

# The Island Capsule

## Newsletter of the Prince Edward Island Pharmacy Board

### November 2004

#### **PRINCE EDWARD ISLAND PHARMACY BOARD**

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Located on main floor, side entrance and rear of  
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#### **MEMBERS**

Wally Kowalchuk, Chair & NAPRA Delegate  
(Zellers Phcy)  
David McLeod, Vice-Chair(A&M Pharmasave)  
Greg Burton, (Medicine Shoppe)  
Linda Gordon-MacEachern (Shoppers Drug)  
Kerry Murphy (Shoppers Drug)  
Iain Smith (QEH)  
Nancy Canham, LayRep  
Connie MacKinnon, Layrep  
Mar Thomson, Government Rep

**The Board would like to extend sincere and deepest thanks to Greg Burton, who will be finishing the third year of his second term in December. Greg has worked tirelessly for the public and the profession in PEI as a Board member, Chair and NAPRA delegate. Greg also served on the Executive of NAPRA. Six years is a long time to commit to a volunteer position.**

#### **REGISTRATIONS**

Pharmacists: 154  
Permits: 41 + 7 hospitals + Provincial Phcy  
Students: 23

*This newsletter is distributed to all licensed pharmacists in PEI. 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.*

#### **ENCLOSURES**

1. Professional Development Log/Info
2. Manual Additions
  - a. Physician No Longer Actively Involved in Patient's Healthcare – new copy
  - b. Revised Library Requirements
3. Adverse Drug Reaction Newsletters
4. Booster Seats – Consumer Information sheets (Please copy and distribute)
5. Updated Physician/Dentist List
6. Melatonin Information - courtesy of Prescription Information Services of Manitoba
7. Federal Legislation Changes

#### **LEARNING PORTFOLIO Q&A**

*Why is there a limit on the number of CEUs per non-accredited learning project?*

Learning projects can get very large and it can be difficult to estimate the time you have spent on meaningful learning. The CE committee has set a limit of 7.5 CEUs per non-accredited learning project. If you are working on a large project,

you may split it into two or more learning projects under one topic.

***Why is there a maximum set for the number of non-accredited CEUs per year?***

Since non-accredited learning is not necessarily pharmacy-specific, limiting the number of non-accredited CEUs to 7.5 per year ensures that all pharmacists are doing at least some pharmacy-related learning (7.5 required).

***Why do I have to record key learning points for accredited programs?***

Recording a few learning points from each learning activity helps you think about what you learned and how it fits with other information you already have. This reflection is an important component of professional development. It is through reflection that you consider the new information – the validity of the information, how it fits with other knowledge you have, if you need further information, and how you can incorporate this new knowledge into practice. Probably many motivated life-long learners practice reflective learning almost automatically, just as experienced pharmacists practice pharmaceutical care without writing down all the steps. The learning portfolio just formalizes the reflection step.

***How do I record key learning points for a journal such as :Pharmacists' Letter", that covers a lot of different topics? Do I have to record a key learning point for each topic?***

Newsletters that contain brief summaries on multiple topics can be a challenge to document. You do not have to record a key learning point for each topic. It's acceptable to jot down a few quick thoughts on a couple of topics. Here are some examples of questions you can ask yourself to determine some key learning points to record. Do these articles ever make me question how the author came to that conclusion? What did the original study show? Was the study reliable? How can I apply this knowledge to my practice?

***Can I claim credit for a course I haven't received a certificate for yet?***

Occasionally a program provider may be somewhat slow in forwarding certificates to program participants, particularly with distance-based courses, e.g., correspondence or web-based. You should not claim these courses on your PDL until you have received verification that you have passed the course.

***What can I claim as non-accredited learning?***

You may claim learning activities that you have undertaken to enhance your pharmacy practice. These learning activities should be planned to address an identified learning need. You must write up the non-accredited learning activity on a learning project record. The learning activity should result in **enhanced learning**. Therefore, serving on a pharmacy-related committee, presenting a talk to students or the public, acting as a preceptor for a pharmacy student or Intern, or acting as a PEBC OSCE assessor do not qualify for non-accredited goals. However, if you undertook learning in order to fulfill your obligations in these areas, you may be able to claim the learning for non-accredited CEUs. For example, if your student was planning to present a talk on osteoporosis, and as his/her preceptor you researched the current treatments and recommendations for osteoporosis, you could claim this research for non-accredited CEUs.

