

THE Tablet

FALL 2023 | ADVOCATING FOR PHARMACIES | COLUMBIA PHARMACY



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More than 116,000 patients have already visited pharmacies for minor ailment services. P12



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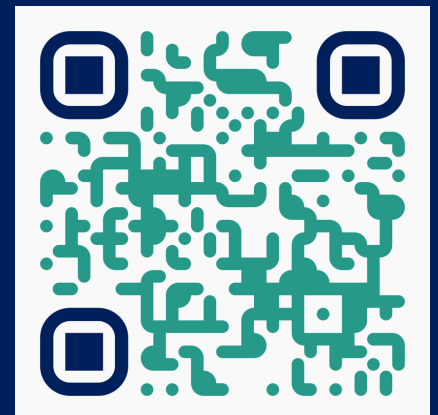


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ON THE COVER

Mahin Hanifian, associate owner of Shoppers Drug Mart #291, one of many B.C. pharmacists who have embraced the expanded scope.



Chris Chiew

Pharmacists gear up for fall frenzy

When fall begins, all of us in pharmacy know there's no time for relaxing in cozy sweaters and curling up by the fire. Instead pharmacists across B.C. gear up to deliver the largest annual public health campaign: vaccinations for the respiratory illness season.

This year, pharmacists across the province have stepped up again to deliver COVID-19 and influenza vaccines, and yet again, we've hit record numbers in delivering more vaccinations than the first week last year. Community pharmacists should be proud of the work they continue to do in serving British Columbians.

In this issue of *The Tablet*, we highlight the continued work of B.C. community pharmacists in assessing and prescribing for minor ailments and contraceptives (MACS) and those who have embraced these changes in scope even after decades in their careers.

If you haven't had the opportunity to provide MACS or are hesitant, listen to the words of pharmacist Mahin Hanifian, who says, "We should all try to be part of the solution. Part of it is us as pharmacists going beyond our comfort zone, or even our training for those of us who graduated school many years ago."

Additionally, in this issue, we take a look at those who live and work outside urban areas of the province.

For B.C. pharmacists working in rural communities, we know what a lifeline these pharmacies provide to patients in their areas. That's why the Association has set up a working group to look at ways to address the needs of rural pharmacies and pharmacists so they can continue to provide outstanding care to patients no matter where they live.

By the time you receive your copy of *The Tablet*, the early frenzy of the fall vaccination campaign will hopefully be behind you. While we know this time of year is always busy for us, take a few moments to look back on how much we've accomplished in the past few years: From continuing to deliver millions of COVID-19 and influenza vaccines each year to more adaptations and renewals to incredible support and delivery for prescribing for minor ailments and contraceptives.

I'm proud of the work the BC Pharmacy Association has done in advocating for the role of pharmacists and the changes we've made happen.

As a member, you support the work we undertake in representing you. Thank you for your support. And thank you for taking pride in us and in your profession. **T**

Editor in Chief Angie Gaddy
(604) 269-2863, angie.gaddy@bcpharmacy.ca
Managing Editor Michael Mui
(604) 269-2878, michael.mui@bcpharmacy.ca
Art Director Caroline Toth

BCPHA BOARD OF DIRECTORS

President Chris Chiew, president@bcpharmacy.ca
Board of Directors Pindy Janda, Jamie Wigston, Kevin Chu, Mark Dickson, Gary Go, Michelle Gray, Linda Gutenber, Colleen Hogg, Mike Huitema, Kylee Power, Annette Robinson, Greg Wheeler
Contact the Board of Directors board@bcpharmacy.ca

OFFICE OF THE CEO

Chief Executive Officer Geraldine Vance
(604) 269-2860, geraldine.vance@bcpharmacy.ca
Executive Assistant to the CEO and Board
Devyani Basoodetsing
(604) 269-2884, devyani.basoodetsing@bcpharmacy.ca

COMMUNICATIONS

Executive Director, Communications Angie Gaddy
(604) 269-2863, angie.gaddy@bcpharmacy.ca
Manager, Communications Michael Mui
(604) 269-2878, michael.mui@bcpharmacy.ca
Coordinator, Communications Ishika Jain
(604) 261-2092, ishika.jain@bcpharmacy.ca

PHARMACY PRACTICE SUPPORT

Executive Director, Pharmacy Practice Support & Special Projects
Bryce Wong, RPh
(604) 269-2868, bryce.wong@bcpharmacy.ca
Director, Pharmacy Practice Support Ann Johnston, RPh
(604) 269-2865, ann.johnston@bcpharmacy.ca
Coordinator, Pharmacy Practice Support Nelson Chen, RPhT
(604) 269-2880, nelson.chen@bcpharmacy.ca
Coordinator, Pharmacy Practice Support Yvonne Brown
(604) 269-2866, yvonne.brown@bcpharmacy.ca

MEMBER SERVICES

Deputy CEO and Executive Director, Member Services Vince Lee
(604) 269-2867, vince.lee@bcpharmacy.ca
Manager, Member Services Andy Shen
(604) 269-2883, andy.shen@bcpharmacy.ca
Coordinator, Member Services Linda Tinnion
(604) 269-2864, linda.tinnion@bcpharmacy.ca
Administrative Assistant Kathryn Kremastos
(604) 261-2092, kathryn.kremastos@bcpharmacy.ca
Administrative Assistant Emily Story
(604) 261-2097, emily.story@bcpharmacy.ca

CORPORATE SERVICES

Executive Director, Finance Gary Mui, CPA, CA
(604) 269-2869, gary.mui@bcpharmacy.ca
Database Administrator Ray Chow
(604) 269-2882, ray.chow@bcpharmacy.ca

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BCPhA Offices: #430-1200 West 73rd Avenue Vancouver, BC V6P 6G5
Telephone: (604) 261-2092 or Toll-free in BC: 1 (800) 663-2840 Fax: (604) 261-2097
Toll-free fax: 1 (877) 672-2211 E-mail: info@bcpharmacy.ca Web: bcpharmacy.ca
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Geraldine Vance

Looking towards next steps for pharmacists

In addition to fall being “pumpkin spice latte season”, it’s the beginning of the cocooning season brought on by short days and temperatures that keep us all inside. I often associate fall with the time to reflect, reset and look forward to what comes next.

I write this just a few days after Health Minister Adrian Dix made the announcement to increase the scope of practice for pharmacists last year. That was a long-awaited and monumental day for community pharmacy. The lifting of so many clinical restrictions related to adaptations and the decision to move ahead with minor ailment and contraception prescribing marked a next chapter for community pharmacy in B.C. It signalled government’s confidence in pharmacists that I believe was built as a result of the work done during the pandemic. The pandemic brought with it many losses for too many people, but it allowed pharmacists to demonstrate their commitment to their patients and show the important gaps in care they fill.

The time since last year’s announcement has been unbelievably busy for every pharmacist, and for our partners at the Ministry of Health, the College of Pharmacists and UBC.

The numbers speak for themselves. The number of emergency fills has fallen dramatically year-over-year and the number of renewals and adaptations has increased by more than double. We all know this helps patients get their medications when they need them and takes the pressure off family physicians and emergency rooms.

The patient response to minor ailment and contraception prescribing has also been significant. As of mid-October, pharmacists have performed more than 135,000 assessments for more than 116,000 patients. Across B.C., 68 per cent of active community pharmacists are doing this work.

