



# Tablet

SUMMER 2023 | ADVOCATING FOR BRITISH COLUMBIA PHARMACY



More than 1,000  
minor ailments per day

Patients and pharmacists  
have embraced the new  
scope of practice. P10



British Columbia  
**Pharmacy Association**  
bcpharmacy.ca

  
FreeStyle  
Libre 2

6.2  mmol/L



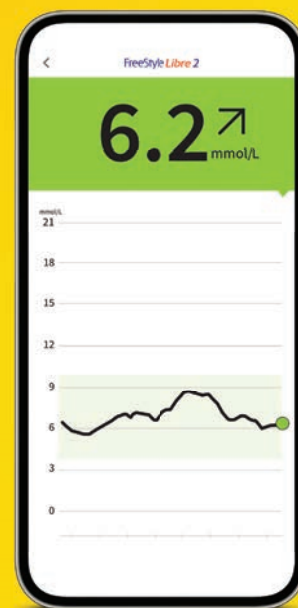
## FreeStyle Libre 2 is covered by the BC government!

Effective August 1<sup>st</sup>, eligible British Columbians have more access and opportunity to choose the sensor-based glucose monitoring technology that best fits their needs.

The FreeStyle Libre 2 system is easy for patients to use,<sup>2</sup> and easy for you to see their complete glycemic profiles,<sup>3</sup> so you can make informed treatment decisions.

Now You **Know**

For more information visit BC  
PharmaCare



 **Abbott**  
*life. to the fullest.®*

The FreeStyle Libre 2 flash glucose monitoring system is indicated for measuring interstitial fluid glucose levels in people aged 4 years and older with diabetes mellitus. Always read and follow the label/insert. The FreeStyle Libre 2 app is only compatible with certain mobile devices and operating systems. Please check the website for more information about device compatibility before using.

Data collected from the FreeStyle Libre system. FreeStyle Libre 2 has the same features as the FreeStyle Libre system, with the addition of optional real-time glucose alarms. Study data is applicable to both products.

\*Based on the number of users worldwide for the FreeStyle Libre systems compared to the number of users for other leading personal use sensor-based glucose monitoring systems.

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

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

3. Unger, J. Postgraduate Medicine (2020): <https://doi.org/10.1080/00325481.2020.1744393>.

© 2023 Abbott. The sensor housing, FreeStyle, Libre, and related brand marks are marks of Abbott. ADC-79748 v1.0





## Contents

### ■ Guest Column

- 6 **CLIENT CARE** The College of Pharmacists of BC talks about achieving the milestone of enabling pharmacists to treat 21 conditions listed in Schedule A of the Pharmacists Regulation.

### ■ Member Profile

- 8 **FIRST AID** A Vancouver Island pharmacist steps in to perform first aid and provide a tetanus shot for a patient who injured her foot and was unable to access a walk-in clinic.

### ■ Cover Feature

- 10 **MACS** B.C. Premier David Eby announced the launch of the provincial See A Pharmacist appointment booking system for minor ailments on June 29, but so far patients seem to prefer the convenience of walk-in assessments.

### ■ Feature

- 16 **STUDENT SPOTLIGHT** Meet eight University of B.C. pharmacy students selected to be featured by the Phi Lambda Sigma — Epsilon Nu Chapter and the BC Pharmacy Association student ambassador team.

### ■ Pharmacy Practice

- 18 **GREENHOUSE GASES** A recent *BCMJ* paper published in May 2023 examined prescribing patterns using PharmaNet data and calculated the climate impact of inhalers in the Fraser Health region — the most populous health region in British Columbia.

- 22 **INFLUENZA** In a candid, in-depth interview with pharmacist Ajit Johal, pharmacist and BCPhA board member Linda Gutenberg provides her operational expertise to support pharmacies in navigating another challenging influenza season.

- 25 **CURRICULUM SHIFT** Lecturers at the University of B.C. are in the process of including 2SLGBTQI+ curriculum into each of the four years of the Entry-to-Practice Doctor of Pharmacy program.

### ■ Business Feature

- 28 **PRESCRIBING** Owners of independent pharmacies in rural British Columbia talk about how they have implemented minor ailment assessments into their pharmacies.

### ■ Messages

- President's Message..... 4  
CEO's Message..... 5

### ■ News Dose

- Lab tests and POCT ..... 7  
Member News ..... 7

### ■ Endnote

- Meet the team! ..... 30



### ON THE COVER

Between June 1 and July 11, community pharmacists performed more than 43,000 minor ailment assessments!



Chris Chiew

## Public adoption of minor ailment assessments shows trust in pharmacists

We all knew B.C. patients would gladly embrace pharmacists being able to prescribe for minor ailments and contraception when we began offering this service on June 1. However, I'm not sure how many of us would have expected how much British Columbians demanded these services.

Since June 1, B.C. pharmacists have provided, on average, more than 1,000 assessments a day for minor ailments or contraception. On the first day we offered our service, one of our pharmacies in Squamish had 10 patients come in after 7 p.m. asking for this service since clinics were closed in the area.

As I write this column, it's been two months since we've offered this service, and I continue to hear stories from colleagues across the province about how appreciative patients are that we can now provide minor ailments and contraception services (MACS).

Besides supporting pharmacists with training and resource materials in partnership with the Ministry, the College and UBC, the Association also backed pharmacists with one important piece of support: A broad public education campaign.

The BCPhA began a robust public education campaign focused on letting patients know what types of services pharmacists can offer through traditional advertising like television, radio, and local newspapers. And because we're all on social media, our campaign has leaned heavily on Facebook and Instagram, and more than 1 million people in British Columbia have viewed our advertisements so far. You're likely one of them!

This social media campaign will continue through the summer and into the fall prior to the fall flu and COVID booster season. Our goal was to ensure that pharmacy teams could focus on their patients and tasks at hand rather than answering common questions — or worse, confusion — from the general public about MACS. Instead, pharmacists could continue to offer the service we've all been asking to deliver for years.

For the past three years we've seen the tremendous trust both patients and the government of B.C. has placed in us as professionals. They know that when a job needs to be done, we step up and get it done.