**PLAN B® DE-REGULATION**

The federal government is proceeding with the process of de-regulating Plan B® to non-prescription status. The National Drug Scheduling Advisory Committee (NDSAC) has recommended Schedule II (i.e. non-prescription, no public access) status. We are awaiting the final version with changes approved from the consultation period, which will be published in Canada Gazette Part II with the effective date. When this product becomes de-regulated and placed in Schedule II, pharmacists will not be required to provide evidence of certification to prescribe, but they must meet the standards for Schedule II products as outlined in the *Model Standards of Practice for Canadian Pharmacists*. It is, however, recommended pharmacists consider taking one of the training and education programs available. The Canadian Pharmacists Association (CPhA) has developed a workshop program (previously offered in PEI), on-line training, practice guidelines and tools to prepare pharmacists to assess and counsel women seeking emergency contraception. See [www.pharmacists.ca/ecp](http://www.pharmacists.ca/ecp). For those who prefer a home study program – it can be accessed at the same address. This course has been approved for 3 CEUs until May 1, 2006.

As with all Schedule II drugs, the role of the pharmacist is most important. However, the patient care issues for Emergency Contraception Care (ECC) are even more so. The Board is

initiating dialogue with the Department of Health to ensure the proper distribution of emergency contraception medication and the provision of care.

#### **BREAST FEEDING and DOMPERIDONE**

Fraser South Breastfeeding Committee in BC reports that physicians helping postpartum mothers with breastfeeding difficulties are increasingly prescribing domperidone (Motilium). Usually prescribed to help with vomiting and acid reflux, domperidone has the side effect of increasing prolactin, the hormone which stimulates breast milk production.

Domperidone should not be used unless all other factors that can result in insufficient milk supply are dealt with first. Domperidone should only be used as a short term therapy. Mothers may not see results for two to three days, and it may take up to three weeks for full effect. Domperidone should not be taken by mothers at high risk or with a history of breast cancer. You can find more information at [www.breastfeedingonline.com](http://www.breastfeedingonline.com).

#### **HEALTH CANADA ADVISORIES and BOARD GRID MESSAGES**

Health Canada Advisories and other Board GRID messages are being sent by e-mail directly to each individual pharmacist via our new E-Link service, as well as by FAX to individual pharmacies. It is therefore important that pharmacists ensure they have logged on to E-Link and are connected to this service, as it is their responsibility to receive this vital information. Pharmacy Managers should also ensure that any such messages faxed to their pharmacy is made available to pharmacists, should a pharmacist not yet have Internet access. Some pharmacies' fax machines' phone lines are tied up when the Board faxes are broadcasted out. Given the messages are going both by email and fax, the Registrar will not be spending time following up, and it is the pharmacy managers' responsibility to ensure they obtain the messages.

#### **PATIENT/PHARMACY CONTRACTS**

Due to the prescribing practices of certain physicians and double-doctoring/poly-pharmacying of certain patients, some pharmacies have instituted contracts restricting patients to "one doctor-one pharmacy". In the future, please do not send the information to the Board office for fax broadcast. This is an

agreement between you and your patient. In the event you feel the agreement may be broken – you can check with other pharmacies or physicians directly. The contracts are increasing in numbers, and it is time-consuming for pharmacists to record and "monitor" them. Pharmacists are also recommended to notify the physician(s) involved that this is being monitored.

#### **NEW TIME-SERVICE REQUIREMENT**

To maintain consistency with the other Maritime Provinces, the Board will be requiring new graduates to complete 8 weeks (280 hrs) **post-grad** time service prior to licensure. Translated into the present regulations, this means that graduates will have 20 weeks (700hrs) structured time service, 12 weeks (420 hrs) unstructured time service of which 8 weeks must be served post graduate. The Board's Internship Committee is reviewing manuals for eventually offering a similar document for direction to the expectations of the post-grad time service. They may or may not be ready for this coming year.

