

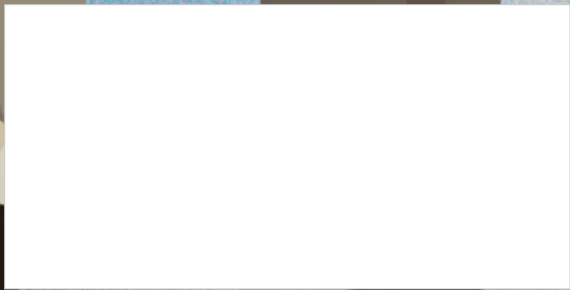
THE Tablet

023 | ADVOCATING FOR BRITISH COLUMBIA PHARMACISTS



Pharmacists prescribing for minor ailments

Starting June 1, B.C. pharmacists are enabled to assess and prescribe for 21 ailments P12



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Pharmacy Association
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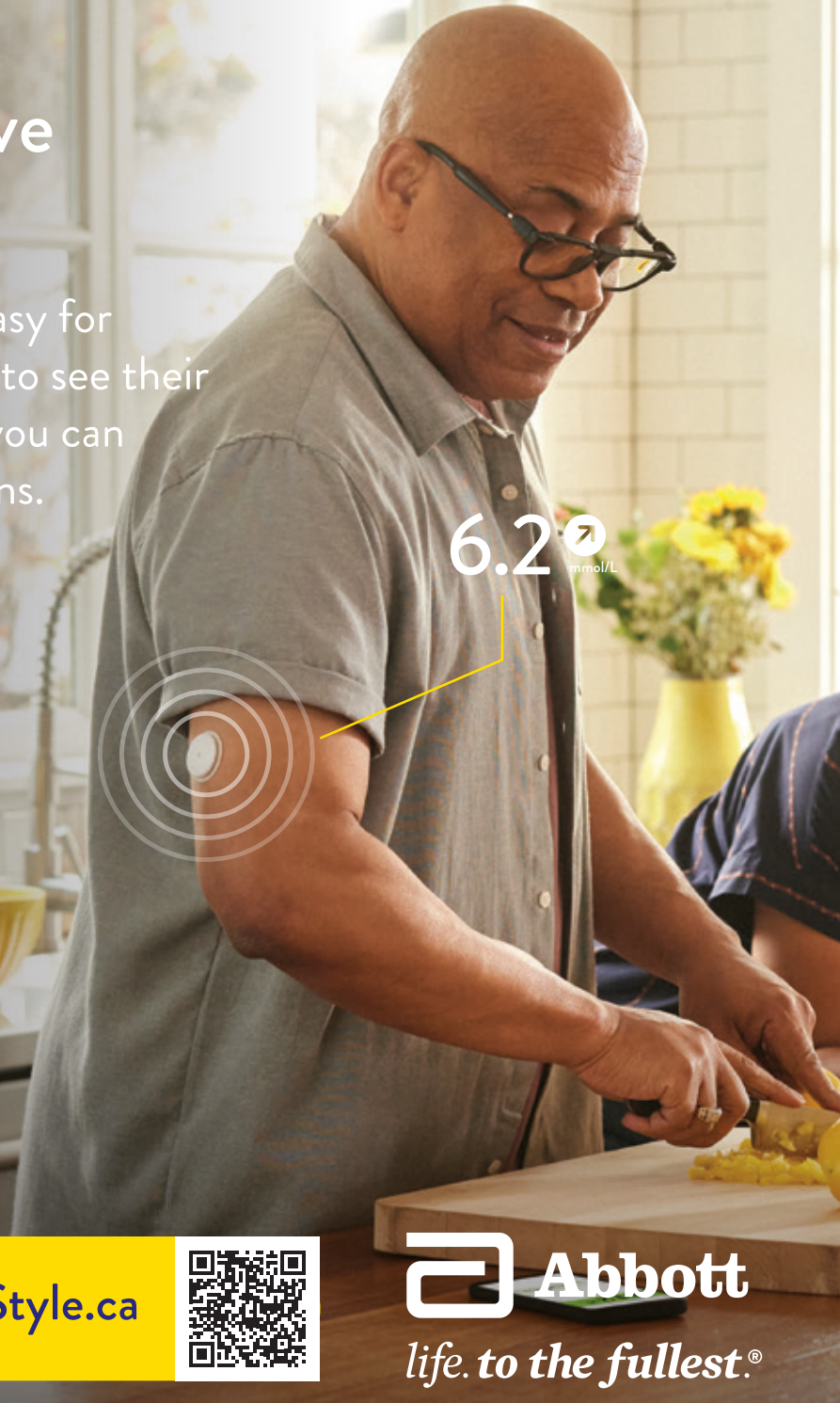
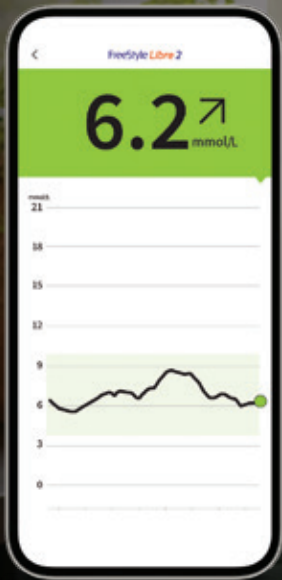
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1. Data on file, Abbott Diabetes Care, Inc.
2. Bolinder, J. Lancet (2016): [https://doi.org/10.1016/S0140-6736\(16\)31535-5](https://doi.org/10.1016/S0140-6736(16)31535-5).
3. Yaron, M. Diabetes Care (2019): <https://doi.org/10.2337/dc18-0166>.
4. Haak, T. Diabetes Therapy (2017): <https://doi.org/10.1007/s13300-016-0223-6>.
5. Unger, J. Postgraduate Medicine (2020): <https://doi.org/10.1080/00325481.2020.1744393>.
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ON THE COVER

New Brunswick pharmacist Andrew Drover, Prince Edward Island pharmacist Erin MacKenzie and Ontario pharmacist Andrew Wong share their experiences on minor ailment prescribing.



Chris Chiew

Prescribing authority is exciting news for B.C. pharmacists and public

It's about time! B.C. pharmacists are finally getting the ability to prescribe for minor ailments and contraception this year.

Like all pharmacists, my thoughts immediately turned to the pragmatics of this new scope and how it would be implemented in pharmacies.

What kind of training would pharmacists have access to? What were the minor ailments? How quickly could we take training? How do we figure this new authority into our workflow? And what would the public expect?

While being one of the last provinces in the country to have the ability to prescribe for minor ailments (yet one of the first to be able to prescribe for contraception) seemed frustrating for many, what we have been able to do is learn from others.

This issue is focused on B.C.'s pharmacists new authority called Minor Ailments and Contraception Service, or MACS, that goes into effect on June 1, 2023.

In this issue of *The Tablet*, we've interviewed three pharmacists — one from Ontario, one from Prince Edward Island and one from New Brunswick — who've had experience implementing minor ailment prescribing and what they've learned.

Additionally, we've got videos online at bcpharmacy.ca featuring pharmacists in Ontario sharing their experiences on what a consultation looks like.

We're working to make sure you have the resources you need in advance of the June 1 implementation.

In April, the BCPhA announced the launch of the Ministry-funded medSask minor ailment guidelines that's free to all pharmacists and students in British Columbia, and the University of British Columbia's Continuing Pharmacy Professional Development launched more resources for minor ailment prescribing free to pharmacists.