So take a moment to savour all that we've accomplished and be proud of being a B.C. community pharmacist. **T**



### Editor in Chief Angie Gaddy

(604) 269-2863, [angie.gaddy@bcpharmacy.ca](mailto:angie.gaddy@bcpharmacy.ca)

### Managing Editor Michael Mui

(604) 269-2878, [michael.mui@bcpharmacy.ca](mailto:michael.mui@bcpharmacy.ca)

### Art Director Caroline Toth

### BCPHA BOARD OF DIRECTORS

**President** Chris Chiew, [president@bcpharmacy.ca](mailto:president@bcpharmacy.ca)

**Board of Directors** Pindy Janda, Jamie Wigston, Kevin Chu, Mark Dickson, Gary Go, Michelle Gray, Linda Gutenberg, Colleen Hogg, Mike Huitema, Kylee Power, Annette Robinson, Greg Wheeler

**Contact the Board of Directors** [board@bcpharmacy.ca](mailto:board@bcpharmacy.ca)

### OFFICE OF THE CEO

**Chief Executive Officer** Geraldine Vance

(604) 269-2860, [geraldine.vance@bcpharmacy.ca](mailto:geraldine.vance@bcpharmacy.ca)

**Executive Assistant to the CEO and Board**

Devyani Basoodetsing

(604) 269-2884, [devyani.basoodetsing@bcpharmacy.ca](mailto:devyani.basoodetsing@bcpharmacy.ca)

### COMMUNICATIONS

**Executive Director, Communications** Angie Gaddy

(604) 269-2863, [angie.gaddy@bcpharmacy.ca](mailto:angie.gaddy@bcpharmacy.ca)

**Manager, Communications** Michael Mui

(604) 269-2878, [michael.mui@bcpharmacy.ca](mailto:michael.mui@bcpharmacy.ca)

### PHARMACY PRACTICE SUPPORT

**Executive Director, Pharmacy Practice Support & Special Projects**

Bryce Wong, RPh

(604) 269-2868, [bryce.wong@bcpharmacy.ca](mailto:bryce.wong@bcpharmacy.ca)

**Director, Pharmacy Practice Support** Ann Johnston, RPh

(604) 269-2865, [ann.johnston@bcpharmacy.ca](mailto:ann.johnston@bcpharmacy.ca)

**Coordinator, Pharmacy Practice Support** Nelson Chen, RPhT

(604) 269-2880, [nelson.chen@bcpharmacy.ca](mailto:nelson.chen@bcpharmacy.ca)

**Coordinator, Pharmacy Practice Support** Yvonne Brown

(604) 269-2866, [yvonne.brown@bcpharmacy.ca](mailto:yvonne.brown@bcpharmacy.ca)

### MEMBER SERVICES

**Deputy CEO and Executive Director, Member Services** Vince Lee

(604) 269-2867, [vince.lee@bcpharmacy.ca](mailto:vince.lee@bcpharmacy.ca)

**Manager, Member Services** Andy Shen

(604) 269-2883, [andy.shen@bcpharmacy.ca](mailto:andy.shen@bcpharmacy.ca)

**Coordinator, Member Services** Linda Tinnion

(604) 269-2864, [linda.tinnion@bcpharmacy.ca](mailto:linda.tinnion@bcpharmacy.ca)

**Administrative Assistant** Kathryn Kremastos

(604) 261-2092, [kathryn.kremastos@bcpharmacy.ca](mailto:kathryn.kremastos@bcpharmacy.ca)

**Administrative Assistant** Emily Story

(604) 261-2097, [emily.story@bcpharmacy.ca](mailto:emily.story@bcpharmacy.ca)

### CORPORATE SERVICES

**Executive Director, Finance** Gary Mui, CPA, CA

(604) 269-2869, [gary.mui@bcpharmacy.ca](mailto:gary.mui@bcpharmacy.ca)

**Database Administrator** Ray Chow

(604) 269-2882, [ray.chow@bcpharmacy.ca](mailto:ray.chow@bcpharmacy.ca)

*The Tablet* is published by the BCPhA. Views expressed herein do not necessarily reflect those of the Association. Contributed material is not guaranteed space and may be edited for brevity, clarity and content.

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](mailto:info@bcpharmacy.ca) Web: [bcpharmacy.ca](http://bcpharmacy.ca)

Publication agreement #40810576



Geraldine Vance

## No lazy days of summer for pharmacists

The days we have all waited for are here: long, warm and just right for slowing down and taking a break. But if you talk with pharmacists across the province most would say their days are full and that there is excitement and satisfaction about the new scope of practice enabling prescribing for minor ailments and contraception.

On day one of the new authority being granted, patients were literally lined up to get this new care from their pharmacists. As my pharmacist said, people knew what the new authority was and were so happy to have the health-care provider who knew them be well-positioned to help them in this new way.

Interestingly, my pharmacist said the new authority was not only great for patients but it is really good for pharmacists in that it pushed them outside their comfort zone — he said, of course we know how to do these assessments and provide this care, but it's a great opportunity for us to stretch and expand our knowledge. I certainly have heard this from other pharmacists. Some said that pharmacists wouldn't feel prepared or ready to provide the new prescribing, but nothing could be further from the truth.

B.C. was able to benefit from the wealth of assessment and support materials available in other provinces. Through the collaboration of the Ministry of Health, UBC, the College of Pharmacists and the BCPhA, a comprehensive set of support and training materials is available to all pharmacists. The Association has added a team member to assist pharmacies with workflow and planning to accommodate the new patient care offerings and to provide general support. This partnership has been terrific and a testament to the commitment all of us share to increasing access for patients for minor ailments and contraception prescribing. It is a model of how we should always work together.

On average about 1,000 people are being assessed for minor ailment and contraception daily. When you look at this from an annual perspective, it means that at least 365,000 patients will have access to timely and appropriate care that would not have otherwise been available to them. This will have a material impact for patients and the health care system in B.C. And it will only grow over time. Every pharmacist who does an assessment should take pride in the fact that they are making a real difference for patients.

The central booking system was launched in late June and is gaining traction. Patients have the option to book an online appointment or drop in to their pharmacy of choice. As we have seen with central booking for COVID and flu vaccines, this helps patients find the right option for them and enables pharmacists to better plan their resources to meet the patients' needs.