So what comes next? Recently the BCPhA polled members to ask about the expanded scope and what they want to see next. We were encouraged by the broad participation of members and the useful information that was provided. Thank you to all who took the time to complete the survey.

What stands out is the commitment pharmacists have to ensuring they make the best decisions they can for their patients, based on the best information possible. In the case of adaptations, that means having the ability for the pharmacist to order lab tests when warranted.

And there is also a desire to offer in-pharmacy point-of-care testing to ensure patients get more timely care. There is good evidence that offering point-of-care testing to patients with suspected strep throat is good for patients who can receive their medication sooner than waiting days to see a physician. So, this type of testing is a logical next step.

We have had conversations with government about both the ability to order lab tests and point-of-care testing. We will continue to press for these much-needed initiatives. While we would all like new authorities to be granted quickly, changing public policy takes time. Be assured we raise the needs of pharmacists for everything from an increase in the dispensing fee to new opportunities like point-of-care testing in every meeting with elected and ministry staff. **1**

Member News

Do you have a professional or personal update you want to share in *The Tablet*? Email editor@bcpharmacy.ca to share your member news.

Pharmacists deliver record number of vaccines in first month of campaign

British Columbia’s community pharmacists have hit record numbers and delivered almost 85 per cent of the province’s COVID and influenza vaccinations, having administered more than 1 million doses from Oct. 10 to Oct. 31.

B.C.’s Health Minister Adrian Dix praised the work of B.C.’s community pharmacists, saying, “Delivering record numbers of COVID-19 and influenza vaccinations, pharmacists are integral to keeping our communities healthy, and our government is grateful for their efficiency and dedication. I want to thank the hard-working community pharmacists throughout the province, and the BC Pharmacy Association for its support towards our annual campaign launch.”

Nearly 1,300 pharmacies across British Columbia are participating in the program, with a majority of pharmacies offering both COVID-19 and influenza vaccinations. Pharmacies and public health clinics together have delivered a total of more than 1.3 million COVID-19 and influenza vaccinations across the province.

Cultural safety, cultural humility, and anti-racism at the College of Pharmacists of BC

A MESSAGE FROM THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

As health-care providers, pharmacy professionals should always strive to provide their clients with the best pharmacy care possible. It's the central thread that runs through every single practice decision and patient interaction. Unfortunately, culturally safe care is not always the experience of Indigenous Peoples accessing pharmacy care in B.C.

Reports such as 2020's *In Plain Sight* make it clear that the impacts of settler colonialism continue to permeate our health-care system, resulting in barriers to access and substandard health outcomes for Indigenous clients, families, and communities. As stewards of public safety, the College of Pharmacists of BC has a responsibility to confront these colonial legacies in our approach to health regulation, and to embed culturally safe practices into everything we do.

In September 2022, we adopted the *Indigenous Cultural Safety, Cultural Humility and Anti-Racism Practice Standard*, which sets clear and enforceable requirements for B.C. pharmacy professionals on the provision of culturally safe and anti-racist care for Indigenous clients.

In addition to adopting the Standard, we also re-framed our organizational goals by completely re-writing our mission, vision and values in a way that explicitly expresses our commitment to dismantling Indigenous-specific racism within B.C.'s health-care system. The College's new Commitment Statement and Values now fully embody our ideals as we strive to become a culturally safe, equitable, and person-centric, health regulator.

These foundational changes have become our north star, guiding us as we build upon our progress to promote anti-racism and Indigenous cultural safety and humility in the years to come.

The College also continues to engage with Indigenous advisors, Elders and Knowledge Keepers to align our actions with, and promote a greater understanding of, traditional practices and Indigenous ways of knowing and being that will inform policy development and pharmacy care delivery.

In June 2023, both our Registrar Suzanne Solven and Deputy Registrar Heather Biggar visited remote and rural First Nations communities in Kitsumkalum, Lax' Kwalaams, and Yunesit'in where they engaged with First Nations health leaders and community members about the intersection between Indigenous traditional medicines and western medications. Engaging with



Indigenous community members in this way recognizes Indigenous rights to health and self-determination and ensures that their communities are involved in the development of sustainable changes that affect them. We are grateful to these communities for their insights, and for helping us to better understand how pharmacy practice fits alongside Indigenous practices.

More recently, at the September Board meeting, the College welcomed Joe Gallagher of the Tla'amin Nation and Qoqo Consulting, who led our Board and Management team through a workshop to reflect on and acknowledge white privilege and bias and their impacts on Indigenous Peoples when accessing health-care services.

Regularly engaging in education and self-reflection is critical in the Board's efforts to actively build its capacity to govern the profession in a way that promotes understanding and reconciliation. The Board ended its September meeting alongside Musqueam Elder Sulksun, who guided them through a re-affirmation of the Board's commitment to cultivating safer spaces for our Indigenous partners and being allies in addressing Indigenous-specific racism.

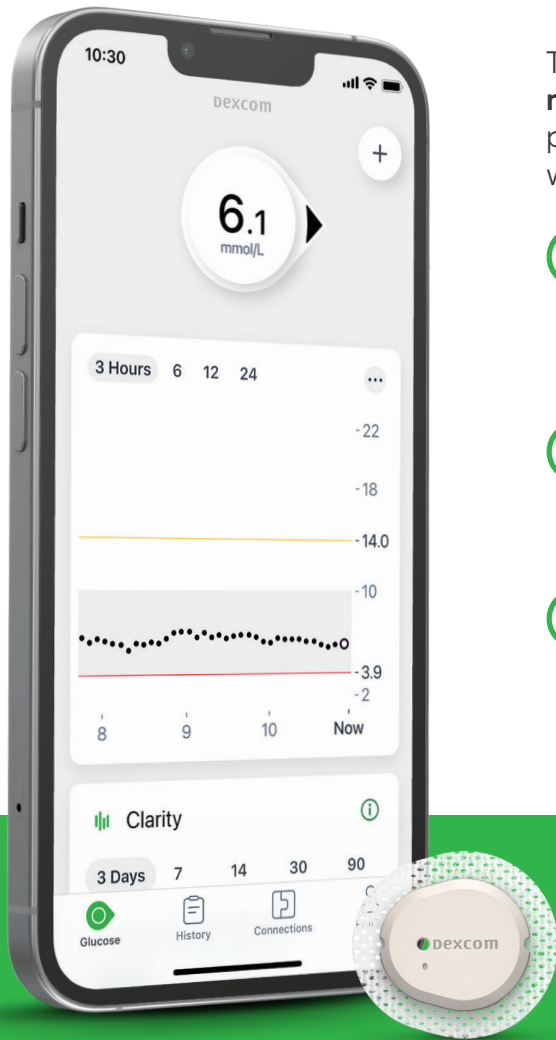
Also in September, the College worked with the First Nations Health Authority and UBC's Faculty of Pharmaceutical Sciences to release two educational courses focused on increasing cultural safety and humility for First Nations clients accessing pharmacy practice.

These courses are available at no cost, in order to support pharmacy team members in meeting the new ICSH Standard and in allyship to eliminate Indigenous-specific racism in pharmacy care settings. This education is part of a collective effort to reduce experiences of culturally unsafe care for First Nations clients across the British Columbia health-care system.