Earlier this year, the Association conducted a survey of members about minor ailment prescribing and your comfort level in prescribing and what kinds of support you need. Of the 890 individuals who completed the survey, 91 per cent want — and 80 per cent plan — to prescribe for minor ailments and contraception.

This is exciting news not just for the profession but for British Columbians needing access to care. **■**



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Geraldine Vance

No better time for B.C. pharmacists to receive prescribing authority

As I sit down to write something pithy or profound about the launch of minor ailment and contraception prescribing in British Columbia, I can't get the *Lizzo* earworm lyrics "It's about damn time" out of my head. Without aiming to sound trite, it is in fact exactly damn time for this to happen.

The past three years of weathering the COVID-19 storm has included drug shortages, fear and uncertainty for pharmacists and patients, but the also huge success of the COVID vaccination program. What better time to take another step forward in enabling pharmacists to fill more gaps in the primary care system.

Since last September, the changes to Professional Practice Policy-58 have created widespread opportunities for patients to get the medications they need, when they need them. Pharmacists have helped ensure patients do not fall through the cracks because they lack a family doctor. The changes approved by Health Minister Adrian Dix have led to thousands of patients being connected with a pharmacist who can help them.

The next step will enable prescribing for some ailments and contraception, and will provide even more cherished quick access for patients to get the in-person assessment of their health issue and, when appropriate, the medication they need to treat their minor condition. Additionally, improving equitable access to contraception in community pharmacies across the province is critical to providing women with the contraception choices they deserve.

Few dispute that our Health Care System has been put under enormous strain during the pandemic and it has shown where the fault lines are — the fixes will take time. But B.C. has a clear strategy with many elements — a new medical school, more support for our ambulance service, the recruitment of more doctors and nurses and, ensuring community pharmacists work to their maximum potential.

Change is messy and sometimes seems slow, but the changes to community pharmacy practice initiated by the Minister of Health and his officials over the last six months will be life-changing for patients.

I know I speak on behalf of the BCPhA Board, pharmacists and pharmacy owners across our province when I say that we thank Minister Dix for his leadership. We have also enjoyed the collaborative approach by the Ministry Team, headed up by Assistant Deputy Minister Mitch Moneo, for this important work. Lastly, I would be remiss in not recognizing the important work we have done with Suzanne Solven and her team at the College.

These are heady days for pharmacy in B.C. **■**

The Tablet asks our contributors:

Now that you know which minor ailments B.C. is considering for pharmacist prescribing, what ailments do you think patients will demand most and why?



George Cloete is Associate Owner of Shoppers Drug Mart #273 and has previously worked in Alberta as a prescribing pharmacist. "I think uncomplicated

urinary tract infections will probably be one of the top ones, that ailment is among the ones I get asked the most about by patients. From my experience in Alberta, cold sore assessments were very common as well."



Ahmad Ghahary is the owner pharmacist of Community Apothecary. "I think patients will demand pharmacist prescribing for analgesic and gastro-intestinal medications, as they are already accustomed

to going to the pharmacy for these types of medications. With a larger tool kit, pharmacists will be able to better meet the need in treating indications such as headache, gastroesophageal reflux disease and musculoskeletal pain. In time, more patients will access pharmacist prescribing for infectious diseases as they are typically more urgent and with pharmacists being accessible at all hours, we can meet the need in a timely manner and make a positive impact on patient outcomes."



Jeff Ho is pharmacy manager of Rexall #7126 on Vancouver Island. "This will be a new era for B.C. pharmacists that we can prescribe for minor ailments. I think the ailments that will have most demand

are urinary tract infection and conjunctivitis. Most patients that have these ailments would like to have treatment as soon as possible due to the discomfort that are associated with the ailments. Instead of waiting for an appointment with a physician, patients can utilize the expertise of pharmacists and receive treatment promptly."

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.

PPP-58 changes and minor ailment prescribing survey results

The BC Pharmacy Association conducted a survey among members from Dec. 15, 2022 to Jan. 15, 2023 as a way to understand community pharmacists' sentiments around scope changes in British Columbia, including the expansion of adaptations, injections and prescribing for minor ailments.

We are pleased to present the key highlights from the survey. A total of 890 participants answered the survey, about one-fifth of the Association membership.

The vast majority of pharmacists (91%) say they want to prescribe for minor ailments and more than a third of pharmacists (36%) say they are prepared to perform minor ailment and contraceptives assessments without additional training.

Among those who did not wish to prescribe for minor ailments, their top reasons were:

- › Increased responsibility and liability
- › Lack of time
- › Lack of incentive

In light of the feedback, the BCPhA has committed to providing additional training and resources for pharmacy teams in the lead up of minor ailment assessments. A five-part video series was launched in May 2023 as part of these resources. Additionally, the Association was able to advocate for a \$20 fee for minor ailment assessments regardless of whether a prescription is issued or not.

Meanwhile, for adaptations and injections, the majority (79%) of pharmacists say they have adapted more prescriptions since October last year, while just under half (47%) of pharmacists say they have administered more injections after restrictions on injected medications were lifted last year.



Pharmacist **Ahmad Ghahary** has always known he wanted to help the most marginalized and in need members of society. After seeing many types of pharmacy practice on rotations in Vancouver, Victoria, Toronto, Ottawa, Montreal, Newfoundland and New Brunswick, and graduating with a PharmD in 2011 from the University of Toronto, he returned to B.C. It was when he began working with PHS Community Services Society that he found his calling serving patients in mental health and addictions.

In 2014, Ghahary opened his Burnaby pharmacy Community Apothecary, which focuses on pharmacy outreach to patients where they live in the Downtown Eastside (DTES).

Ahmad Ghahary: Reducing harm through safer supply

BY **ANGIE GADDY**
COMMUNICATIONS DIRECTOR, BCPhA

What does Community Apothecary do?

We are an outreach pharmacy, and our pharmacists and nurses travel to low-income, supported housing that provide holistic care with a focus on OAT within embedded health-care teams. We are also working on a project called SAFER (Safer Alternatives for Emergency Response) with Dr. Christy Sutherland, medical director for PHS.

What is this safer supply project?

This is a project with Dr. Sutherland that makes opioids available by prescription to qualifying patients with Opioid Use Disorder (OUD). We provide novel therapy options, such as fentanyl patches, Fentora (fentanyl sublingual tablets), and compounded formulations for patients who need a safer supply. These medications are dispensed and then witnessed under the supervision of a nurse.

The idea behind safer supply is that we recognize that if you have opioid use disorder and you need to use fentanyl, you don't have many options. You can buy it from the illicit market, but then you're beholden to their practices and you're rolling the dice every time. We want to give people an alternative from the illicit market.

What drew you to create this type of pharmacy practice model?

Growing up I always admired folks that helped people who are marginalized and in need around the world.

I wanted to look locally and meet the need within my own city and province. After graduating, I did get some exposure to serving patients in the DTES, and I loved it.

I'm passionate about this area, because I believe pharmacists can make a difference, and I know that there's a proportion of people that are not interested in this type of work. So I feel a heightened responsibility to do what I do to meet the need.

For some that aren't familiar with the idea of safer supply and the role of pharmacy, what would you tell them?

For some patients it might not be practical to stop using right away. One analogy I like to use is this:

With recovery (a great goal that we want more people to achieve) I think of it as wanting people to climb a mountain. And with recovery, we're giving them the shoes, the hiking gear, water, food, tools, and a guide so they can get to the top of the mountain and go from there.

But with the situation right now with the illicit supply, people are basically in quicksand and there's no option to get them out, because every day if they want to use then they have to take the risk of overdosing. People are

succumbing to this quicksand at a rate of six overdose deaths per day in B.C. because the illicit supply is so unpredictable. This is why B.C. has been in a public health emergency for the past seven years.