This new authority has been on the top of the list for what B.C. pharmacists wanted to be able to do for a long time. Many people over many years worked hard to make this happen. I look forward to seeing how the new services gather momentum. **T**

*The Tablet* asks our contributors:

**We learned the majority of patients are walking-in for minor ailments rather than making appointments, how has this impacted your pharmacy workflow?**



**Frankey He** is the pharmacy manager at Rexall #7139 in Victoria. "The biggest struggles with having appointments is the time needed to perform

a MACS assessment such that even with online bookings available, with the unpredictability of how busy the pharmacy can get in the day, the scheduling has definitely been a challenge. Most of the walk-in patients we get we try to fit them in as soon as possible and if we are unable to we try to refer them to a nearby pharmacy that might be able to help or have them come back at a less busy time."



**Charissa Tonneson** is the pharmacy manager at Tumbler Ridge Pharmacy and a shareholder of Health Team Holdings Corporation. "Not

being able to predict when people will be showing up for a minor ailments consultation can definitely cause some disruptions. We have had some success with asking patients to return a short time later (usually within an hour or two) to deal with anything urgent and clear some time to properly assess the minor ailment."



**Kylee Power** is a pharmacy manager and an owner at Central Drugs. "So far, I have decreased the burden of walk in assessments

by being very upfront with patients about my capacity and what that means in regard to their wait time. Some days I am able to do an assessment right away. Other days, when my workflow doesn't allow that, patients are given the option to return later in the day. My patients have been great at acknowledging that I may have previous commitments I need to honor."





## Enhancing Client Care Pharmacists' Expanded Role in British Columbia

A MESSAGE FROM THE COLLEGE OF PHARMACISTS OF BRITISH COLUMBIA

“

*It's because of their thoughtful, committed collaboration that we were able to provide tens of thousands of British Columbians with this vital new service in a remarkably short amount of time.*

”

As many of you are no doubt aware, as of June 1, 2023, new regulatory standards are in effect providing pharmacists in British Columbia with the authority to diagnose and prescribe medications to clients in B.C. for minor ailments and contraception.

Pharmacists in B.C. are now able to prescribe medications specified in Schedule I of the Drug Schedules Regulation to treat 21 conditions listed in Schedule A of the Pharmacists Regulation. These conditions include acne, allergic rhinitis, conjunctivitis, dysmenorrhea, fungal infections, gastrointestinal disorders, headaches, hemorrhoids, nicotine dependence, urinary tract infections, and more.

This is a significant milestone for both pharmacists and clients alike. By harnessing the expertise and accessibility of pharmacists in B.C., we are not only increasing client access to prescribing services, but also expanding the capacity of primary care providers across the province. This approach reinforces the vital role that pharmacists play as members of the

broader health system, working synergistically with physicians and other health-care professionals to deliver comprehensive care to British Columbians.

To ensure client safety and effective care, we collaborated with the Ministry of Health and UBC's Continuing Pharmacy Professional Development Program (UBC CPPD) to develop a mandatory Regulatory Education Module for pharmacists interested in providing prescribing services. The module provides comprehensive training on the regulatory framework that enables pharmacist prescribing in B.C. and is available to all pharmacists in B.C. at no additional cost.

As of July 1, 2023, over 90 per cent of eligible community pharmacists in B.C. have completed the College of Pharmacists of BC's Regulatory Education Module and thousands of British Columbians have already accessed prescribing services for minor ailments and contraception at their local pharmacies.

Changes like this don't happen overnight. Developing the necessary standards and regulations to ensure the ongoing safety and well-being of clients when accessing this broader range of pharmacy services took a herculean effort from all organizations involved. It required us to divert resources and work collaboratively with our partners to respond as quickly as possible to the provinces ongoing shortage of primary care providers.

“I am incredibly thankful to our partners at the BCPhA, the Ministry of Health and UBC's Continuing Pharmacy Professional Development program for their guidance and partnership in bringing this initiative, and the Regulatory Education Module, forward,” said the College's Registrar and CEO, Suzanne Solven. “It's because of their thoughtful, committed collaboration that we were able to provide tens of thousands of British Columbians with this vital new service in a remarkably short amount of time. **T**”

---

*For further information on Pharmacist Prescribing for Minor Ailments and Contraception in BC, including access to the Regulatory Education Module and additional resources, please visit [bcpharmacists.org/PPMAC](https://bcpharmacists.org/PPMAC).*



## BCPhA advocates for funding point of care testing in pharmacy and ordering lab tests

In June, BC Pharmacy Association CEO Geraldine Vance was invited to present to B.C. government's Select Standing Committee on Finance and Government Services for considerations in the 2024 provincial government budget.

During her presentation, Vance detailed how community pharmacists have been crucial to the public's access to primary health-care services.

Since October, pharmacists were enabled to administer more medications through injection or intranasally and renew a broader range of medications. On June 1, pharmacists began providing assessments and prescriptions for minor ailments and contraception.

The Association believes pharmacists can build upon these successes and is asking the government to further enhance pharmacists' scope by funding point-of-care tests (POCT) in pharmacy, and secondly, to allow pharmacists to order lab tests.


For some chronic disease states, monitoring lab values is an important component in clinical care. Knowing the latest lab values means pharmacists can provide patients with renewals of their chronic medications for up to two years. Enabling pharmacists to order lab tests will help achieve this. Meanwhile, POCT for strep throat infections have been conducted in pharmacies in other provinces, and research shows this is a cost-effective and efficient alternative to visiting a lab and can reduce doctors' office visits.

The Association also advocated for additional changes in the area of opioid agonist treatment (OAT).

More than 5,100 pharmacists and technicians in B.C. have now completed training required under PPP-66 through the BCPhA's Opioid Agonist Treatment Compliance and Management Program for Pharmacy. The changes made in October 2022 that allow for pharmacists to adapt and renew more medications include the ability for pharmacists to renew a prescription for OAT as permitted under the section 56 exemption to the *Controlled Drugs and Substances Act*.

The Association is asking for further changes to allow pharmacists to adapt a patient's OAT prescription to better equip pharmacists in B.C.'s response to the overdose crisis.

Lastly, as the province continues to make improvements in the areas of harm reduction, one area where pharmacies are positioned to help is by serving as locations where patients can anonymously pick up drug testing strips to check the content of illicit street drugs.

The full text of the Association's presentation to government can be found at [bcpharmacy.ca/submissions](https://bcpharmacy.ca/submissions). 