Addressing the colonial legacies within the health-care system will take persistence from all of us, and we encourage you all to consider these courses and similar resources to build upon your own journey of self-reflection and self-education. **■**

For further information and resources on Cultural Safety, Cultural Humility and Anti-Racism, including information about the Indigenous Cultural Safety, Humility & Anti-Racism Practice Standard, please visit: bcpharmacists.org/CulturalSafetyAndHumility.

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1 Dexcom, data on file, 2023. 2 Beck RW, et al. *JAMA*. 2017;317(4):371-378. 3 Beck RW, et al. *Ann Intern Med*. 2017;167(6):365-374. 4 Martens T, et al. *JAMA*. 2021;325(22):2262-2272. 5 Laiffel LM, et al. *JAMA*. 2020;323(23):2388-2396. 6 Welsh JB, et al. *J Diabetes Sci Technol*. 2022;19322968221099879. 7 Dexcom G7 User Guide, 2023. 8 Heinemann L, et al. *Lancet*. 2018;391:1367-1377.

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Curtis Fieseler, pharmacy manager at Pharmasave Highway 97/Ellis in Kelowna, found himself among those touched by the McDougall Creek wildfire in August 2023. From an early age, Curtis has been a passionate advocate for health and fitness, driven by a deep desire to share the significance of well-being with his community. This article chronicles Fieseler's experiences during this emergency, shedding light on his dedication to his community and his crucial role as a health-care professional.

Working amidst a State of Emergency: Curtis Fieseler

BY ISHIKA JAIN
COMMUNICATIONS COORDINATOR, BCPHA

How were you and your family affected by the evacuation?

I was away on a camping trip when I heard of the wildfire's outbreak. We have seen many wildfires over the 20 years we have lived in the Okanagan, so we were not too worried. The next day, while I was at work, the wildfire had grown substantially. I would periodically go outside to see the growth of the wildfire. By the end of the workday the fire had grown significantly and had approached neighbourhoods. When I got home, we had friends already evacuated and we moved them into our house and RV. Shortly thereafter, we were evacuated as well and all of us had to quickly evacuate to another friend's house.

Where did you go?

We ended up at a friend's and there were a total of five families staying at the property. We stayed in our RV on their property for two days and we were lucky to end up getting into a hotel for the next five days. This change in accommodation was a relief, particularly because we had three pets that were very agitated at night, causing sleepless nights for all of us. People were displaced so quickly, and it was a mad scramble in the community for shelter, clothing, food and medication.

What was work like during the wildfire evacuation?

When I was staying in the RV, I was riding my bike to work. It worked out well on the first day, but on the second day I found that the area I used was now closed and I had to find an alternative route. Work was comparatively slow, everyone's priorities understandably shifted during the crisis, with immediate needs like groceries taking precedence. We were dealing with individuals requiring critical supplies such as N95 masks, medications relating to breathing and lung conditions such as inhalers, and medications left behind during evacuations.

Do you recall any memorable moments while you were at work?

Helping strangers. There were people walking-in that were displaced and had no medications, so I would look over PharmaNet and provide emergency supplies. They weren't our regular customers, some were visiting the Okanagan, others had been evacuated from their homes. We also had some patients that were displaced from their nursing home without their medications and their pharmacy had been evacuated as well. We were able to help most of these people.

It felt nice helping the community. Since work was slow, I also went to the emergency services and offered the ability of 24/7 on-call pharmacy services. Some people were getting displaced late in the evening. They didn't have medications for the night and there were no pharmacies open overnight in Kelowna. Others didn't know that pharmacists could do emergency fills by looking up their medications on PharmaNet.

Why did you decide to continue working during the evacuation?

I had free time, so it made sense that I'd offer help. I also let emergency services know that all pharmacies could do emergency fills, so they could help the community understand what to do to help people who did not have their medications.

What advice do you have for other health-care professionals who find themselves in similar situations?

Having been on evacuation notice several times over the last two decades, I have learned to not worry too much about the stuff in our home. We were lucky to be able to grab a few things and got our family to a safe place. Despite being displaced, I was also able to continue to work and help serve the community, which I am glad I was able to do. It would also be prudent to reach out to emergency services if you have time and you are available, and let them know how pharmacists can help during a crisis.

Looking ahead, what lessons have you personally taken away from this experience?

As a pharmacist, I felt good that I was able to help the community within our scope of practice. Emergency fills were important, as well as being accessible to the community during a crisis. I also realized that due to living in a region suffering from many wildfires, it would be prudent to keep smoke related supplies on-hand like N95 masks so we are not scrambling to find supplies when a crisis arrives. **T**



A photo taken by Curtis Fieseler shows the wildfire approaching the Rose Valley neighbourhood in West Kelowna.

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New UBC program aims to develop pharmacy leaders

What comes to mind when you think about the idea of pharmacy leadership? Is it decision-making? Policy development? Conflict or understanding organizational behaviour perhaps? Developing team members to leverage their strengths? All of the above?

Traditionally, Canadian pharmacy schools prepared students primarily for roles in clinical settings such as community, hospital practice or industry, with curricula focused on preparing students to become licensed pharmacists, not for leadership roles. The new Graduate Diploma in Pharmacy Leadership (GDPL) program at the University of British Columbia is the first program designed for working pharmacists focused on leadership applied across the spectrum of contexts and settings in the profession. For most currently practicing pharmacists, these are lessons traditionally learned through years, potentially decades, on the job.

The Tablet spoke with Dr. Patricia Gerber, PharmD, GDPL program director, to share some information on the new opportunity.

“If I am a pharmacist who received my license in the last, say, two to 10 years, and want to make my mark on the profession, I can’t wait 30 years to get good at leading. The profession has changed. For us to stay on top of this momentum of enhancing practice while being key players in the healthcare system, we need pharmacists equipped with leadership skills today,” said Gerber.

In November, UBC opened admissions for Canada’s first graduate university diploma program focusing on pharmacy leadership. The GDPL program was the culmination of a

process that began in 2018, through which Gerber met with pharmacy employers, stakeholders, professional associations, recent graduates, current students and experienced pharmacists, to ask: what is needed next in pharmacy education?

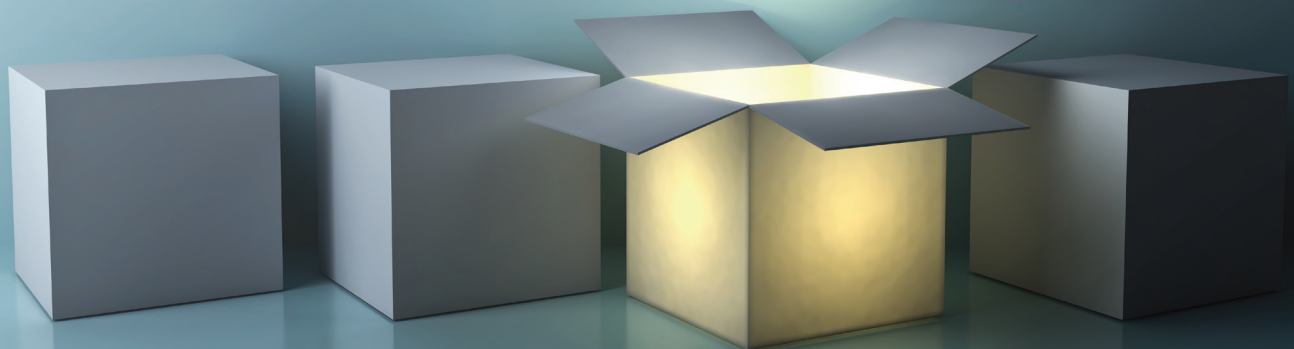
“And it was quite clear. The message was, great educational paths to the development of pharmacists’ clinical skills already exist. Spend the time developing the new cadre of leaders who can advance the profession” Gerber said.