We need to get patients onto solid footing, and then start building on that. Safer supply could be a way to achieve this and give people a way forward.

What would you tell pharmacists about providing prescribed safer supply?

It is a simple concept.

Safer supply means patients know the dose and know the ingredients of what they're taking. From a pharmacy standpoint, that's all it is. As pharmacists we provide the known dose at the right time. That's literally what we do.

So if we get over our stigmas and accept that some people are going to be using drugs, then we can start seeing people for people and understand their challenges. Then we can provide the empathy and care they so desperately need. **T**

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Members engage provincial leaders

As part of outreach efforts for Pharmacy Appreciation Month, members hosted provincial leaders including several B.C. cabinet ministers to tour their pharmacies and learn more about the upcoming prescribing for minor ailments and contraceptives service.



Vancouver-Kingsway

Wellness Pharmacy Joyce | 5150 Joyce St.,
Vancouver

Pharmacist: Julia Zhu |

MLA: Adrian Dix, Minister of Health

It was an honour meeting Minister Adrian Dix and discussing the pharmacist minor ailment and contraceptive prescribing initiative. It provided an opportunity for the Minister to see the work we do at the frontline at Wellness Pharmacy, and for the pharmacy team to understand the Ministry's position. The visit felt like a moment of true collaboration toward achieving the common goal of improving patient care and access, especially in light of the current healthcare crisis. I appreciate BPCoA for arranging this valuable experience, and highly recommend other pharmacies to invite their MLAs to visit.

— Julia Zhu, PHARMACY OPERATIONS MANAGER

MAIN PHOTO: (L-R) BCPhA CEO Geraldine Vance, pharmacy student Jonathon Naylor, pharmacy manager Suman Dosanjh, MLA Adrian Dix and pharmacy operations manager Julia Zhu.





Victoria-Swan Lake

Pharmasave Hillside | 1641 Hillside Ave., Victoria
 Pharmacist: Maria Kwari | MLA: Rob Fleming,
 Minister of Transportation and Infrastructure

Minister Fleming's visit to our pharmacy was a valuable opportunity for us to show him firsthand what we do to help our community. During his visit, Minister Fleming commented multiple times that he did not realize how busy the pharmacy was. It was a great chance for him to see that many people rely on the pharmacy for their healthcare needs. He was engaged in learning what pharmacists can do to help the healthcare system and excited that we will be prescribing for minor ailments soon. I would encourage other pharmacies to reach out to their MLAs as this was an excellent way to advocate for our profession.

— Maria Kwari, PHARMACY OWNER

MAIN PHOTO: Pharmacy owner Maria Kwari (furthest left) and her team with MLA Rob Fleming (middle, in tie) at Pharmasave Hillside.



Langley

Langley IDA Pharmacy | 101-5568 206
 St., Langley

Pharmacist: Sasha Cridge |
 MLA: Andrew Mercier Minister of State for
 Workforce Development

This was a wonderful experience, shared by our staff, MLA Andrew Mercier and his assistant Aidan, and BCPhA representative Angie Gaddy. Langley IDA pharmacy was able to share their enthusiasm about the upcoming minor ailments prescribing, our deep commitment to the COVID-19 vaccination program, and how its diverse product lines support the community. MLA Andrew Mercier was very impressed, and expressed his full support for our pharmacy's dedication to the health goals of our community.

— Sasha and Geoff Cridge, PHARMACY OWNERS

TOP PHOTO: MLA Andrew Mercier (tallest in the back) with the pharmacy team at Langley IDA Pharmacy.



Victoria-Beacon Hill

Shoppers Drug Mart #208 | 1627 Fort St.,
Victoria

Pharmacist: Kim Myers | MLA: Grace Lore,
Minister of State for Child Care

We really appreciated MLA Grace Lore taking the time to come into our pharmacy and learn a bit more about what actually goes on behind the scenes in the dispensary, beyond the front store, cosmetics and that OTC wall. The visit was a great opportunity to connect with her and show her some of the services we currently offer such as compounding, medication reviews, injections, travel consultations, as well as OAT services. She was very excited to learn more about the changes that have recently been made (ie. the extension of prescription expiration dates and expansion of adaptations), the upcoming prescribing for minor ailments, and how that impacts customers in our community. Having a local MLA into the store is a great opportunity to make connections within the community, give insight into what pharmacies already do as well as what we have the ability to offer.

— Kim Myers, ASSOCIATE OWNER

MAIN PHOTO: (On left) Associate owner Kim Myers next to MLA Grace Lore and the pharmacy team members at Shoppers Drug Mart #208.



Vancouver-False Creek

Shoppers Drug Mart #2277 | 586 Granville St., Vancouver
 Pharmacist: Moh Kazem | MLA: Brenda Bailey, Minister of Jobs

This was a very rewarding experience to see how engaged members of the B.C. Legislature are in helping support and learn more about day to day experiences that pharmacists and pharmacy teams provide for our fellow Canadians. Our whole team found the experience tremendously valuable, and we were happy to hear about the initiatives that the minister was a part of to provide better access to contraceptive coverage for B.C. residents. Minister Bailey was also excited about the increased scope of practice that pharmacists have adopted for the province and how it has resulted in decreased hospitalization and better access to healthcare resources. If given the opportunity, our team would highly recommend other pharmacies to take part in this opportunity to invite their local MLA's out to meet their teams to advocate for Canadians and the profession of pharmacy.

— Moh Kazem, PHARMACY MANAGER

MAIN PHOTO: (L-R) BCPhA pharmacist Lawrence Woo, Shoppers Drug Mart associate owner Vincent Yeung, MLA Brenda Bailey and pharmacy manager Moh Kazem. SECONDARY PHOTO: MLA Bailey's tour at Pharmasave Howe Street.



Vancouver-Hastings

London Drugs #7 | 2585 E. Hastings St., Vancouver
 Pharmacist: Wally Lew |
 MLA: Niki Sharma, Attorney General

I thought that my meeting with MLA Hon. Niki Sharma (B.C. Attorney-General) was enlightening and educational to her to highlight the pharmacist's scope of practice and our expanding role in the healthcare system, especially with the upcoming minor ailment prescribing, soon to start on June 1, 2023 in B.C. It is an invaluable experience to have an MLA visit to a pharmacy to see how pharmacies can have a true impact on our healthcare system by streamlining some of our patient care services whereby patients can access more timely healthcare when they need it.

— Wally Lew, PHARMACY MANAGER

PICTURED: MLA Niki Sharma, Attorney General of B.C. (in black) meets with team members at London Drugs #7 on Mar. 24.



Minor Ailments and Contraception Service

TO LAUNCH JUNE 1

Pharmacists will be compensated a fee of \$20-per-assessment, regardless of whether a prescription is written or not.

Starting June 1, community pharmacists in British Columbia will be able to make a diagnosis and prescribe medications for a list of 21 minor ailments. The increase in the pharmacists' scope of practice to include the Minor Ailments and Contraception Service (MACS) was announced by Minister of Health Adrian Dix in September 2022. It is the second phase of an expansion of pharmacy services and follows the lifting of many restrictions on renewals, adaptations and injections.

A significant level of effort was required to make this happen. Pharmacists will be compensated \$20-per-assessment for any of the 21 minor ailments and contraception, with the exception for emergency contraception, which does not require a prescription or assessment. The fee for an assessment will be provided whether the assessment leads to a prescription or not. This is an important achievement and recognition of the work of British Columbia's pharmacists and their clinical skills.