### Member News

Do you have a professional or personal update you want to share in *The Tablet*?

Email [editor@bcpharmacy.ca](mailto:editor@bcpharmacy.ca) to share your member news.

### BCPhA conducting wage and benefit survey until Aug. 13

Every two years, the BC Pharmacy Association conducts the wage and benefit survey with the membership to determine the current economic climate in pharmacy.

Whether you are looking to benchmark your future salary discussions with up-to-date data or wondering how pharmacists wages are being affected, the Wage and Benefit Survey is a helpful tool for pharmacists to gauge the financial compensation of the profession.

This year, complete the survey by Aug. 13, and be eligible to enter into a draw for a chance to win one of the following prizes:

- › Apple AirPods 3rd Generation (MSRP \$229) or Samsung Buds2 (MSRP \$190)
- › lululemon The Mat 5mm, Back to Life Sport Bottle 24oz and a Double Roller (MSRP \$224)
- › Saje Aroma Om Ultrasonic Diffuser and Best of Saje Diffuser Blend Collection (MSRP \$174)
- › Pickleball 2-player set (MSRP \$99)

To take the wage and benefit survey, please visit:

[bcpharmacy.ca/jobs/wage-benefit-survey](https://bcpharmacy.ca/jobs/wage-benefit-survey)



## Colwood pharmacist steps in to perform first aid for injured patient

BY MICHAEL MUI  
COMMUNICATIONS MANAGER, BCPHA

By the time Sarah Wolfe entered Rexall #7139 in the Colwood neighbourhood of Victoria, she had already been turned away from walk-in clinic that was too busy to see her, despite the relative urgency of the puncture wounds in her foot.

It was a Tuesday evening in June, late enough that many clinics were already closing or well-past capacity. Earlier, Wolfe had accidentally stepped on a piece of wood with nails sticking out of it. Two nails punctured her shoe and went into the ball of her left foot. While being turned away from the walk-in clinic, it was suggested that she try to check if a pharmacy could assist instead.

She decided to check if the pharmacy near her workplace could help.

Frankey He, pharmacy manager at Rexall #7139, happened to be the perfect person to treat the wound. He's always up to date on his first aid certifications and even volunteers as a first aid attendant at various events.

"It's sort of lucky for her. I actually volunteered for St. John Ambulance for around five to eight years prior to becoming a pharmacist, just helping patch up people whenever they're injured," He said. "It's something I'm really comfortable with doing."

He said Wolfe's injury was still bleeding but minor, and after flushing out the wound and giving it a good clean, he bandaged up his patient and administered a tetanus shot, before sending her on her way.

"Throughout the process, Frankey was thoughtful, articulate, patient, funny and kind," Wolfe said. "I know first aid isn't the pharmacy mandate but, with the current B.C. medical system as it is — walk in clinics are full, this wasn't a hospital emergency, and family doctors are scarce — I was exceedingly grateful that Frankey was available and willing to help me."



For He, a patient arriving with an open wound is not a normal occurrence at his store, but with the health-care human resource shortage in B.C., the need for accessible care is something he sympathizes with.

“We’re actually quite a busy store. I’ve only been there two months or so just to help out the company because right now there seems to be a huge shortage of pharmacists, and it’s particularly bad on Vancouver Island,” He said. “But even though it’s busy, after I heard that she checked other pharmacies and there was a walk-in clinic that wouldn’t accept her — most of her options were closed because things close early in Victoria — I wanted to help in any way possible. I sort of live by the motto of: treat others how you would want to be treated. If I was in the same situation, I’d really hope that other pharmacists would help me out.”

After the experience, Wolfe was so pleased with the level of service she received at He’s pharmacy that she wrote a letter commending him and his team.

“Please give him a raise; he’s exactly the type of employee you want interacting with your pharmacy customers,” Wolfe wrote in her letter.

The fact that the patient thought a pharmacy may be able to help also speaks to the accessibility pharmacies provide, and the trust that patients have placed in their pharmacists.

“Patients are almost seeing us to be a resource that is much more accessible compared to physicians,” He said. “If they try to call their family doctor to get an appointment for something urgent, or acute, and the appointment is going to be in two weeks, that’s not going to do the patient any good.” **T**

“

*Please give him  
a raise; he’s  
exactly the type  
of employee  
you want  
interacting with  
your pharmacy  
customers.*

”

**PHARMASAVE®**

## *The perfect* **balance** OF freedom & support

Join BC’s most recognized and comprehensive independent pharmacy program, and as a Pharmasave owner, you’ll benefit from our industry-leading operational support and programs, while staying truly independent as part of a 100% member-owned and governed organization.



### **A Great Career Starts With Pharmasave**

Contact us about our career opportunities today:  
[careers@pharmasavewest.ca](mailto:careers@pharmasavewest.ca)  
[pharmasave.com/careers](http://pharmasave.com/careers)

### **Franchise Inquiries:**

Linda Kawasaki - Region Manager, Business Development, Pharmasave West  
Direct: 604.812.3610 | [lkawasaki@pharmasavewest.ca](mailto:lkawasaki@pharmasavewest.ca)



# British Columbia pharmacists performing more than 1,000 minor ailments each day

BY MICHAEL MUI  
COMMUNICATIONS MANAGER, BCPHA

Premier David Eby knows how problematic it can be when a prescription expires for a medication you need. Speaking at a press conference to launch the Imms-BC online booking system for Minor Ailments and Contraceptive Services (MACS), Eby recognized pharmacists as accessible, trusted medical experts for the public.

“They are familiar faces in the community. They are trusted medical experts and they are really easily accessible to most British Columbians that need help. For these reasons, and so many others, we gave pharmacists the ability to issue prescriptions,” Eby said.

“We saw 25,000-plus people in just one month see a pharmacist for treatment of a minor ailment. That’s tens of thousands of people who were able to access care quickly, when they needed it, freeing up doctors and hospitals for those with more complex care needs.”

British Columbian pharmacists were enabled to prescribe for minor ailments on June 1, as part of B.C.’s health human resources strategy to ensure the public can access health care when and where they need it. As part of the new scope, pharmacists can now assess and prescribe for a list of 21 minor ailments — among the highest in Canada — in

addition to contraception.