What seemed to be missing was an easily accessible, short program that working pharmacists could take to gain those skills, and which employers could be supportive of their staff enrolling in while continuing to work.

The 12-month program is fully online, with the exception of the start of the program, from Sept. 9 to 13, 2024, which requires mandatory in-person attendance at UBC’s Vancouver campus. The curriculum is delivered mostly asynchronously, with some scheduled times for synchronous portions. Schedules will be communicated several months in advance. The program addresses learning outcomes for organizational behaviour, change management, leadership, challenges and opportunities confronting the profession, decision-making, policy-making, communication, conflict management, educating a range of audiences, and supporting leadership in the self and in others.

Applications opened on Nov. 1, 2023 and close on Jan. 31, 2024. **T**

For more information, visit: pharmsci.ubc.ca/GDPL





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Abbreviations: IIV-HD: high dose inactivated influenza vaccine IIV-SD: standard-dose inactivated influenza vaccine IIV3-HD high dose trivalent inactivated influenza vaccine

References: 1. FLUZONE[®] High-Dose Quadrivalent Product Monograph. Sanofi Pasteur. March 30, 2023. 2. National Advisory Committee on Immunization (NACI). Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2022–2023.

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Mahin Hanifian, associate owner of Shoppers Drug Mart #291 in North Vancouver, says changing how she prioritized patients at her pharmacy was crucial to accommodate minor ailments.

Building confidence in prescribing

Pharmacists with decades of experience embrace changing scope

BY MICHAEL MUI
COMMUNICATIONS MANAGER, BCPHA

Mahin Hanifan recalls how in her early days as a pharmacist, the idea of her profession writing prescriptions was virtually unheard of. It certainly wasn't taught in school, where students were educated about medications, their manufacture, chemistry, interactions, effects on the human body, but not diagnosis or prescribing.

But times have changed since then.

Today, every province in Canada has enabled pharmacist prescribing for minor ailments, with B.C. implementing its Minor Ailments and Contraception Service (MACS) in June 2023. At the same time as the launch, the BC Pharmacy Association launched a massive public awareness campaign that has, to date, reached millions of British Columbians. The message of these campaigns: community pharmacies are now an additional way British Columbians can access health care. In the four months following, more than 3,500 pharmacists have collectively performed 135,000 assessments for minor ailments and contraceptives.

For Hanifan, who runs a busy Shoppers Drug Mart pharmacy in a North Vancouver shopping complex with her team, she acknowledges that some with years of experience might find it challenging to adapt their well-established routines to a new scope, with public expectations, and build their confidence.

To those, she gives the following advice: "This is an opportunity to learn. Things have changed, just like everything else in life, we should embrace it."

Lack of confidence and fear of the unknown

In a BC Pharmacy Association member survey earlier this fall, a small number of pharmacists who said they weren't interested in prescribing were asked why. Among the top reasons? Lack of confidence or not having enough time or resources to do so.

Some reported they still provided patient consulting and recommended over-the-counter products to patients when appropriate but didn't have time or were not confident in their knowledge to complete the documentation required for the service.

For Vernon pharmacist Curtis Omelchuk, the idea of prescribing for minor ailments and contraception seemed a bit daunting at first. It had been more than 25 years since he graduated from pharmacy school, and prescribing wasn't something that was on the curriculum.

While pharmacists had been asking for minor ailment prescribing, Omelchuk felt for some it may have been rushed to try to add to workflow and understanding the documentation process. He and others wondered how they would fit this new service into their day.

"There was fear that the documentation would have been laborious," he said, noting that his pharmacy, Hogarth's Clinic Pharmacy, purchased software that has made it easy to fit prescribing into the day.

Omelchuk has encountered others who are hesitant, but acknowledge they still want to prescribe.

"It's something we've been pushing for," he said. "With newer grads, that's almost all they want to do, but there's a balance. The business isn't there yet, but it's sure coming."

And the numbers show it.

As of Oct. 17, more than 116,000 patients have visited a pharmacy for a minor ailment or get a prescription for contraception. The top three reasons for visits were for urinary tract infections (20 per cent), contraception (18 per cent) and allergic rhinitis (9 per cent). More than three quarters of MACS assessments resulted in a prescription, according to the latest PharmaCare data.

As of Oct. 17, 2023,
pharmacists have
delivered:

135,000+ MACS
assessments
for 116,000+ patients

Top MACS conditions:

Urinary tract infections
Contraception
Allergic rhinitis

Source: Ministry of Health



Mario Linaksita, owner of University Pharmacy on the University Endowment Lands, said pharmacists had already been doing the work well before MACS launched in June.

Survey finds most pharmacists support prescribing and want to see scope further expanded

The Association conducted a survey between Aug. 30 and Sept. 11 to poll members on the expanded scope of practice in B.C. Among respondents, 84 per cent of pharmacists said they have completed a minor ailments assessment and have prescribed a medication. Overall, 88 per cent of pharmacists found the experience “very positive” or “somewhat positive”. For those who chose not to prescribe, the top reason identified for not prescribing was not having enough time, or resources.

In terms of next steps, 70 per cent of those surveyed would like to see pharmacists permitted to initiate a prescription for previously diagnosed chronic conditions, and 63 per cent would like to increase the number of minor ailments pharmacists can prescribe for.

Workflow solutions help with confidence

Educated in Iran in the mid-90s, Hanifian first started her career at a drug manufacturer before she immigrated to Canada with her family in 2000. Since then, she practiced in Edmonton before moving to British Columbia in 2008, when she became associate owner of Shoppers Drug Mart #291, a pharmacy located in a busy North Vancouver shopping complex.

Each day, Hanifian’s team may see hundreds of patients just for prescription medications. Coupled with the busy fall influenza and COVID vaccine season, she had to come up with a system to accommodate MACS patients, who overwhelmingly prefer to walk-in. Hanifian refers to it as triaging, much like how she would when the bulk of work was dispensing.

“If there’s a prescription or refill that still had a week of supply that can wait until tomorrow, there’s not an urgency for me to take my time away from something that is more needed,” she said. “I think we need to shift our thinking to prioritizing, who needs me the most right now. Just like in an emergency room treating patients.”

Pharmacist Kunakar Pou, owner of Pharmasave Commercial Drive, said that as the proprietor of a smaller pharmacy, he too felt somewhat uncertain at first, particularly about the documentation. For him, the solution was to have a set of printed forms and resources readily available at hand. That way, he could easily refer to the various PIN numbers, conditions and drug products, while being able to fill out some of the required documentation without being at a computer.

“I found that sometimes, I realized I had done all the work but only after the intervention did I realize the interaction was a minor ailment assessment,” Pou said. “I think it’s still not in our culture to recognize that action that we’re taking. That time that you’re spending to have a consult with the patient is a consultation, whether you recommend an OTC product or refer the patient to a physician without a prescription, it’s still a valid intervention.”



Kunakar Pou, owner of Pharmasave Commercial Drive, said providing MACS has become easier as he developed his own system for documenting assessments.

As time went on, Pou began noticing that certain conditions were more common than others. This allowed him to build experience and confidence with those conditions that would most frequently arise.