One of the tools B.C. pharmacists will have is the treatment algorithms available through the Ministry-funded medSask resource, a software tool made to assist pharmacists in decision-making when assessing for minor ailments. The resource is free for all licensed pharmacists and pharmacy students registered with the College of Pharmacists of BC. Nevertheless, pharmacists will be expected to exercise their professional judgement in their recommendations and prescribing practices. To register for and access medSask, please visit bcpharmacy.ca/medSask. A provincial central booking system is also in the works, and it is expected this system would be operational by the end of June.

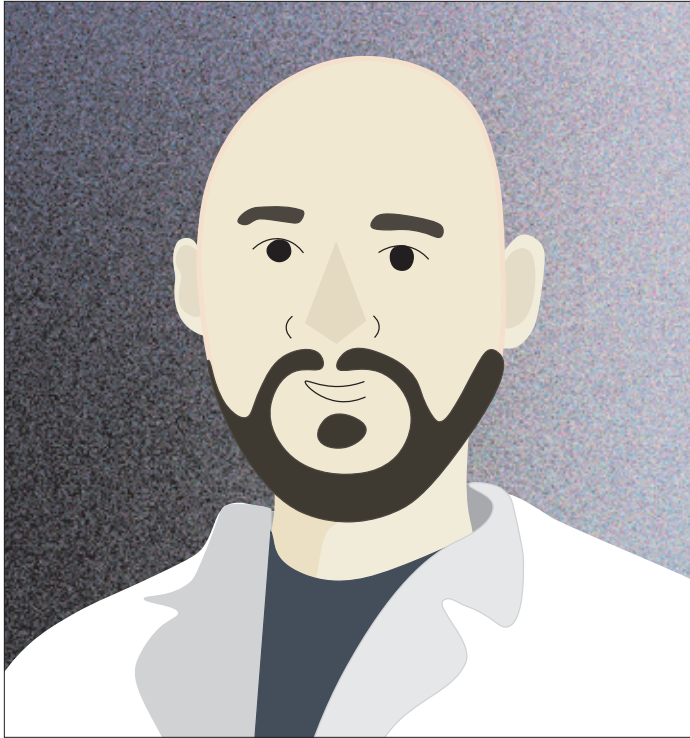
In early May, the College of Pharmacists of BC issued its Standards, Limits and Conditions for the new prescribing authority. In addition, the College released a mandatory Pharmacist Prescribing for Minor Ailments and Contraception: Regulatory Education Module. Pharmacists must complete this module prior to prescribing for minor ailments and contraception. More information on the College requirements are at bcpharmacists.org/ppmac.

To help prepare pharmacists for the new service, the Association published a 1.5 CEU course consisting of five modules aimed to provide strategies to navigate common challenges pharmacy teams may face when trying to add new services into their existing practice. The modules cover everything from human-resource management to interprofessional collaboration strategies. The course, along with other resources, are available on the Association website at bcpharmacy.ca/MACS.

Over the next few pages of this feature, readers will see the list of 21 minor ailments pharmacists may prescribe and assess for, along with the types of medications pharmacists may prescribe for these ailments. Readers will also learn about the experiences of pharmacists in other Canadian provinces who have been providing assessment and prescribing services for their communities prior to British Columbia's adoption of the new service.

These are the approved minor ailments and medications B.C.'s pharmacists will be able to assess and prescribe for as of June 1, as approved by the Ministerial Order signed by Health Minister Adrian Dix on Apr. 24, 2023.

Disease, Disorder or Condition	Drug Category
Acne	Topical drugs
Allergic rhinitis	» Intranasal drugs, including antihistamine drugs » Ophthalmic drugs, including antihistamine drugs » Oral antihistamine drugs
Conjunctivitis (allergic, bacterial or viral)	Ophthalmic drugs
Dermatitis (allergic, atopic, contact, diaper or seborrheic)	Topical drugs
Dysmenorrhea	Nonsteroidal anti-inflammatory drugs
Dyspepsia	Gastric acid reducing drugs
Fungal infections (Onychomycosis, Tinea corporis infection, Tinea cruris infection or Tinea pedis infection)	Topical drugs
Gastroesophageal reflux disease	Gastric acid reducing drugs
Headache	Nonsteroidal anti-inflammatory drugs
Hemorrhoids	Topical drugs
Herpes labialis	» Topical drugs, including antiviral drugs » Other types of antiviral drugs
Impetigo	Topical drugs
Oral Ulcers (canker sores, aphthous ulcers)	Topical drugs
Oropharyngeal candidiasis	Antifungal drugs
Musculoskeletal pain	Nonsteroidal anti-inflammatory drugs
Shingles	Antiviral drugs
Nicotine dependence	Nicotine cessation drugs
Threadworms or pinworms	Anthelmintic drugs
Uncomplicated urinary tract infection	Antibiotic drugs
Urticaria, including insect bites	» Topical drugs, including antihistamine drugs » Other types of antihistamine drugs
Vaginal candidiasis	Antifungal drugs



NEW BRUNSWICK

Andrew Drover

Pharmacist Owner, Harrisville Pharmacy

President, New Brunswick Pharmacists' Association

As with other provinces, it was the COVID-19 pandemic that spurred the funding of minor ailment assessments in New Brunswick. Andrew Drover, President of the New Brunswick Pharmacists Association and owner of Harrisville Pharmacy, said privately funded pharmacy prescribing services was already available since 2014, though the services were never very well used, until recently.

"The COVID-19 pandemic really drew attention to pharmacists as primary healthcare practitioners. Because most pharmacies remained opened and accessible throughout the pandemic, people could more easily access a pharmacist than their usual practitioner," Drover said.

The first funded assessments were for urinary tract infections (UTI) in October 2021. This was followed by funding for prescription renewals, shingles, contraception and for COVID-19 treatment, namely, Paxlovid. UTI assessments remain among the most common minor ailments a patient might visit a pharmacy for. In all, pharmacists in New Brunswick are able to assess and prescribe for 32 minor

ailments, though not all are publicly funded.

Drover credits the move towards publicly funded assessments, at least partly, to the RxOUTMAP study published in 2018 that demonstrated a high clinical cure rate in patients who were assessed and treated by a pharmacist in one of 39 New Brunswick pharmacies. In the study, clinical cure was achieved in 88.9% of patients.

To be able to prescribe, pharmacists are required to complete a Minor Ailments Orientation offered through the provincial College of Pharmacists. Pharmacists are paid \$20 per assessment, regardless of whether a prescription is issued.

The public funding for prescribing brought with it significant patient attention, and responsibilities had to shift for some pharmacy teams in order to manage assessments, dispensing and other pharmacy services. For example, this might mean pharmacy technicians would take over many dispensing responsibilities while the pharmacist consults patients on minor ailments.

"This is truly a team effort. When someone comes in for a consultation, the pharmacist must separate themselves from drug distribution," Drover said. "With the inclusion of other pharmacy professionals, such as a pharmacy technicians, dispensing a prescription does not have to rely on the pharmacist, and in theory, a pharmacist could spend much of their time in a clinical space counselling clients and providing other primary care, doing these services."

To help handle patient bookings and assessment documentation, Drover uses a software program called MedMe. A range of similar software is available for pharmacists.

"These platforms are quite helpful for pharmacist assessments. The software will allow the pharmacist to document the client encounter, guiding them through the client's symptoms, physical exam, if needed, and ruling out other conditions that would require a referral to another practitioner. In the case of a UTI, you check for red flags, which are anything that makes a UTI complicated, giving you confidence in your decision to initiate treatment," Drover said.