Minor ailments are considered diseases, disorders or conditions that present a low risk of masking something else underlying and can be readily diagnosed without the need for laboratory or imaging tests, with the patients’ symptoms being reasonably expected to resolve with only short-term or episodic treatment.

BC Pharmacy Association President Chris Chiew said he is proud of the work pharmacists are doing and the early numbers show it is clear patients have

confidence in community pharmacists to perform the new duties. Since June 1, pharmacists have consistently performed more than 1,000 minor ailment assessments per day. Approximately 79 per cent of assessments have resulted in a prescription.

“These are incredible figures. I’ve heard so many stories of patients sharing how thrilled they are. On the first day of service, I know of at least one pharmacy that had 10 patients come in after 7 p.m. when other clinics were closed or full,” Chiew said.

“There have been stories of patients waiting outside for a pharmacy before it opened to get the service. This just shows you what we’ve known for a long time, that our patients have trust and confidence in us, and that there’s a demand for this service.”

## Top five MACS conditions seen at community pharmacies:

- › Allergies
- › Urinary tract infections
- › Contraception
- › Conjunctivitis
- › Dermatitis

## Premier David Eby launches MACS booking platform



On June 29, British Columbia Premier David Eby and Minister of Health Adrian Dix joined BC Pharmacy Association President Chris Chiew at a pharmacy in downtown Vancouver to announce the See A Pharmacist online booking system for minor ailment and contraception services (MACS). More than 1,200 pharmacies are now participating in MACS. From June 1 to July 11, pharmacists performed more than 43,000 assessments!



## Poll finds 91% of pharmacists report patients prefer walk-in for minor ailments

On July 25, the BC Pharmacy Association held an all-member town hall to gather feedback from pharmacists after nearly two months since the Minor Ailments and Contraception Service (MACS) was implemented in British Columbia on June 1.

At its peak, more than 450 members attended the town hall. It was an opportunity for the Association to hear feedback and questions from members about the new scope of practice. BCPhA Pharmacy Practice Support Executive Director Bryce Wong and pharmacist Lawrence Woo were on hand to answer technical questions from the audience. The Association also took the opportunity to conduct a series of polling questions to learn more about how the profession has engaged with the new services.

The results of the polls are below. If you missed the town hall and would like to hear the recording, please visit [bcpharmacy.ca/town-halls](https://bcpharmacy.ca/town-halls).

### 1. Have you done an assessment for minor ailments or contraception?

- › Minor ailments only - 27%
- › Contraception only - 2%
- › Both - 44%
- › Neither - 27%

### 2. What types of prescribing have you done for contraception?

- › Emergency contraception - 20%
- › Continuing or modifying an existing contraception - 20%
- › Initiating a new prescription for contraception - 4%
- › Both emergency contraception and continuing/modifying existing contraception - 22%
- › All of the above - 33%

### 3. In terms of education, which of the following supports have you found most valuable?

- › MedSask guidelines & Updated documentation templates - 41%
- › BCPhA's Removing Barriers to Support Expanded Scope e-training - 2%
- › The College's mandatory regulation training module - 3%
- › UBC's prescribing for fundamentals course - 9%
- › All have been valuable - 32%
- › Unsure - 13%

### 4. Are you using the Medsask guidelines and documentation templates?

- › Using the guidelines only - 32%
- › Using both the guidelines and documentation templates - 59%
- › Not using the medsask guidelines at all - 9%

### 5. In your experience are you seeing more patients as walk-ins or who make an appointment?

- › Walk-ins - 91%
- › Appointments - 9%

Enabling pharmacists to prescribe for minor ailments has been a goal of the Association for more than 10 years, with the Association making its first formal request in 2016, to the previous government, to have pharmacists empowered to prescribe. Adrian Dix, Minister of Health of the current government, recognized that pharmacists, and the Association, have contributed significantly to ensuring the public's access to health services.

"The other thing we need to do is adapt and redesign our health care system to allow the extraordinary-trained people, such as pharmacists, to work to the full extent of their scope of practice. Over the last number of years, the BC Pharmacy Association, I want to acknowledge the work of Chris and Geraldine and everyone at the Pharmacy Association, who have done an exceptional amount of work in this area," Dix said. "When I became Minister of Health, about a third of vaccinations occurred in community pharmacy, now it is the vast majority of vaccinations and we have a record year for influenza vaccination, which made a very significant difference for everyone during respiratory illness season."

Eby, the Premier, said his government recognizes the realities of families and seniors in getting access to health care in the post-pandemic world.

"It can be a hassle to get a prescription from a doctor for something routine, like contraception, or something minor, like allergies," Eby said. "We're all better off when we can ease the pressure on our health-care system as a whole. It takes pressure off emergency rooms and limited resources in the health-care system, while still delivering quick access to people for the care that they need."

Since the launch, the provincial government has supplemented the MACS program with the ImmsBC appointment booking system, which previously was only used for COVID-19 and influenza vaccines. The appointment booking tool, available at [bookapharmacist.gov.bc.ca](https://bookapharmacist.gov.bc.ca), was rolled out on June 29. As with the Get Vaccinated vaccine booking system, a team at the Association is working in partnership with the provincial government in the booking system's day to day operations.



## PRODUCTS & SERVICES FOR EVERY PHARMACY.

- ✓ SERVING PHARMACIES LIKE YOURS FOR OVER 45 YEARS!
- ✓ YOUR SINGLE SOURCE FOR ALL SOFTWARE & HARDWARE
- ✓ DEDICATED & UNLIMITED ACCESS TO OUR IN-HOUSE CUSTOMER CARE TEAM
- ✓ BUSINESS CONTINUITY SOLUTIONS THAT PROTECT YOUR PHARMACY FROM THE UNTHINKABLE, LIKE NATURAL DISASTERS AND OTHER EVENTS
- ✓ INTEGRATED BEST IN CLASS PRODUCTS INCLUDING PROPEL RX AND PROPEL POS



Scan the code to  
see our full lineup  
of solutions



## OUR CUSTOMERS LOVE PROPEL RX.

**"As a pharmacist with decades of experience using other systems, I can tell you that Propel Rx is the best system I have ever used, and I love working with the team at PTS. They're invested in my business."**

-- Ash Boulus, Pharmacist & Owner, Greater Niagara Pharmacy

## Patients appreciate the new pharmacy services!



### Robin Rivers

I've had the same pharmacist for about 12 years. On June 1, I saw a social media post about the BC Pharmacy Association opening up a program that allowed me to go into my pharmacist and get prescriptions for small things. I had had a rash on my eye for about three months and I wasn't really doing anything about it, because we haven't

had a family physician for about three years after he retired. So I went in immediately, and I was patient number one at our pharmacy.

