimicrobial Therapy (iOS and Android)



Canadian Council for Continuing Education in Pharmacy

The Board of Directors approved the Competency-Mapped Accreditation Policy for certificate programs. CCCEP undertook a pilot project to conduct a stage 2 accreditation of Immunization and Injection programs in March 2012. The stage 2 accreditation involves the mapping of the content of a program to a pre-determined set of competencies. The stage 2 review is conducted by a reviewer with expertise in the subject area. The competency-mapping review (stage 2) is conducted following the regular review of the program (stage 1) for accreditation. CCCEP will be discussing with stakeholders other areas for competency-mapped accreditation in 2014.



Schedule F of Food and Drugs Regulations Being Replaced

On December 19, 2013, Schedule F to the Food ND Drug Regulations was replaced with the Prescription Drug List. The Prescription Drug List is divided into two separate lists:

1. A list of medical ingredients that, when found in a drug, require a prescription for **human use**; and
2. A list of medicinal ingredients that, when found in a drug, require a prescription **for veterinary use**.

If a veterinary drug product is not on the “veterinary use” section of the list, it is considered a non-prescription drug for veterinary use.

All drugs previously in Schedule F to the Food and Drug Regulations are included in the Prescription Drug List. Accordingly, this list does not include ingredients listed in the *Controlled Drugs and Substances Act* and its regulations.

The Prescription Drug List is accessible via the Health Canada Website and will be updated weekly.

Two things to keep in mind

1. While the federal government may give a non-prescription status, each province can further restrict its conditions of sale.

2. These amendments will not affect the regulations on the sale of prescription drugs.

Pharmacy Practice Management Systems (PPMS)



The information management systems used by pharmacy professionals, pharmacy practice management systems (PPMS) must support the delivery of patient care including the dispensing of drugs in accordance with Canadian regulations and standards. The National Association of Pharmacy Regulatory Authorities (NAPRA) recently released a PPMS: Requirements to Support NAPRA’s “Model Standards of Practice for Canadian Pharmacists” document that provides information to Canadian pharmacists in the form of requirements of pharmacy software programs to meet the national standards of practice.

Historically, PPMS have been focused on the dispensing and billing processes. The systems must do much more to support the practice of pharmacy today, needing to be able to record, display, store, and exchange patient specific information in a manner that optimizes workflow within the pharmacy. PPMS must also facilitate information exchange with external systems, such as electronic health record systems (DIS), and also processes electronic prescriptions in a manner that preserve the confidentiality and

security of all personal health information stored, processed and/or transmitted.

Pharmacy regulatory authorities have developed minimum requirements of systems used by pharmacists and pharmacy technicians in their delivery of quality care and services. The Council of Pharmacy Registrars of Canada (CPRC) established a working group for this purpose that based development on the NAPRA “Model Standards of Practice for Canadian Pharmacists” and the Pan-Canadian Drug Messaging Standard (developed by Canada Health Infoway). The PPMS document will be instructive to pharmacists, pharmacy managers, pharmacy, vendors, and the developers of federal/provincial/territorial electronic health record infrastructures to develop and implement systems for pharmacists and pharmacy technicians to comply with their respective standards of practice.

PPMS requirements will include public safety features for electronic prescriptions (e-Rx) and additional measures to prevent prescription fraud. Electronic prescribing (e-prescribing) allows prescribers to send , prescriptions electronically so that a patient’s pharmacist of choice can immediately access them. Some of the benefits attributed to e-prescribing depend critically upon ensuring the authenticity of e-prescriptions and securing their transmission from prescriber to dispenser.

The 35 PPMS requirements addressing technical, functional and administrative requirements are listed in Section 3 of the document. The requirements should be considered minimum requirements. Vendor software (alone or in combination with other software, system, and services) must meet all the requirements and perform all the mandatory functions described in this document before such software can be considered compliant with, and

supportive of, NAPRA standards of professional practice and hence suitable for deployment.

The status of these requirements in PEI has not, as yet, been determined. It is important that pharmacists and pharmacy managers bring this document to the attention of the pharmacy owner, I/T department or support person and/or software vendor. Please watch for further updates on this important issue.

Links:

http://napra.ca/pages/Practice_Resources/Frameworks_Standards.aspx

http://napra.ca/Content_Files/Files/NAPRA_Pharmacy_Practice_Management_Systems_November2013.pdf

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**Legislation Information Sessions
Reminder**

Due to the expanded scope for pharmacists with adaptation and therapeutic substitution, proposed further expanded scope of pharmacists and pharmacy technicians, and the new “Regulated Health Professions Act”, and its implications to how pharmacy is going to be regulated in Prince Edward Island the Board has set two dates for information.

Charlottetown

Sunday, January 19, 2013

Murphy’s Community Centre 6:00PM

Summerside

Sunday, February 9, 2013

Sobeys Community Room 5:45 PM

The Board has applied for an anticipated CE accreditation through Dal CE Division for 2 CEUs.

Please register by calling the Board office at 902-658-2780 (ext 1) or by email at info@pepharmacists.ca.