"I'm looking for reasons I should send them to another practitioner. Once I've concluded that they have a UTI and it's uncomplicated, it's basically a choice of product. With the client's input, I make that clinical decision, write the prescription, and off they go."



PRINCE EDWARD ISLAND

Erin MacKenzie

Executive Director, PEI Pharmacists Association

Like other Atlantic provinces, pharmacists in Prince Edward Island had been enabled to assess and prescribe for minor ailments for some years — in PEI’s case, since 2014. However, it wasn’t until the worst of the COVID-19 pandemic had passed that the PEI provincial government began publicly funding these pharmacy services.

In October 2022, the PEI government rolled out its Pharmacy Plus PEI program as one portion of its efforts to modernize its health-care system and provide increased access to health-care services for its residents. Through this program, community pharmacists are paid by the government to assess and prescribe for 32 minor ailments, including emergency contraception.

Pharmacy teams are allowed to choose how they wish to offer the new services, whether they wish to offer dedicated appointment-clinic hours, serve walk-ins, or provide some sort of hybrid approach.

Erin MacKenzie, executive director of the PEI Pharmacists Association, said there are currently 27,000 people in PEI who do not have a family doctor, representing approximately 15% of the population, and this lack of access to prescribers was the

impetus for the change. Since the launch, she said, there’s been a huge promotional push to make sure Islanders know about the newly funded services.

“The government put a lot of money and a lot of effort into promoting this as a co-branded service. On the side of our civic buses, everywhere, you’re going to see ‘Call your pharmacist’. It’s quite incredible and they foot the bill for all of it,” MacKenzie said.

Previously, pharmacists were able to provide assessments and prescribe but would bill the patient directly for the service. This meant that pharmacists were often an alternative, back-up option for patients only when they couldn’t access a doctor or visit the emergency room. At that time, there wasn’t significant uptake from patients.

Now, there are Drug Identification Numbers associated with billing for each of the 32 minor ailments, to better track how the new service is being used, and pharmacists are compensated a fee of \$25 per common ailment assessment, regardless of whether a prescription is written or not. A \$20 fee is also available for prescription renewals.

MacKenzie said the Association has also been supporting its members with resources, including facilitating access to the optional, but strongly recommended med-Sask minor ailment and self-care guidelines, and creating social media spaces where pharmacists can collaborate and share questions and answers as the new services are increasingly used.

Since October 2022, she said the public has been taking advantage of the new pharmacy services. For minor ailment assessments, her members are seeing a routine mix of respiratory illnesses, cold sores and urinary tract infections.

For pharmacists anxious about the new scope, MacKenzie has some advice: “It’s not as scary and terrifying as you think it’s going to be. It’s just a matter of wrapping your head around whether or not you’re actually the one initiating therapy. It’s the mindset of flipping it around. Rather than being consulted by another healthcare provider on what you would recommend, you provide it yourself.”

MacKenzie said a feedback gathering process is ongoing, with regular surveys being sent out to pharmacies, emergency room doctors and the public to assess the impact of program. Three sets of assessments have been planned through 2023.

“We are monitoring anecdotal feedback, all of the stats, the number of interventions that happened per week, types and everything else,” MacKenzie said. “Some of the things we’ve already seen: on days where there’s a holiday or civic Monday, people are really taking advantage of pharmacies on those days where no doctors’ offices would be open.”



ONTARIO

Andrew Wong

Associate Owner, Shoppers Drug Mart #867

The most useful preparation in the lead up to prescribing authority for Ontario pharmacist Andrew Wong was being able to practice with the associated software about a week before the service officially launched.

On Jan. 1, 2023, Ontario pharmacists were authorized to assess and prescribe medications for 13 minor ailments, including conjunctivitis, cold sores and uncomplicated urinary tract infections. Prescribing for contraceptives was not included in the new scope of practice.

Wong, Shoppers Drug Mart Associate Owner at the banner's Keele & St. Clair location in Toronto, and his team accessed the integrated MedSask clinical practice guidelines for the 13 minor ailments prior to Jan. 1, making a significant difference in their ability to ensure a smooth rollout. Shoppers Drug Mart said it provided all Associate Owners access to digital forms inclusive of the medSask algorithms integrated into their pharmacy system, allowing for efficient documentation and auto fax functionality for continued communication to other practitioners. The company said these tools allow the pharmacists to mainly focus their time on each patient and provide the best recommendations based on their needs.

“We launched the prescribing tool and it asks the questions on the medSask algorithm for the ailment, and depending on how the patient responds to the answers, it would direct you to the next question, or direct the pharmacist to refer the patient,” Wong said. “It really helped steer the decision-making and made it pretty black and white. I would say it’s almost foolproof, as long as you ask the right questions and document properly.”

After trying out the software himself, Wong introduced it to his teammates, including assistants and technicians, to gather any potential questions that could arise during the real patient interaction. Since the launch, Wong estimates his team has been providing about five assessments for minor ailments daily, with each assessment requiring about five to 10 minutes of a pharmacist’s time to conduct. Notably, Wong has not had to increase staffing and continues to dispense about 200 prescriptions per day in addition to providing the new services.

Wong recalled that pharmacists were being prepared in the leadup to prescribing authority for about six months, with an increasing amount of training materials, educational tools and resources being made available by Shoppers Drug Mart as the date got closer.

To meet patients’ expectations, Shoppers Drug Mart said its Associates are offering both walk-in and appointments through their booking system. The company said it hosts 13 different appointment types and an explanation of each condition on its website, which allows customers to easily understand where their pharmacist can help. The company allowed Associates and their pharmacy teams to drop in and ask questions to a technology support team, which helped ensure any issues were dealt with rapidly.

Currently, the only mandatory component for pharmacists to complete is a self-assessment from the provincial College of Pharmacists to ensure registrants understand the ethical and legal considerations that come with providing assessment and prescribing services.

Wong added that, like in B.C., pharmacists in Ontario had recently been provided access to the provincial patient information system, called the ConnectingOntario ClinicalViewer, which is an online portal that provides access to digital health records such as lab results, hospital records, imaging reports and more. Much of this information proved crucial in performing patient assessments, he said.

“Not too many challenges so far,” Wong said.

“It was really more just being ready for day one, having all the tools and resources available at our fingertips, whether it’s access to ConnectingOntario, the booking platform being functional, once all those things are in place, we were good.” **T**



B.C.'s new service helps pharmacists renew hundreds of prescriptions for continuity of care

BY SALLY GINSON DUKE, BSC(PHARM), ACPR; LUCY LIN, B.SC. (PHARM), R.PH

With the province's healthcare system under pressure, British Columbia pharmacists are taking on greater responsibilities to help residents manage their medication therapy. In many cases, pharmacists ensure continuity of care through prescription renewals or adaptations. However, some cases may fall outside the scope of pharmacists or become complicated when a patient doesn't have a regular primary care provider, or their prescriptions for chronic therapies are expired.

To support pharmacists and patients in these circumstances, the B.C. Ministry of Health recently launched the Provincial Prescription Renewal Support Service (PPRSS). This virtual service receives requests directly from pharmacists anywhere in B.C. for patients who do not have a dedicated primary care provider, and who need a prescription renewal for one or more chronic therapies (not including cancer medications, cannabis, narcotics and controlled substances).

The PPRSS interdisciplinary team of pharmacists, physicians and support staff are from various corners of B.C. The virtual clinicians are licensed to practice in B.C. and have experience in acute and primary care.

As of April 30, 2023, the PPRSS team has completed 317 cases and 208 prescription renewals.