“You don’t have to be an expert in all the different ailments we can cover,” he said.

Mario Linaksita, owner of University Pharmacy on the University Endowment Lands, said pharmacists had already been doing the work well before MACS launched in June.

He acknowledged that for some pharmacists, the new scope can be intimidating.

“While the prospect of being tasked with new responsibilities and workflows is daunting, it should be approached with the knowledge that we are ready for this new role. Pharmacists have always been one of the first points of contact that a patient has with the health-care system,” Linaksita said. “How can a patient access the free contraception being offered by the province if they cannot be prescribed it? Who will follow up if a patient’s urinary tract infection treatment was successful? These are roles we already fulfill in our daily practice.”

Hanifian, the Shoppers Drug Mart pharmacist, said in many ways that the process of becoming familiar with minor ailments is similar to how the profession embraced injection authority over time when that scope was enabled in 2009.

“
*We should all try
 to be part of the
 solution.*”

“It’s scary and it’s outside of our comfort zone. Every change sounds like that at the beginning,” she said. “With injections, at first it was like, oh no, I can inject now, how? Or why? Until we did our first injection. Then our second, and a third. Now it’s just – bring it on, whatever the vaccine or injection.”

And just like with vaccines, the public health need for pharmacists to provide accessible health care through the minor ailments assessment service is significant.

“The health system is in crisis right now. We all witnessed it and we all felt it, even in our own lives, of not having a family doctor or experiencing long waits in the emergency room. Just the other day, I read in the news that another hospital in B.C. had to close for a few days because of not enough staff,” Hanifian said. “Being a part of the health-care team and hearing these things is very unsettling. We should all try to be part of the solution.”

Pou agreed.

“It always happens towards the end of the week, or when there’s a holiday coming up. I see firsthand how many times our patients have suffered because of the lack of available health-care services,” Pou said.

“We are really in the best position to help them. There is a need we can definitely see that was not met before.” **T**

It's time to increase financial support for rural British Columbia pharmacies

BY MICHAEL MUI
COMMUNICATIONS MANAGER, BCPHA

Rural pharmacies in British Columbia have struggled to recruit staff in a tough labour market, challenged by rising costs and the need to serve patients in communities where health workers are in shortage.

In response, the Association has set up a rural working group to examine the needs of those practicing in rural communities and the types of support these pharmacists need to continue to deliver excellent patient care. For years, the Association has advocated for the role of rural pharmacy, and setting up the rural working group in the fall of 2023 will again move the issue back to the forefront of advocacy efforts.

Cove Pharmacy owner Colleen Hogg stands on the shoreline of Quadra Island. The island is home to approximately 2,700 people and has just a single pharmacy to serve their needs.



Health-care staffing challenges across all professions in rural communities have been well-documented. At the end of 2022, Canadian public broadcaster CBC identified 13 hospitals in rural B.C. that had to close for the equivalent of around four months. In 2023, news agency CTV reported 1,284 emergency unit closures across Canada as of early September, the majority in rural areas. Access to family doctors is just as difficult. An Angus Reid poll in September 2022 found 59 per cent of British Columbian adults found it difficult to access a family doctor or cannot find one at all.

In spite of these shortages, community pharmacists have stepped up where they can. In British Columbia, the number of publicly funded vaccines administered by pharmacists has multiplied from approximately 700,000 flu vaccines administered in 2019, to millions of COVID and flu vaccines in the past two years. Since June, B.C. pharmacists have taken on even more work through the Minor Ailments and Contraception Service, potentially saving numerous visits to doctors' offices and emergency rooms for patients who needed care for the 21 ailments pharmacists are enabled to assess.

While public attention appears focused on solutions to a health-care human resource shortage largely centred on hospitals, community pharmacies have also felt the increasing challenges of hiring and retaining staff, particularly in rural areas, where pharmacists say there is often a higher cost of doing business and lower pharmacy revenues compared to urban cities.

Pharmacist Colleen Hogg, a Board Director at the Association, is among those who serve rural British Columbians. She owns and operates Cove Pharmacy on Quadra Island, just off the coast from Campbell River, and Gold River Telepharmacy, located in a village in the centre of Vancouver Island.

For Hogg, the biggest challenge is hiring staff who want to live and work in rural settings. And even if someone like that could be located, there's a good chance they are asking for far more in compensation than would be offered for a comparable pharmacist position in the city.

"With me, for the first 12 years that I worked, I couldn't take any time off because I couldn't afford to hire another pharmacist. I'd either have to close the store or keep working," Hogg said. "In a big city, there's much more of a pool. Anywhere in Burnaby or Vancouver, you might be able to get somebody to come in for a couple of days here and there and just pay them an hourly wage. Here, you're paying for their travel, their accommodation, their food, plus double the wage than you would pay in the city for a relief person."

“

Most of the little communities are dealing with the same issues: finding pharmacists, retaining them, paying them.

”

As one way to help pharmacies in remote areas, B.C. has a PharmaCare-funded Rural Incentive Program which first came into existence in 1990. Under this program, eligible pharmacies receive a subsidy of \$3 to \$10.50 per PharmaCare-paid claim, up to a maximum of 1,700 claims per month. Any higher, and a pharmacy is no longer eligible. In addition, to qualify for the incentive, the pharmacist must be the only pharmacy in its community and must be at least 25 kilometres away or a ferry-ride away from the next closest pharmacy.

This criteria means that many pharmacies that are considered remote but are too close to a neighbouring pharmacy are automatically made ineligible, regardless of how closely their challenges mirror those of an eligible pharmacy. According to PharmaCare's 2021/22 data, the public insurer only issued a total of \$1.38 million in Rural Incentive Program funds that fiscal year. Despite the increasing shortages of rural health workers, the 2021/22 funding was the lowest since at least 2015.

Both of Hogg's pharmacies are eligible for the Rural Incentive Program. Even with the additional support, the only time Hogg took significant time off during her first decade as a pharmacy owner was for the birth of her two children, where she took a combined five weeks off work. That was all she could afford. Otherwise, her pharmacy was open six days a week, and she was the only pharmacist.