#### **ADVERTISING/PHARMACY BUSINESS CARDS**

The Board has become aware that some pharmacies are displaying their business cards in hospital emergency rooms and/or physician's offices – even being handed out with prescriptions by the attending physician. This practice is not permitted, as is promoting one's pharmacy on physician's prescription pads. Pharmacies who have been doing so must remove these cards immediately. Realizing that (perhaps) the hospital staff like to use them to direct patients to a nearby pharmacy (some have "maps" on the back to their particular store), the Board will be contacting the PEI Pharmaceutical Association to suggest that a general map of the area surrounding all Island hospitals be designed to indicate where **all pharmacies serving each emergency room vicinity** could be made available for distribution to patients unfamiliar with the locale, leaving the decision of which pharmacy to go to **up to the patient**.

#### **NAPRA HIRES NEW EXECUTIVE DIRECTOR**

*On behalf of the Board of Directors of the National Association of Pharmacy Regulatory Authorities (NAPRA) I am pleased to announce the appointment of Ken Potvin as Executive Director, effective October 15, 2004.*

*Ken's diverse background includes leadership roles in industry, associations, and both hospital and community pharmacies. From June 2001 to September 2004 Ken was the Director, Research and Analysis with Canada's Research-Based Pharmaceutical Companies (Rx&D). At Rx&D, he was responsible for writing submissions to governments on pharmaceutical policy and practices, as well as identifying and analyzing research evidence, with a focus on optimizing patient care. He participated as staff liaison and secretary to its Health Outcomes Working Group and Health Economics Working Group, managing a number of research projects. Prior to Rx&D, Ken was the Manager, Drug Utilization and Rehabilitation with the Canadian Institute for Health Information (CIHI). Ken managed two national CIHI projects – the development of indicators and reporting on drug utilization, and comparative reporting on adult inpatient rehabilitation services – and was involved in numerous consultations with multi-stakeholders. From 1990-1999, Ken was Assistant Director, Pharmacy Services of the Ottawa Hospital, responsible for the financial management and information systems of the department. During his tenure at the hospital, he was seconded to Financial Services to participate in developing a methodology for establishing priorities for utilization review, based on the hospital's decision support database.*

*Ken received a Bachelor of Science, Pharmacy from the University of Toronto in 1983, and earned a Master's in Epidemiology from the University of Ottawa, in 2000. Having lived in large and small centres, Ken and his family now call Ottawa home.*

*We are pleased to welcome Ken to his new role with NAPRA and are confident that the organization will continue to grow and strengthen under his leadership.*

*Lois Cantin  
President, NAPRA*

#### **VERIFIED INTERNET PHARMACY PRACTICE SITES (VIPPS)<sup>TM</sup> PROGRAM**

Launched in 1999 by the National Association of Boards of Pharmacy (NABP)<sup>®</sup> this program is designed to assist consumers in identifying legitimate online pharmacies. The program has been adopted by the National Association of Pharmacy Regulatory Authorities (NAPRA) to

provide Canadian consumers an easy way to recognize pharmacies that are legally operating and meet the VIPPS<sup>TM</sup> standards of practice in Canada. This program is supported by the Canadian Pharmacists Association, the Canadian Association of Chain Drugstores and NAPRA's member provincial and territorial licensing bodies. To become VIPPS<sup>TM</sup> certified, pharmacies must:

- Be licensed to operate by a Canadian regulatory body
- Meet 27 rigorous criteria
- Pass an on-site inspection
- Submit written policies and procedures that support ongoing compliance with VIPPS standards

NAPRA receives calls and emails from consumers asking for information regarding pharmacies providing internet seal. VIPPS certified pharmacies must display the VIPPS<sup>TM</sup> hyperlink seal which gives the consumer access to verified, accurate information regarding the pharmacy. Information on VIPPS<sup>TM</sup> certified pharmacies will also be available on the NAPRA website so consumers can search for pharmacies that meet their specific needs. The pharmacies which are VIPPS<sup>TM</sup> certified meet strict criteria in the following areas:

- Privacy safeguards
- Consultation with patients
- Notification of delay in delivering medications
- Processes to inform patients about drug recalls
- Information on proper disposal of expired or unused medications
- Valid pharmacist licenses
- Assurance that pharmacists are practicing in accordance with recognized Canadian standards and laws.

More information can be found at the NAPRA website at [www.napra.ca](http://www.napra.ca) or by contacting [info@napra.ca](mailto:info@napra.ca). The National Association of Pharmacy Regulatory Authorities, on behalf of its members, asks that all pharmacies using the internet consider the VIPPS Program as part of their certification process.

***Happy Holidays and Best Wishes  
for the New Year from everyone  
at the PEI Pharmacy Board!***