Pharmacists send patients to PPRSS

Pharmacists submit a request to the PPRSS team by completing an electronic form (eForm), noting the medication(s) needing renewal, their contact information, and information about the patient.

Requests can be made when the:

- › Prescriber's licence is inactive (temporarily or permanently)
- › Prescription is expired (2 or more years old)
- › Pharmacist is unsure whether the patient is stable for renewal/adaptation and would like the opinion of a physician
- › Pharmacist believes the patient needs one or more laboratory tests to confirm clinical stability

Pharmacists exercise their best judgment in determining whether to:

- › Provide an emergency supply of medication(s) while the PPRSS team is consulted. A 10- to 14-day supply is suggested
- › Send the patient for a local in-person health assessment, for example if their health appears unstable

As a new service, improvements are constantly being made. An early challenge was reaching patients by phone. The eForm now prompts the pharmacist to verify the patient's current phone number and preferred contact time.


PPRSS team manages referrals

For every submitted eForm, a patient file is created in a secure shared record system. Files are transferred to the virtual pharmacist first.

The virtual pharmacist consults CareConnect to confirm health history, including laboratory results and PharmaNet record, then phones the patient to verify actual medication use. They identify prescription renewal needs, document their assessment, and then transfer the file to a virtual physician, noting the best time for a follow-up call to the patient.

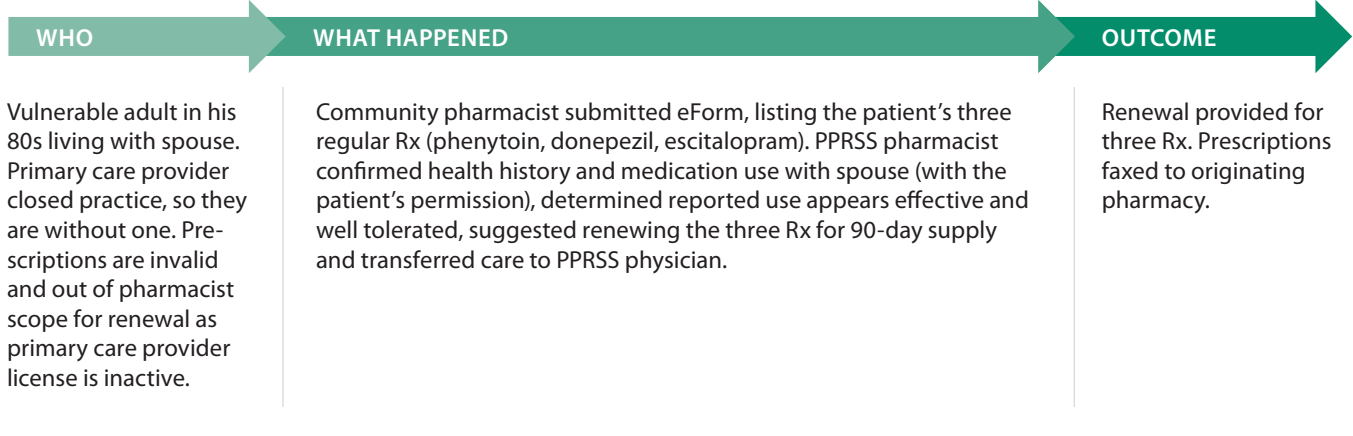
After reviewing the information, the virtual physician speaks with the patient to finalize their assessment and determine which prescription renewals they can provide. For some cases, they may send the patient for lab work or recommend an in-person assessment (e.g., at a walk-in clinic or Urgent and Primary Care Centre). The PPRSS physician follows up on any lab work that they order.

When prescription renewals are issued by a PPRSS virtual physician, they are faxed to the pharmacy that submitted the eForm.

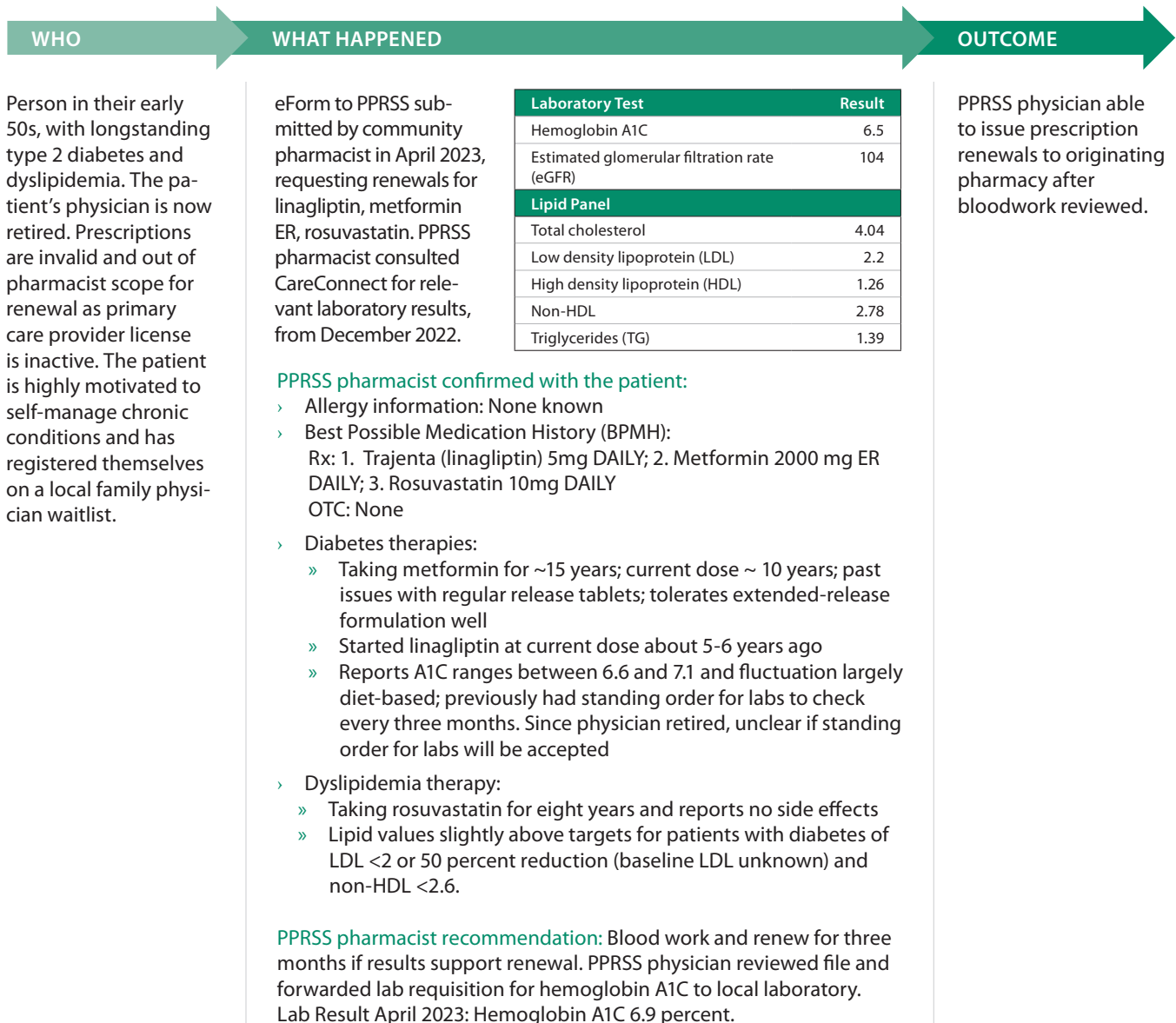
With patient consent, once an assessment is completed, the PPRSS team documentation is uploaded to CareConnect. 