They looked at my eye, decided that it was a bit of eczema, and they gave me a cream and told me how to use it. Within 15 minutes, I was out the door with my prescription. They called me about a week later, and I came in to do a follow up with them.

I really felt like I got some of the some of the best care I've had in a long time. I'm extremely grateful for this, because we haven't had a doctor in quite some time, and I really don't have much access other than emergency room or a clinic that is very difficult to get into.

It's been a real game changer for us. Now we don't feel like we must live with the basic everyday problems that we have. We can go in and talk to our pharmacist.



### Maureen Fahr

For my story, it was a Friday afternoon when I realized I may have a bladder infection. My husband is a retired pharmacist who had worked in one of the Central Drugs locations in Nanaimo, so I knew the pharmacists who worked there, and it had been my pharmacy for probably more than 10 years.

I didn't want to bother my doctor on a Friday afternoon – I'm lucky to have a doctor at all – so the pharmacy was my first choice. I called, Kylee picked up the phone, I told her what the problem was and she told me to come down for an assessment. She has given me advice before on many occasions.

At 76 years old, my health is a priority for me and despite how busy the pharmacy is, they stop and take the time to listen to me.

This change to allow pharmacists to prescribe should have happened a long time ago. Before June 1, if the same thing had happened it would mean suffering for a few days before I could get to a doctor.

So many people cannot get a doctor now and it's wonderful that they can now visit a pharmacist to look after many of their needs. It's perfect, and there are so many pharmacists out there who are willing to help.

Penny Lehoux, a London Drugs pharmacist, said the new online booking system means patients will have even more access to getting an appointment at pharmacies.

"Until now, patients have had to phone the pharmacy or drop in to make an appointment. With the provincial online booking system, it'll be easier for patients to find the services they need and to make an appointment at a time and location that's convenient for them," Lehoux said. "From the pharmacy's perspective, though, the booking system also helps us to manage our workflow so that we can open appointments for the times of day that work for our team... it's also a way for us to connect with new patients who have not been to our pharmacy before, just like we saw with COVID and flu vaccines in the fall."

To support the public's adoption of MACS, the Association launched a comprehensive multimedia public awareness campaign that began on May 31.

The campaign included an updated seeyourpharmacist.ca website, which serves as a brochure to the public advertising all the various services — not just MACS — that pharmacies can provide, in addition to a map of pharmacies throughout B.C.

"The BC Pharmacy Association knew that it was imperative that we guide and educate the public about this new service, and that's why we started the See Your Pharmacist advertising and marketing campaign on June 1," said Geraldine Vance, CEO of the BCPhA.

"Early figures have shown us that more than 1 million British Columbians have seen our ads, and we believe that this has helped pharmacists at the counter engaging with patients who may have many questions about the new scope of practice."

Kylee Power, an owner with Central Drugs on Vancouver Island and a Director on the BCPhA Board, said from what she has seen, patients have embraced the new pharmacy services.

"It is so encouraging to see how patients truly appreciate this service," she said.

"The patients I have assessed so far would otherwise be heading to urgent care, emergency departments, or going without care and risking their condition worsening." **T**



BC Pharmacy Association  
members can **save up to 20%**  
on their home insurance.



We offer custom home insurance policies to ensure you have the best coverage possible. Whether you need complete coverage for your primary home, or basic insurance for a second home or cottage, Westland MyGroup has the right coverage for your needs.

Home, condo, rental property, cottage vacation trailer, and watercraft.



**Get a quote today!**

[westlandmygroup.ca](https://westlandmygroup.ca)



1-844-999-7687 | [sales@westlandmygroup.ca](mailto:sales@westlandmygroup.ca)

## Student Feature Spotlight 2023

Featured student leaders are selected by the Phi Lambda Sigma — Epsilon Nu Chapter at the University of B.C. and by the BC Pharmacy Association Student Ambassadors between the months of October and March.



### Cyrus Dinh

Cyrus Dinh, Mark Seo and Vanay Verma are the founders of UBC pharmacy's first student health/fitness club. As health-care professionals, the trio believes they should set an example of being health-conscious and physical fitness is an aspect often overlooked. Cyrus, Mark and Vanay started the Pharmafit club to share their passion for fitness and promote the idea of setting an example with peers. The team hopes to continue to build the Pharmafit community and provide practical and actionable fitness information to those in the profession.



### Mark Seo

PharmaFit's primary objective is to provide comprehensive guidance on health, fitness, and nutrition to pharmacy students. The importance of a healthy lifestyle in enhancing longevity cannot be overstated. However, the abundance of misinformation related to fitness and nutrition disseminated by certain individuals, influencers, and corporations for financial gain has entrenched itself in society. To tackle this issue, PharmaFit seeks to create a central hub where students can learn from our renowned scientific guest lecturers, participate in executive-led group workout sessions, and access social media content providing practical tips for maintaining a healthy lifestyle.



### Vanay Verma

PharmaFit was founded to provide proper information regarding health, fitness, and nutrition tailored to pharmacy students. A healthy lifestyle is an essential factor in longevity, however, misinformation regarding fitness and nutrition is widespread in our society. Thus, the goal of PharmaFit is to provide a community for interested students to learn from our guest lecturers and take part in group workout sessions with executive members who have extensive knowledge of weightlifting through years of training/competitions. PharmaFit also posts weekly content on our social media which informs students about convenient ways to stay healthy and active despite a demanding pharmacy schedule.



### Grace Song

Grace has always been passionate about advocating for students, destigmatizing mental health, and creating a safe learning environment. Through her previous positions as PhUS Associate VP and VP Academic, she strives to continuously make positive long-term changes within the Faculty and bring student-led initiatives that will enhance students' learning. She truly values student wellbeing and intends to continue encouraging students and Faculty to incorporate changes and/or initiatives to emphasize the importance of emotional, mental, and physical wellbeing. One of the most valuable lessons Grace has learned in pharmacy is that taking time for self-care is crucial to becoming better pharmacists.

