From the President

In 2017 the NSCP worked diligently to improve the quality and efficiency of the NSCP’s practice standards and policies. We developed streamlined documents and tools that supported pharmacy professionals in bringing the full extent of their knowledge and skills to meet the diverse needs of their communities. I want to thank my fellow Council and Committee members who worked tirelessly to improve the capacity and quality of day-to-day community pharmacy practice.

Canada’s opioid crisis and Nova Scotia’s crisis in accessing primary care have been front of mind for the NSCP and will likely continue to dominate our strategic work in 2018. These are complex issues that call on all of us to bring our “A-game” and think outside the box.

Pharmacy professionals in Nova Scotia help to stimulate and inform our continuous striving to do things better. Thank you for your professionalism, your responsiveness and your conscientious regard for patients. Working together, we make a difference every day.

Wishing you a very Merry Christmas, Happy Holidays and all the best in the New Year.

Adam Somers
President, NSCP Council 2017

Mifegymiso

Health Canada recently provided updated information regarding the prescribing and dispensing of Mifegymiso®. The update supports Mifegymiso® being dispensed in a manner similar to any other prescription product and also increased the gestational age for which Mifegymiso® can be prescribed. For clarity, the scope of pharmacists’ prescribing authority in Nova Scotia is unchanged by Health Canada’s recent communication.

While Health Canada’s updated information fully supports pharmacists dispensing Mifegymiso® directly to patients, pharmacists cannot prescribe Mifegymiso®.

The NSCP Mifegymiso® Practice Guidance has been revised to correspond with changes to Health Canada’s Restricted Distributed Program.
Opioids: Complex issues require thoughtful and collaborative responses

Significant attention has been given to overprescribing of opiates with some people thinking of it as the root of the problem. While “fixing” over-prescribing addresses some critical issues, focusing on this as the solution can lead to unintended harm. For example, chronic pain patients can become fearful that their helpful dose will be reduced and they will be left in pain. This focus on overprescribing also does not address some of the underlying psychological and social factors that can make persons more vulnerable to opioid addiction, even at relatively low doses.

The conversations that must accompany and guide opioid dispensing and tapering can be very difficult. Health care providers must be vigilant not to inadvertently stigmatize patients who are treated with opioids, making an already difficult situation worse. Working collaboratively and in non-judgmental ways with patients and other members of the health care team, pharmacists can support informed consent and harm reduction, and help to minimize unintended harms that can be associated with opioid use or tapering.

The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain recommends offering multidisciplinary support to patients who would benefit from tapering of their dose. The College recognizes that such support services are not yet available in many communities in the province, leaving pharmacists and patients in a difficult position. Addressing these gaps has been identified by the province in the development of its opioid response plan.

Methadone: Transitioning to commercial stock solution

Earlier this month, pharmacy professionals were advised that as of January 1, 2018, commercially prepared methadone 10mg/mL stock solution must be used to prepare individual patient methadone doses. The NSCP Council approved this change to promote patient safety, acknowledging that by reducing the number of steps involved in methadone dose preparation, the opportunity for error is also reduced. Methadone maintenance dispensing remains a labour-intensive process that requires close attention and precision.

Pharmacies transitioning from compounded to commercial stock solution are reminded that the labels on individual patient doses must plainly and unambiguously state the daily dose of methadone and the contents of each bottle. Differences in billing should not result in information on the label that could be confusing for the patient, a family member or another health care provider. For additional information on methadone labelling, pharmacy professionals are directed to the Standards of Practice: Opioid Agonist Maintenance Treatment Services.

It has also come to the attention of the NSCP that commercial methadone [continued next page]
The Nova Scotia Drug Information System (DIS) has produced a Q & A document for pharmacy staff regarding e-prescribing through the DIS. It is available on the DIS website. The PMP also provided useful information about e-prescribing monitored drugs in their May 2016 Bulletin.

E-prescribing through the DIS has the potential to reduce error, better centralize patient information and facilitate easier communication between pharmacists and prescribers.