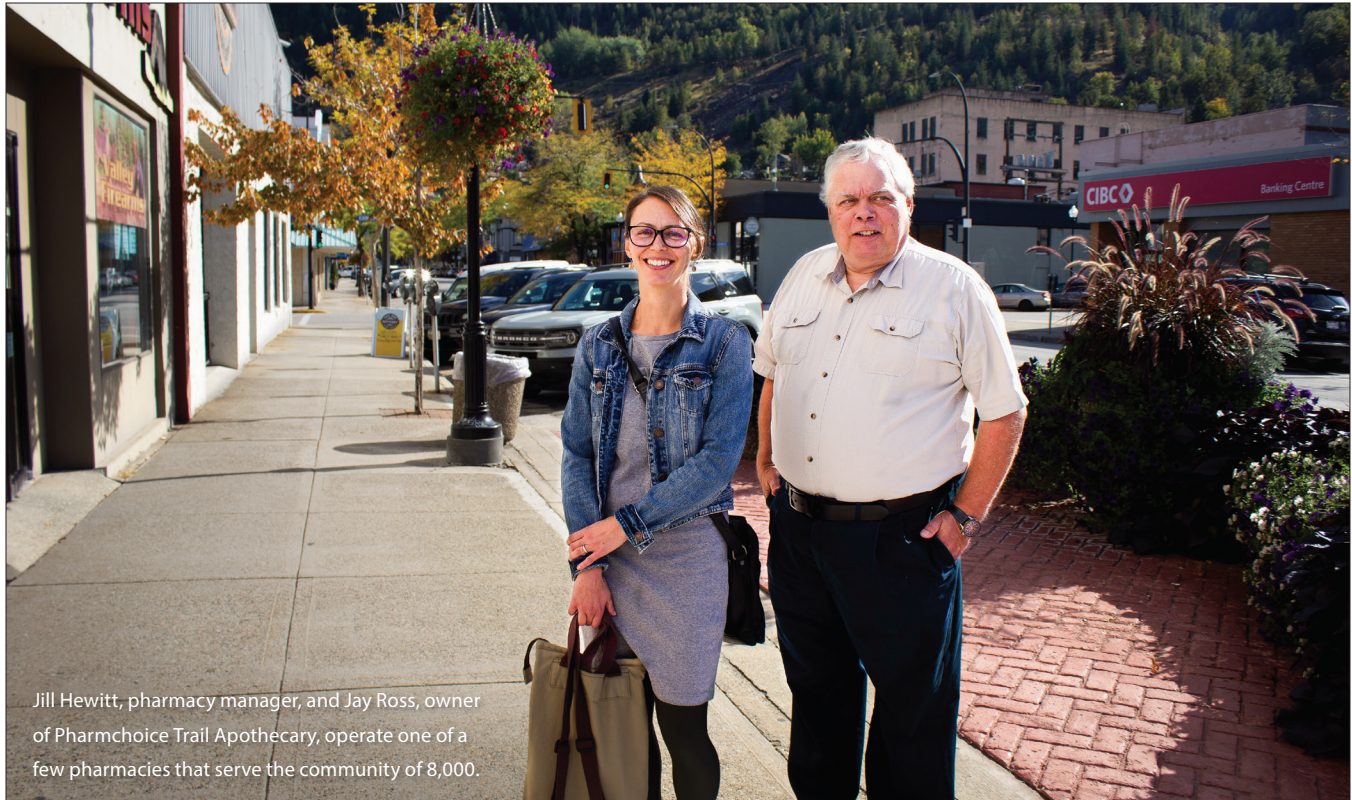
Approximately 880 kilometres away to the east is the community of Trail, British Columbia, home to a population of about 8,000 residents. Here in this West Kootenays town is where pharmacist-owner Jay Ross operates Trail Apothecary PharmaChoice.

The challenges he faces are similar to Hogg's, however, his pharmacy is not eligible for the incentive due to the presence of other pharmacies in his community.

"Everything we do is modest, to keep the store alive. It's not only wages, but also benefits, the whole overall package that you have to offer to keep and retain people is not cheap," he said. "To find somebody from outside the area to come here, to find a 20 something year old pharmacist, unless they're super outdoorsy or they know somebody here, the chances of them staying here after the contract are almost zero."

Ross considers himself lucky. Being on the cusp of retirement, he was fortunate to have found two young pharmacists who grew up in Trail, left for pharmacy school, and came back to their hometown. To attract them to his store, he offered what he estimates to be salaries 20 to 50 per cent higher than what would be considered market value in an urban area.

It was a similar solution for Hogg. She took the idea of hiring a local even further by sponsoring a pharmacy student through



Jill Hewitt, pharmacy manager, and Jay Ross, owner of Pharmchoice Trail Apothecary, operate one of a few pharmacies that serve the community of 8,000.

school, with an agreement that after graduation, the student would come work at her pharmacy. That student graduated in 2014 and has been working with her since. In addition, Hogg's daughter is currently studying pharmacy as a third-year student.

"Even so, it's still hard to find people for relief work and we often end up just running with one pharmacist on shift instead of two, but at least now, I can take a bit of a break sometimes," Hogg said.

Apart from recruitment challenges, both owners also say they see increased costs due to the large inventories they must keep in stock. Being in remote areas, shipments do not arrive frequently, and larger inventories often must be stocked to ensure patients can get their medications when they need them.

Shipping costs are another factor.

"A really good example is our front store items, if they deliver to our store, it's \$300 more than if they deliver it to an address in Campbell River. So that all has to be passed on. Getting things to us can cost significantly more. In the cities, a lot of stores get free shipping," Hogg said.

"With prescriptions, because the wholesalers don't want to pay more shipping, they decrease how often they send medications to us, which is really crippling. Compounded with drug shortages, you might get deliveries for some medications once in a blue moon."

As more non-dispensing services are moving to community pharmacies over time, she believes it's time for a look to expand

the rural financial support pharmacies can tap, and to potentially increase the geographic area of pharmacies that can access these supports by amending the current criteria.

"The current rural incentive only takes into account dispensing activities. Here on Quadra Island, we don't have an emergency department. When they get to the hospital, residents know they have to wait there for eight or nine hours and they likely won't make the ferry back home. So they don't want to go, and often those patients will end up at my pharmacy instead with their questions," Hogg said.

"We're now doing prescription extensions, adaptations and prescribing for minor ailments — all those things take more time, but aren't supported by the Rural Incentive Program."

Ross, meanwhile, whose pharmacy is not eligible for the program at all, believes the eligibility criteria should be expanded so more rural pharmacies can receive support.

"I've used the term 'beyond Hope'. Once you physically travel past Hope, you're in rural British Columbia, with the exception of the bigger centres such as Kelowna and Kamloops," he said. "Most of the little communities are dealing with the same issues: finding pharmacists, retaining them, paying them."

Hogg agreed.

"There's lots of places that are rural that don't receive any support because there's two pharmacies in town," she said. "That doesn't mean it's not a rural area and that doesn't mean the pharmacies don't need help." **T**

Pharmacy robberies: before, during and after

BY MICHAEL MUI

COMMUNICATIONS MANAGER, BCPHA

It can happen like this: a masked man pushes the pharmacy doors open. He raises a gun in his hand while approaching the pharmacy counter, ordering staff to put their hands up and unlock the safe.

The man shouts a command while demanding narcotics.

“I will shoot you if you touch the alarm. I will shoot you if you don’t get on the ground. I will shoot you if you don’t put your hands in the air.”

In this instance, the pharmacy staff filled a bag with drugs, which the man grabs before fleeing out the rear entrance of the busy Vancouver store. The suspect was later arrested and received 26 months in prison. It was the 16th time the repeat offender had been convicted of a crime.

While pharmacy robberies in British Columbia have significantly dropped off since enhanced security measures were adopted by the College of Pharmacists of British Columbia in 2015, pharmacies remain occasional targets of crime. Just earlier this year, the Association received an increased number of queries from members about robberies in pharmacies. To assist members, the Association distributed an Issue Update notice which outlined available supports in addition to requirements for reporting to the College and to Health Canada.

Greg Wheeler, Board Director at the BC Pharmacy Association and owner of three Remedy’s Rx pharmacies in Oliver, Penticton and West Kelowna, knows what it’s like to have his businesses targeted for crime. Most recently, in May 2021, his pharmacy in Oliver was broken into during the night and set on fire, resulting in \$400,000 of damage.

“It’s a 4,000 square foot unit, the smoke damage affected everything. All our inventory, the shelving, the countertops, the ceiling, the tiles, the floor, it was stripped down to nothing,” Wheeler said.

“We felt like we were on an island by ourselves at that point, for sure. There was no real professional consultant to deal with.”