Resource: <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/pharmacies/pprss>

Real-life Case 1



Real-life Case 2





Keeping Vancouver Island seniors informed about pharmacy services

Health care is among the top issues in mind for many seniors and as pharmacists in British Columbia are enabled to provide additional services this year, it is even more important for the province's older adult population to get to know their pharmacists.

BY MICHAEL MUI
COMMUNICATIONS MANAGER, BCPHA

Jeff Ho, pharmacy manager at Rexall #7126, said one of the ways a patient can develop a closer relationship with their pharmacist is by asking questions about medications.

In February, Ho was invited to speak with members of the Vancouver Island Chapter of the Canadian Association of Retired Persons (CARP) about pharmacy services available for seniors, with emphasis on polypharmacy and medication review services.

"I asked the seniors at the presentation if they have had medication reviews before and none of them said yes. That was a big surprise," Ho recalled. "For seniors, as they take more medication, if we are able to educate them what the medication is for, and the purpose of the medications, their adherence should improve. And of course, part of the deprescribing process is also how to take out medications that the patients doesn't actually need all the time."



Doug Jones, President of the Vancouver Island CARP Chapter, said his organization will often host educational sessions on topics of importance to seniors, such as finances, health, fraud prevention, or other topics.

His chapter has approximately 5,000 members living on Vancouver Island and the surrounding islands, and is one of 24 chapters in Canada with a national membership of more than 330,000 people.

Among the top concerns for members has been access to health care, and more particularly, the relative lack of family physicians in British Columbia.

“The role of a family physician overlaps beautifully with the role of a pharmacist,” Jones said. “There are a lot of things a pharmacist can do, and should do, that people don’t realize. So, in this meeting we focused very specifically on the role of a pharmacist. It ties into the lack of family physicians by exploring what else we could be doing in health care to unload some of the burden on physicians that people might not know

are available.”

Recognizing that pharmacists possess a wealth of health knowledge and also how accessible pharmacies are to the general public, Jones’ goal is to encourage more seniors to get to know their regular pharmacist — and also to encourage pharmacists to get to know each of their patients better.

Ho agreed that there’s significant benefit to educating patients about pharmacy services of which they might not have been previously aware.

“Pharmacists are not just able to count pills, we can perform other services to help people as well. Participating in these kind of educational sessions help people understand what pharmacists can actually do for them,” Ho said.

“Seniors are generally taking a lot more medications than someone who is 20 or 30 years old, so it’s nice for them to be aware of all the resources that are available to help them manage their health and medications.”

“*Pharmacists are not just able to count pills, we can perform other services to help people as well. Participating in these kind of educational sessions help people understand what pharmacists can actually do for them*”

Left page: Pharmacist Jeff Ho (centre, in striped) with seniors of the Canadian Association of Retired Persons' (CARP) Vancouver Island Chapter on Feb.15, 2023.

Above: Ho speaks with a member of CARP in front of take home goodie bags prepared for the presentation.

Above right: Ho's presentation was available live to attendees and also posted online for CARP's members to view.

A recording of the presentation on medication review services and polypharmacy is available on CARP's YouTube channel at youtu.be/LfEtDuEcimU



Protecting your clients from extreme heat

BY AMY LUBIK, PHD

CLIMATE CHANGE AND PLANETARY HEALTH LEAD, FRASER HEALTH

Many people who are more vulnerable to extreme heat may not know that they are at risk, so may not take precautions. Older people are often at risk because their body's ability to sense and regulate heat diminishes. People with cardiovascular disease, obesity, renal disease, respiratory illness, or mental health disorders such as addictions and schizophrenia, are particularly vulnerable (more information is available through the BCCDC). Those most disproportionately impacted during the 2021 heat dome had pre-existing medical conditions and were living in the community (i.e. not in supported living or other care facilities). Many were socially isolated and not well connected to the medical system.

Pharmacists can identify at-risk patients by medical history and current prescriptions. As trusted medical professionals, pharmacists are well-placed to provide brief counselling if they identify people whose conditions or medications may put them at risk, especially for people who may be socially isolated.

Preparing for extreme heat

At the beginning of the heat season, prepare your staff to recognize patients who may be at risk and instruct them to provide brief counseling, such as:

- » Asking if the patient is aware of how their condition may make them more at risk to heat;
- » Asking them if they have air conditioning, or if not, if they have ways to monitor the temperature in their home;
- » Advising them to have a plan to keep their home cool or a plan to go somewhere, such as staying with friends or family or going to a municipal cooling shelter (or even a mall or air conditioned business);
- » Advising them to drink more water even if they are not thirsty, provided that they do not have conditions with fluid restrictions;
- » Instructing patients not to stop taking their medications unless instructed by healthcare providers;
- » Most significantly, advising patients or their caregivers to have a neighbour or loved one check in on them if there is a heat event, such as heat alert or heat emergency.

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Medications that can put people at risk

Medications that impair the body's ability to cool itself include:

- » Beta blockers
- » Antihistamines
- » Medications with anticholinergic effects (e.g. oxybutynin or benztropine)
- » Some antidepressants (e.g. amitriptyline or nortriptyline)

Medications that cause low blood pressure that can be worsened by hot temperatures include:

- » Medications for heart disease (e.g. nitroglycerin and calcium channel blockers)
- » Medications for high blood pressure (e.g. ACE inhibitors)

Medication that can increase body temperature include:

- » Antipsychotic medications (e.g. risperidone, olanzapine, or quetiapine)
- » Stimulation medications for attention disorders, such as amphetamines (e.g. Dexedrine® or Adderall®)

Medications that can cause dehydration or are affected by dehydration include:

- » Diuretics
- » Laxatives
- » Some diabetes medications (e.g. canagliflozin or empagliflozin)
- » Some antidepressants (e.g. fluoxetine or venlafaxine)
- » Lithium
- » Some antiepileptics (e.g. phenytoin)
- » Warfarin
- » Digoxin

The relationship between taking medication and negative health impacts during hot weather is not straightforward. Heat illness may occur in anyone, not only those taking these medications. Heat illness can be fatal and urgent medical attention may be needed. For more information about extreme heat illness or other extreme weather hazards, please visit your regional health authority website or BCCDC.ca.

Pharmacists may also choose to post heat and smoke health posters on office walls or screens. Patient education materials on heat preparedness may be found on your local health authority website. Heat Posters, Summer Heat Safety for Seniors and People living with Medical Conditions, and Be Prepared for Summer Heat Wallet Cards are available for ordering (in multiple languages) through Fraser Health Authority Patient Education if you are located in that Health Region (please contact healthybuiltenvironment@fraserhealth.ca).

Ministry of Health heat preparedness materials can be found on healthlinkbc.ca. Information on Heat-related Illness and how to Beat the Heat are available in multiple languages as well as information on Medications and Heat. **T**

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B.C. long-term care pharmacies get much needed funding boost

BY MICHAEL MUI
COMMUNICATIONS MANAGER, BCPHA

A decade of growing costs, an aging resident population, an increasingly complex set of services, and withstanding some of the worst a worldwide pandemic could muster; those are just some of the challenges operators of pharmacies serving long-term care (LTC) homes have had to confront.

These pharmacy operators received some much needed financial relief in March 2023, when Plan B facilities' fee for service was increased 50% to \$65 per month, per occupied bed, up from \$43.75. The previous fee had remained the same since 2010.

LTC pharmacies receive this monthly fee as compensation for providing eligible prescription drugs and clinical services to people living permanently in LTC homes, instead of dispensing fees that community pharmacies would receive.