E-prescribing through the DIS has the potential to reduce error, better centralize patient information and facilitate easier communication between pharmacists and prescribers. However, since e-prescriptions remain relatively uncommon, only a limited number of pharmacists have experience processing them. Unfortunately, some pharmacies with patients whose prescribers have prescribed through the DIS have contacted those prescribers asking them to re-send their prescriptions in a more traditional format.

Handling e-prescriptions through a pharmacy’s software will be a learning process for all and pharmacy staff will require support from each other and their software vendors to navigate this change. Like all changes in practice, mastering this new means of prescribing will take effort, but it has the potential to materially improve patient safety and streamline certain aspects of the dispensing process.
We want to hear from you!

Since 2014, the NSCP has been working to optimize the inspection process consistent with the public interest. To continuously improve and refine the process, we need your feedback. Registrants are reminded that following an inspection by the NSCP, pharmacy professionals who were present during an inspection are sent a link to an anonymous, electronic survey that remains active for two weeks. Please take the time to complete the survey. Your feedback helps the NSCP identify ways of improving the inspection process.

Interested in doing more?

From time to time, the NSCP organizes an ad hoc committee of pharmacists and pharmacy technicians to help inform the NSCP’s approach to a particular issue or area of practice. Participation on these ad hoc committees does not involve running for election, and the committees are time-limited. Participants on ad hoc groups are often pharmacists and pharmacy technicians with similar experience or interests. If you would like to participate on an ad hoc committee, please let us know! The NSCP’s approach to any issue is strengthened by the involvement of different and wide-ranging perspectives. Registrants can contact Shelagh Campbell-Palmer at 902-422-8528 ext. 232 to express their interest.

Keeping patients’ DIS profiles up to date

Patient profiles in the Drug Information System (DIS) are increasingly relied upon for patient care. Since patients may not receive all of their medications from community pharmacies in Nova Scotia, pharmacy professionals are reminded that they should ask their patients whether they have obtained medications from other sources (for example: samples, hospital outpatient pharmacies, the federal government’s Special Access Programme, or pharmacies outside of Nova Scotia). A current and complete profile, including information pertaining to the patient’s use of alcohol, cannabis, tobacco or illicit substances, is important in order to fully consider the appropriateness of drug therapy. This is articulated in the NSCP’s Currency of Patient Medication Profiles policy.
The NSCP is very pleased to announce the NSCP Council members for 2018:

Adam Somers, President and Zone 1 Representative

Stephen MacInnis, Vice-President and Zone 2 Representative

Leslie Reid, Past President and Zone 4 Representative

Anne Marentette, Zone 1 Representative

Jon Wright, Zone 1 Representative

Jennifer O’Brien, Zone 3 Representative

Melanie MacInnis, Zone 5 (Hospital) Representative

Lynn Corkum, Zone 6 (Pharmacy Technician) Representative

Lynn Guscott, Public Representative

Jill Rafuse, Public Representative

Babatunde Awoyiga, Public Representative

Susan Mansour, Dalhousie College of Pharmacy

We are welcoming three new voices to Council in 2018. Here is a brief introduction of our newest Council members:

Jon Wright joins the NSCP Council as a Zone 1 Representative. Jon has been practicing in community pharmacy for fifteen years and has been a Pharmacy Manager for the past twelve years. Jon is an active preceptor and was involved in the revision of the Practice Experience Program. Jon has taken on a variety of issues and feels that now is the time to become involved in governing the profession.

Jennifer O’Brien joins the NSCP Council as a Zone 3 Representative. Jennifer is a recent PharmD graduate practicing in Amherst and is working towards becoming a certified diabetes educator. Jennifer is passionate about patient care and is engaged in or leading wide-ranging community efforts that promote patient well-being and safety.

Babatunde (Tunde) Awoyiga joins the NSCP Council as a Public Representative. Tunde is an economist with over 20 years of economic research and policy analysis work experience in both the public and private sectors. He is currently a Manager in the Labour Market and Information Research branch of the Nova Scotia Department of Labour and Advanced Education. Tunde has a long history of engagement and leadership in community organizations including the Immigrant Services Association of Nova Scotia.