The damage was bad enough his store had to be reconstructed with plywood using a tunnel to connect a fully enclosed pharmacy and front till area for months to keep the pharmacy operating. This wasn’t his only brush with crime.

“Most of it, the impactful stuff, happens overnight when nobody is there. We’ve had people break through the front doors, break into safes and even attempt to steal the whole safe. And then I’ve had a couple of incidents over the years with my staff where it’s been more, potentially, violent,” Wheeler said.

“We had a guy come into the store, he was casing the place and waited for the second employee to leave. Then he came right into the dispensary, through the door, threatened that he had a weapon and demanded the contents of the safe. Another pharmacist, who



worked for me, was doing a locum at the pharmacy down the road and was held up at gunpoint during the day.”

Deterrence

As a community pharmacist, the possibility of crime impacting the pharmacy and its staff can be a very real concern. The addition of the new security measures a few years ago were Canada’s first of their kind, and made as a direct response to deter robbery, after incidents of pharmacy robberies skyrocketed in the early 2010s. The targets of the robberies were often narcotics.

Today’s required security measures at pharmacies include mandatory time-delay safes, security cameras, motion sensors, monitored alarms, and signage that communicates the security measures and that there are limited targeted drugs on site.

Pharmacy teams, however, may choose to enhance their security beyond what is required. This often starts with visible deterrence. It could be signage, visible from the outside, that mention the presence of security cameras or alarms, or even opting to install metal gates or fencing along the pharmacy storefront.

“In our case, during the nighttime break-in, the suspect basically threw a rock through the window, reached in and flipped the lock-switch to open the door,” Wheeler said. “We took a lesson from that and ended up replacing all the windows in the front with a new type of glass that doesn’t break easily. Additionally, we checked with our local bylaws and fire department and replaced the front door locks with something that required a key to unlock, to eliminate the possibility of someone breaking the window and just reaching in to undo the lock.”

During business hours when staff are present, it can be prudent to speak with staff members to ensure they are aware of the proper security procedures. Considerations might include making sure there are multiple staff on site for shifts, or if there is only one staff member on shift, placing that person’s workstation near the

alarm system so it can be accessed quickly in an emergency, and ensuring that the barrier between the dispensary and the front of store is always closed.

“The key is keeping it front of mind for your employees and having regular discussions so employees understand why policies and procedures are in place,” Wheeler said. “When our store was robbed in West Kelowna, our pharmacist was by himself because their colleague had left for a break. As soon as the patient (robber) came to the door, he moved away from his computer to greet the patient at the till — which ultimately moved him away from the silent alarm. That was a big learning point for all of us.”

During the Incident

Authored by a Toronto Police Service detective and a College pharmacist, a 2009 publication from the Ontario College of Pharmacists issued a series of bullet points for pharmacy staff should keep in mind during a robbery.

1. Remain calm
2. Do not try to be a hero
3. Obey the robber’s commands
4. Do not antagonize the robber
5. Consider all firearms to be loaded
6. Observe: age, weight, clothing, tattoos, scars, accents, hair colour and length; note the weapon; remember the direction the robber took to leave; try to note a vehicle licence plate number if available and write it down

Wheeler has similar advice for his employees.

“Don’t be a hero. Be aware of your surroundings. Be aware of who you are dealing with. Take note of those details, height, clothing, whatever else,” he said. “Do not do anything to aggravate or escalate the situation and give them what they want. Once they leave the store, lock the door and make sure it is safe. That’s what everybody’s taught.”

After the Incident

Pharmacies are required to report all security incidents to the College of Pharmacists of BC within 24 hours of the incident. A helpful Armed Robbery Questionnaire template is available at the College and can be used as part of the report.

Information in the report should include your PharmaCare code, pharmacy name and address, date and time of the incident, details of any drugs taken including DIN, description and quantity, along with details and description of the suspects. The report should be emailed to complaints@bcpharmacists.org or by fax to (604) 733-2493 or 1 (800) 377-8129.

Pharmacists must also report to Health Canada of the loss or theft of controlled substances or precursors using the Health Canada E-Services Portal or by submitting a Loss or Theft Report form via email. Within 10 days, pharmacies must also provide the form submitted to Health Canada to the College.

“One of the things we really looked at also was our employee benefit plans. We asked ourselves: what is available to our staff as

far as their needs after an incident, such as counselling services,” Wheeler said. “We also made sure they felt supported, that our employees who were affected had time off if they needed it.”

The BC Pharmacy Association also provides a Pharmacist program as a benefit for Corporate members and their staff. The service includes three one-hour counselling sessions and can be accessed by contacting info@bcpharmacy.ca.

Getting Back to Business

Depending on the number of staff that the incident affected and the amount of losses incurred, a pharmacy may not be ready to immediately resume regular operations after a robbery or burglary incident.

In Wheeler’s example, the damage from the 2021 break-in and arson was so extensive that initially, it was estimated by the insurance adjuster that his store would be closed for half a year. The insurance reimbursement for the losses took eight months to arrive. It was only due to a good relationship with the pharmacy’s creditor that he was able to keep the store operating.

“We had to go through our whole inventory and price everything that we were missing, put a massive order in our wholesaler, and that took a good week or two to get done,” Wheeler said.

“At the time, we didn’t know if the burglary and arson was a vindictive move towards the pharmacy. Was there somebody we had made angry? We wanted to make sure our staff would be safe, so we identified the person’s face on the surveillance footage with the police and determined that it wasn’t one of our clients and no one on staff had any direct relationship or confrontation with him.”

When staff had to take time off following an incident, Wheeler was fortunate enough that he or his business partner could often step in to fill the gaps. Pharmacists who are unable to bring on extra staff may wish to reach out to other pharmacies within their community for assistance.

“Reaching out to somebody with experience in this area, who has been through it, connecting with these people to help work you through the process, of dealing with insurance companies, dealing with a criminal investigation, dealing with the inventory, and dealing with the health and welfare your staff after one of these incidents, that could be very helpful after something like this,” Wheeler said. **T**

Greg Wheeler is a BC Pharmacy Association Board Director and the owner of three pharmacies under the Pharmacy Brands Canada banner, Oliver Pharmacy, City Centre Pharmacy and Rose Valley Pharmacy located in Oliver, Penticton and West Kelowna, respectively. He can be reached at gregwheeler@shaw.ca.





1

L-R: BC Pharmacy Association CEO Geraldine Vance, pharmacy owner Mario Linaksita, Premier David Eby and pharmacist Christopher James pose for a photo at University Pharmacy.

A MACS update for provincial leaders

Four months after the minor ailments and contraception service (MACS) was implemented in B.C., the Association invited Members of the Legislative Assembly to visit pharmacies to check out how the service has been received by British Columbians.



2

- 1) Vancouver-Point Grey: B.C. Premier David Eby at University Pharmacy.
- 2) Vancouver-Kensington: MLA Mable Elmore at Naz's Pharmacy Fraser.
- 3) Richmond-Steveston: MLA Kelly Greene at Pharmasave #038



3

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- 4) Vancouver-West End: MLA Spencher Chandra-Herbert at London Drugs #50.
- 5) North Vancouver-Seymour: MLA Susie Chant at Shoppers Drug Mart #291.
- 6) Esquimalt-Metchosin: MLA Mitzi Dean at Rexall #7103.
- 7) Victoria-Beacon Hill: MLA Grace Lore at Shoppers Drug Mart #208.
- 8) Nanaimo: MLA Sheila Malcolmson at Rexall #7191.
- 9) Chilliwack: MLA Dan Coulter at Pro-Health Pharmacy.