Omar Saad, Vice-President of Western Canada Operations for CareRx, said the fee increase has been needed for a long time. Saad said CareRx serves a large number of British Columbia's LTC residents and is the largest dedicated LTC-service

pharmacy in the province, with locations in Victoria, Parksville, Kelowna, Burnaby and Vancouver.

"We are pleased that the Ministry of Health engaged in a constructive dialogue with our sector and made much-needed changes to the fee structure for LTC pharmacies," Saad said. "This increase brings B.C. closer to the reimbursement regime for LTC pharmacies in other provinces. It is encouraging that the work of LTC pharmacy is being recognized."

Saad said costs have always been a challenge for LTC pharmacies, particularly in B.C.

"In the past, we relied heavily on building scale to be able to negotiate better prices on supplies with our vendors, delivery logistics and other operating expenses," Saad said.

"Our primary focus is the resident and trying to ensure that we support safe, effective medication use. We are health care providers first but we also must consider that any business needs to be sustainable in order to provide quality care."

In recent years, B.C.'s senior population has boomed. Ac-



cording to Statistics Canada’s 2021 census, there are now more than one million seniors living in B.C., with people 65 and older making up more than one-fifth of the province’s population. By 2031, the B.C. government estimates more than 1.3 million people will be over the page of 65.

“Residents are living longer,” Saad said. “And they have more complex medication regimes today, more than ever previously. That requires LTC pharmacies to be a lot more innovative in terms of clinical initiatives and programs.”

New health-care services have also added to the complexity of care, medical cannabis, medical assistance in dying, to intravenous transfusion being available in LTC homes, as just a few examples.

“In the past residents would just go to hospital for that. You’re starting to see more and more LTC homes starting to provide some of those additional services to be able to free up beds in acute care,” Saad said.

An enormous impact came in the form of COVID-19, which had a disproportionate impact to those who work and live in LTC homes. Suddenly, LTC pharmacies were facing a multiplying number of challenges, from staffing shortages to safety protocols to completely changing how medication deliveries were done.

“Our old model is based on deliveries from one site to the next, then to the next, and we acknowledged right away that if we don’t have enhanced protocols for safety and hygiene, we might end up being the vector that is bringing COVID from one

home to the next,” Saad said.

“COVID-19 really shone the light on some of the gaps that we have in the long-term care homes and showed where pharmacy would be able to step in and fill those gaps.”

The fee increase followed a review taken by PharmaCare on plan B compensation. In its announcement, PharmaCare said it would now consider expanding payment for additional clinical services that pharmacies provide to LTC facilities. In 2022, advocacy efforts from the BC Pharmacy Association, LTC pharmacies, and health authority pharmacy leads were made to communicate that the previous fee from 2010 was no longer economically viable.

“The new fee will help ensure continuity of care for more than 30,000 people living in long-term care facilities in B.C.,” said John Capelli, executive director of the Pharmaceutical Policy, Legislation and Engagement Branch of the Pharmaceutical, Laboratory and Blood Services Division of the BC Ministry of Health.

Saad said the funding would help sustain LTC pharmacies in the province and also allow LTC pharmacies to grow.

“That funding would also support us to innovate and invest in technologies as needed,” he said. “We acknowledge and appreciate everybody’s help and work in providing that increase, but we also see it as a first phase: B.C. is still well behind other provinces in terms of the funding model, namely Ontario and Alberta, and this is just a step in the right direction.” **T**

Left page: (L-R) CareRx Vice-President of Western Canada operations Omar Saad, CareRx Burnaby pharmacy manager Chelsea Huang, College of Pharmacists of British Columbia Registrar Suzanne Solven, College COO Zachery Solomon, College Deputy Registrar Heather Biggar, and College General Counsel Daryl Beckett during a tour of CareRx Burnaby.

Above set: Staff get to work at various stations within the CareRx Burnaby facility at 180-3700 N Fraser Way.



“Little seed” already planted in the minds of British Columbians for pharmacist prescribing

BY GEORGE CLOETE, BPHARM MSC

Prescribing for minor ailments in community pharmacy is long overdue for British Columbia and it is time pharmacists are recognized for the wealth of knowledge we already have.

However, implementing prescribing authority here in B.C. won't be without challenge, and these challenges will remain until a level of comfort and confidence is built within patients and pharmacists ourselves. This will take time.

Experienced pharmacists in B.C. have been working within a realm where we have been taught to always ask “permission” from a physician, for example, when we adapt a prescription, we still have to inform the physician. New to practice pharmacists may be far more eager, but will lack the practical clinical experience that only comes with time.

Patients already do trust pharmacists, but

the question in their minds might be whether a pharmacist can do just as much as their regular prescriber. Would a patient visit a pharmacist for an acne prescription instead of dermatologist? How long might it take for a patient who has been trained their whole lives to visit the doctor's office, to realize a visit to the pharmacy for their minor ailment is possibly a better option?

For business owners, we have been told in early May by government that minor ailments will be compensated at \$20 per assessment. If it was 100% up to me, I would risk investment and employ somebody who will be dedicated to do the service. I would look at it much like any other investment: borrow money from the bank, take the risk, make the investment and hopefully I will get a good return. I know that when we offer this service, we will definitely have to be mindful

of how long each assessment would take. This will be a challenge. However, I would still strongly encourage providing the service of minor ailment assessments because it's something I feel passionate about.

At the moment, there is a shortage of health-care workers in British Columbia and beyond. For many community pharmacies, accommodating prescribing authority will likely mean employing additional labour. As a pharmacist who has practiced previously in a prescribing province (Alberta), some of the things I'm thinking about is whether I can grow my team, whether that's an additional pharmacy assistant, a pharmacy technician or another pharmacist.

It's also about preparation. Before June arrives, business owners will need to engage with their staff to ensure each team member understands exactly what is happening, and that when a patient arrives at the counter all staff is familiar with the 21 minor ailment conditions that a pharmacist may prescribe for. Does the patient need an appointment? Can they walk-in and see the pharmacist for their minor ailment within 10 minutes? Or do they have to come back tomorrow? What documentation is required? The last thing you want is for a patient to visit the pharmacy with an uncomplicated urinary tract infection and being told they need to visit their doctor due to a breakdown in communication.

In terms of identifying a pharmacist to do the work of assessing minor ailments, we all have the same book knowledge, the difference will be in your clinical presentation, how

you physically present yourself and your confidence behind your minor ailment prescribing. Pharmacists need to understand that a sound clinical decision cannot be challenged. On the other hand pharmacists may be challenged if required paperwork is missing, if grossly negligent in their decision-making process, overlooking crucial factors when assessing a patient, those are things that becomes challenging.

At the end of the day, you want a pharmacist who has crossed their "T"s and dotted their "I"s and who can deliver their decisions in a clinically sound manner, with confidence. If you and your team can do that while managing the rest of your workflow, then you are on the right track.

Since the initial announcement for expanded pharmacy services in October 2022, patients have already been asking about pharmacist prescribing. In June, when this becomes official, it may be slow at first but in time and the support of other prescribers, word of mouth will spread and the demand for pharmacist prescribing will increase.

The little seed is planted already in their minds.

George Cloete graduated in 1994 from Nelson Mandela University in South Africa and eventually owned four pharmacies, before moving to Alberta in 2009. There, he worked in both Slave Lake and Fort McMurray, and he became among the first pharmacists in the northern Alberta region to receive Additional Prescribing Authorization. In 2017, he moved to British Columbia, where he serves as Associate Owner of Shoppers Drug Mart #273 in Surrey.



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