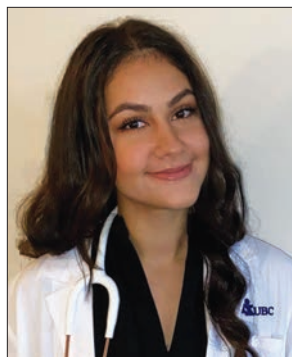
---

*Do you know a pharmacy student that is making important contributions to their community and our profession? Featured leaders receive a \$50 gift card sponsored by the BC Pharmacy Association. Contact [ubc.philambdasigma@gmail.com](mailto:ubc.philambdasigma@gmail.com) to learn more.*



#### Grace Li

Grace is always passionate about bridging the health-care gap. As a member of the Health and Dental Plan Committee, she successfully implemented \$250 coverage for the HPV vaccine, benefiting thousands of UBC students and reducing financial barriers to protection and support. Grace also served as co-chair of Pharmacy Awareness Month, organizing events to promote pharmacists to the public and health care professionals. Her advocacy for accessible health care and the pharmacy profession was featured in *The Ubysey*. Grace strives to continue making a positive impact on the pharmacy profession and the larger community.



#### Hajer Mahmood

Hajer's willingness in cultivating inclusive environments where students feel supported is one of the many ways she demonstrates leadership. After joining Pharmily Mentorship Program in her first year as an Event Coordinator, Hajer now holds the position of Vice President. Hajer has contributed an immense amount of hard work, creative ideas, positivity, and leadership to the success of PMP. Specifically, she founded the recurring event "Rx for Procrastination", where students have the opportunity to study in the presence of each other to help motivate one another. Hajer is a charismatic leader who has made a profound impact within the program.



#### Ingrid Frank

Ingrid stands as an unparalleled representation of a dynamic and visionary leader who embodies a growth mindset and a passion for innovation. With a natural ability to take initiative, establish strong relationships, and empower those around her, she radiates authenticity and humility. Ingrid is currently President of two student groups — Pharmily Mentorship Program, which she initiated in 2020, and Phi Lambda Sigma, the pharmacy student leadership society. Ingrid has been a shining example of leadership and community building, constantly striving to recognize and reward those who embody the core values of the pharmacy profession.



#### Ronak Sardari

Advocacy, leadership, and connection have always been Ronak's greatest passions! As a student representative, Ronak organizes events to promote deeper connections among her peers and works to effectively reflect students' inputs to the faculty for a transparent and supportive pharmacy school experience. Ronak has co-founded "UBC Pharmaceutical Industry and Health Technology Initiative", where through events such as "Beyond the Counter Talks" and Industry Roundtable, she hopes to create opportunities for PharmDs to take on more innovative roles on a greater scale, and make UBC's Pharmacy Program a hub for innovative pharmacy practice beyond the niche of community and clinical practice! **T**





From 2016 to 2021, more than 3.56 million inhalers were prescribed for Fraser Health region residents.

## Measuring the impact of metered-dose inhalers

A *BCMJ* paper published in May 2023 examined prescribing patterns using PharmaNet data and calculated the climate impact of inhalers in the Fraser Health region

### ■ Reducing inhaler greenhouse gas emissions

BY KEVIN LIANG, MD, CCFP; DARRYL QUANTZ, MFPH, MPH, MSC

The greenhouse gas emissions of the Canadian healthcare system is among the highest in the world, and pressurised metered-dose inhalers (pMDIs) contribute significantly to this carbon footprint. Because pMDIs use liquefied gases called hydrofluoroalkanes (HFAs) as propellants to deliver medication to the lungs, they release potent greenhouse gases into the atmosphere on actuation and if disposed of improperly.

A recent *BCMJ* paper published in May 2023 examined prescribing patterns using PharmaNet data and calculated the climate impact of inhalers in the Fraser Health region—the most populous health region in British Columbia. Using the available data, the researchers also estimated the prevalence of short-acting  $\beta_2$ -agonist overuse in patients with asthma—a powerful indicator of poor asthma control and a significant source of emissions.

The results show that from 2016 to 2021, more than 3.56 million inhalers were prescribed for Fraser Health region residents; an average of 394,094 pressurised metered-dose inhalers and 199,536 dry powder inhalers/soft mist inhalers

were dispensed per year. The resulting carbon footprint of inhalers was 8,478 tCO<sub>2</sub>e per year, and pressurised metered-dose inhalers accounted for more than 98 per cent of the footprint. To put this in context, the annual average measured emissions from the Fraser Health region, which includes 174 buildings with 13 acute care hospitals in 2021, over the same six-year period was 38,951 tCO<sub>2</sub>e. Patients are prescribed a higher proportion of pMDIs compared to low-carbon alternatives that have similar efficacy. Switching to dry powder inhalers (DPIs) when clinically appropriate can significantly reduce emissions.

The article highlights the clinical concerns associated with pMDIs, such as suboptimal inhaler technique and difficulties in determining when the inhaler is empty. DPIs and soft mist inhalers offer improved medication deposition and once-a-day dosing, which can enhance adherence. The study also emphasises the prevalence of short-acting  $\beta_2$ -agonist overuse, which is associated with poor asthma control and increased exacerbation risks. **1**