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Relevant warnings and precautions:

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• Monitoring and laboratory tests
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For more information:

Please consult the Product Monograph at <https://health-products.canada.ca/dpd-bdpp/index-eng.jsp> for important information relating to adverse reactions, drug interactions, and dosing information which have not been discussed in this piece. The Product Monograph is also available by calling us at 1-855-358-8966.

Visit flud.ca for more information⁵

¹ Comparative clinical significance is unknown.

[†] FLUAD® is not indicated to treat influenza or its complications.

⁵ This link leads to a webpage open to the general public. Healthcare professional (HCP) login is required to access HCP-directed content.

References: **1.** Data on file. June 2022. **2.** FLUAD® Product Monograph. Seqirus Canada Inc., February 17 2023. **3.** Data on file. November 2022. **4.** An Advisory Committee Statement (ACS). National Advisory Committee on Immunization (NACI). Statement on Seasonal Influenza Vaccine for 2022-2023.

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- 10) Maple Ridge-Pitt Meadows: MLAs Lisa Beare and Bob D'Eith at Medlandia Compounding Pharmacy.
- 11) Langford-Juan de Fuca: MLA Ravi Parmar at St. Anthony's Clinic Pharmacy.
- 12) West Kootenays: MLA Katrine Conroy at Trail Apothecary Pharmachoice.
- 13) Oak Bay-Gordon Head: MLA Murray Rankin at Oak Bay Pharmsave.
- 14) Burnaby North: MLA Janet Routledge at London Drugs #56. **T**

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START

2.5

MG/0.5 ML PER WEEK




DIN: 02541041
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Starting dose for 4 weeks
(not a therapeutic dose)

➔

5

MG/0.5 ML PER WEEK



DIN: 02541068
UPC: 773007001614

For at least 4 weeks

If additional glycemic control is needed, you can continue to increase the dose by 2.5 mg increments after at least 4 weeks at the current dose.¹

Please refer to the Instructions for Use and Product Monograph for complete dosing and administration information.

To order Mounjaro, contact your preferred distributor.


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➔

10

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MG/0.5 ML PER WEEK




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15

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*Mounjaro.ca home page is open to the general public. To access healthcare provider-directed information, you will need to log in.

Reference: 1. Current Mounjaro Product Monograph. Eli Lilly Canada Inc.



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Mike Huitema (left) is associate owner at Shoppers Drug Mart #248 in Salmon Arm and a Board Director of the BC Pharmacy Association.

Approach minor ailments as an assessment service, not a prescription service

BY MIKE HUITEMA, BSC(PHARM)

When the Minor Ailments and Contraception Service (MACS) first arrived in British Columbia, like many pharmacy teams, our team had to come up with ways to integrate this service into our existing pharmacy workflow.

Originally, we tried to do sit-down consults for all MACS conditions. We soon saw that most prescriptions were for urinary tract infections (UTI) and contraceptives. For the other 19 conditions, we often did what we would have done in the past, whether that's recommending a patient an over-the-counter product, referring them to visit a doctor, or simply providing them the advice they needed before sending them on their way.

It took some time to realize that these consultations with patients were MACS assessments. Every time we referred to an OTC product or sent someone to the doctor's office, we did so after using our professional judgement to assess the patient's situation. This meant that until this point, we were turning numerous opportunities away, simply because we

were in a rush and wanted to do what we've always done.

These days, I try to start all relevant counselling interactions by first asking for the patient's Personal Health Identification Number. Patients actually appreciate this once they understand that we are offering them a MACS service.

By explaining right at the start that I need to do a brief assessment, people are more than willing to get their CareCard out. Some patients will ask why, and I would explain that the government now compensates pharmacists to perform minor ailment assessments, and that following the consultation I may prescribe a prescription-only product, or simply offer OTC options as well. Just like at the doctor's office.

The shift to this procedure in our pharmacy has been very positively received. To assist with these assessments, especially the quicker ones, I prepared a stack of generic forms at the pharmacy counter so I can quickly write down their PHN by hand, do the consultation, and fill the rest of the form in later. For the more complex ones, I would ask the

patient to sit down and use our pharmacy's algorithm-based computer program.

The important takeaway is that MACS is not something that should be done when a patient comes in asking for a specific outcome. It needs to be offered whenever the opportunity presents.

Beyond making sure this service is being properly documented, there are additional reasons pharmacists should consider:

1. We do not want it to appear that we give out antibiotics or other prescriptions to every patient who comes in looking for one. For example, there are many times where antibiotics are not appropriate after a UTI assessment.
2. Performing the assessment is very helpful to the patient to understand why we did not prescribe anything, as otherwise they may just be sent away without understanding the rationale.

I like to share this anecdote about a patient who came in looking for help with a UTI.

It was a 54-year-old man who came to the counter and explained that he felt he needed antibiotics for a UTI. My initial instinct was to send him to the emergency room. All walk-ins were full for the day and it was already quite busy at my pharmacy. Still, I felt I should do the assessment for this patient as he took the time to come in, so I went ahead and asked the standard questions I use for UTI.

Fairly quickly it became apparent that he was likely suffering from benign prostatic hyperplasia, and a visit to his family doctor sometime in the next couple of weeks would suffice. This interaction saved this man a long unnecessary wait in the emergency room, saved the emergency room capacity for someone who needed it, and potentially saved the system very expensive resources — all because I spent an extra three

minutes to do the assessment instead of diverting him elsewhere because he wasn't eligible for a prescription.

As a profession, we need to change how we and the public view the MACS program. Many of the interactions pharmacists have on a daily basis with our patients are in fact MACS.

This new service isn't about prescribing. Pharmacists are not paid to prescribe, we're paid to assess. **T**

Mike Huitema graduated from the University of Alberta with a BSc in Pharmacy in 2007. Growing up with both parents owning various small businesses, Mike has been involved in small community business his whole life. Since graduating from university, he lived and practiced in Kamloops until 2020, when he moved to Salmon Arm, where he is now associate owner of Shoppers Drug Mart #248.

“

This new service isn't about prescribing. Pharmacists are not paid to prescribe, we're paid to assess.

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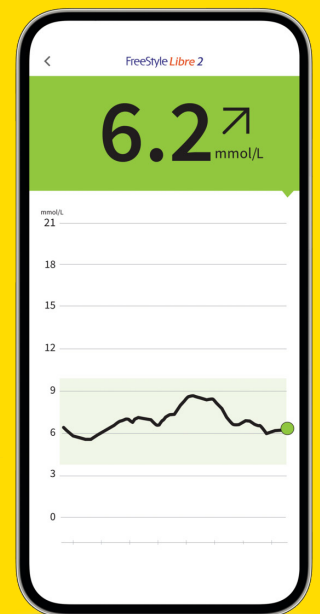


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1. Evans, M. *Diabetes Ther.* (2020): <https://doi.org/10.1007/s13300-019-00720-0>

2. Data on file, Abbott Diabetes Care, Inc.

3. Yaron, M. *Diabetes Care.* (2019): <https://doi.org/10.2337/dc18-0166>

4. Haak, T. *Diabetes Therapy* (2017): <https://doi.org/10.1007/s13300-016-0223-6>.

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