Figure A

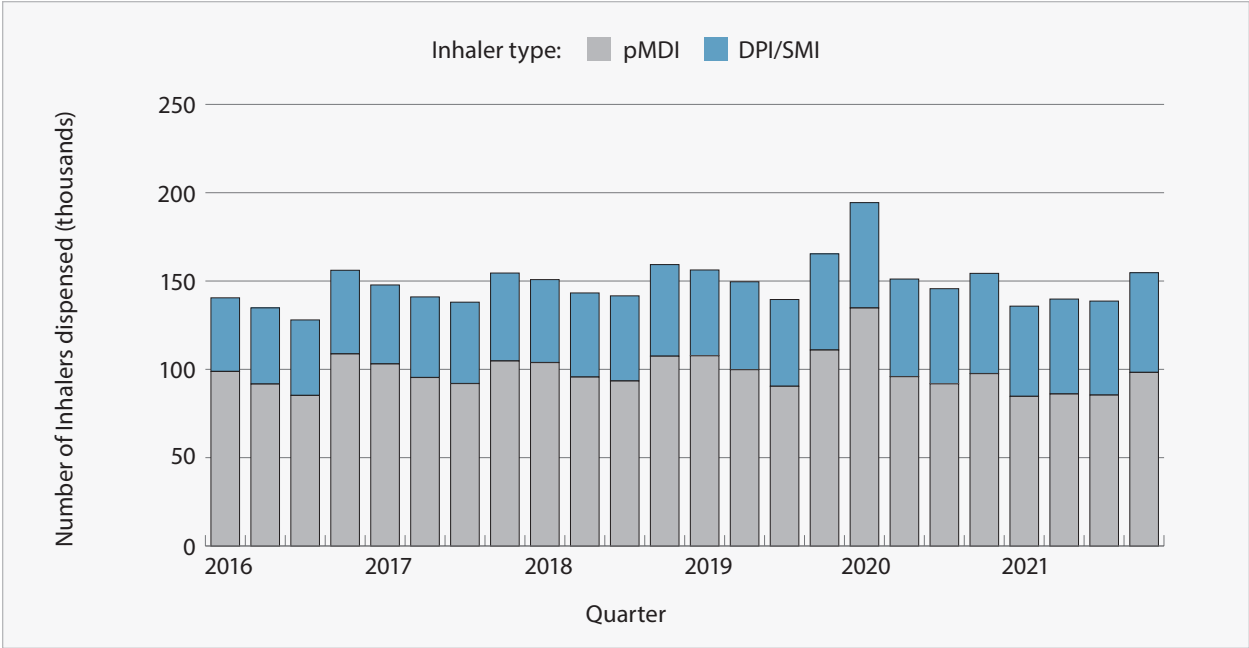


Figure B

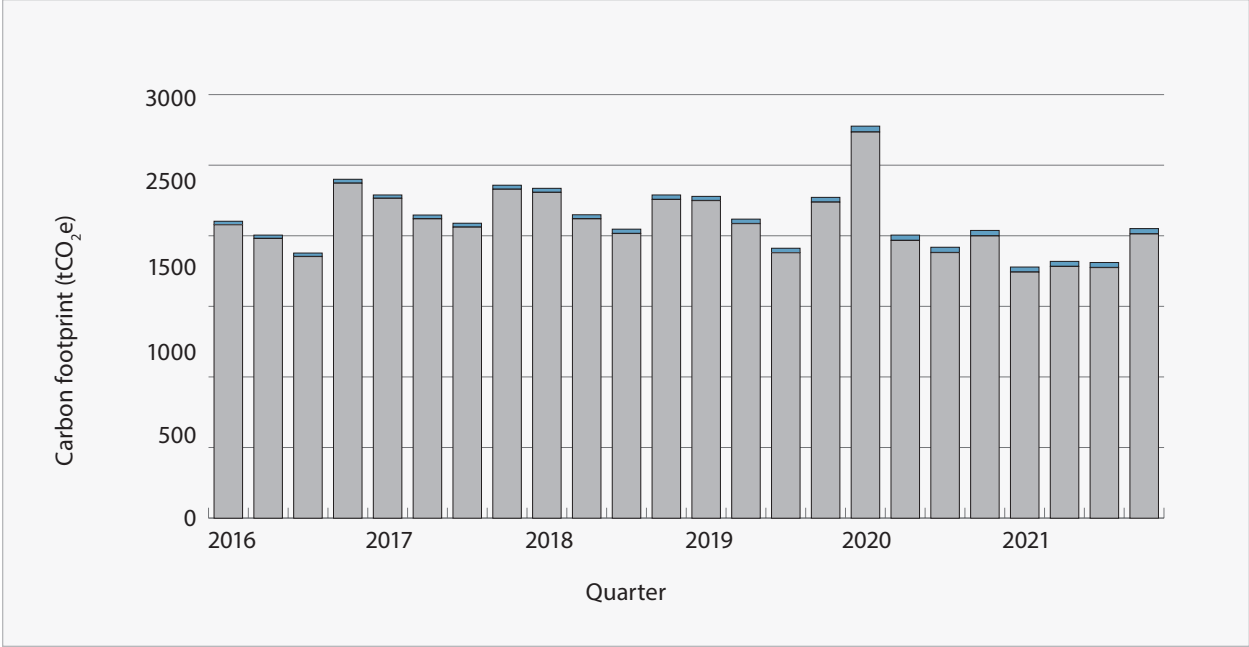


FIGURE 1. (A) Number of inhalers dispensed and (B) the carbon footprint from dispensed inhalers, shown quarterly, from 2016 to 2021, by type of inhalers.

DPI = dry powder inhaler; SMI - soft mist inhaler; pMDI - pressurized metered-dose inhaler



## Community pharmacists fight climate change

BY VALERIA STOYNOVA, MDCM, FRCPC, MHPE;  
CELIA L. CULLEY, BSP, ACPR, PHARM D

Climate change is affecting the health of British Columbians as part of a global trend towards adverse health outcomes. Every year, climate-related events such as wildfires, heat domes, and floods cause morbidity and mortality, disproportionately affecting our most vulnerable populations. This year is no exception; the 2023 wildfire season includes the largest fire in B.C.'s history, covering an area greater than Prince Edward Island and leading to evacuations and disruptions in healthcare delivery.

Paradoxically, many healthcare interventions needed to keep our patients healthy — including medications — can exacerbate the climate crisis by creating outsized carbon emissions. We know that the Canadian healthcare system accounts for 4.6 per cent of the national greenhouse gas (GHG) emissions, a quarter of which are related to prescription and non-prescription medications — inhalers among them. In their recent paper, Liang et al. elegantly capture the scope of inhaler-related carbon footprint in the Fraser Valley through a retrospective review of community inhaler dispensing. Their alarming findings highlight the medication-related practices that are contributing to our GHG emissions and model potential

strategies to decrease this footprint at the prescriber level. This begs the question: how can we, as healthcare providers, do our part to provide high quality patient care while simultaneously minimizing our environmental impact?

Pharmacists are trusted voices in the patient's care team. As accessible healthcare professionals with expertise in medication management, pharmaceutical supply chains, and drug shortages, pharmacists and pharmacy technicians are well positioned to positively influence healthcare delivery. Healthcare organizations are increasingly recognizing the key contributions of pharmacy professionals in providing climate conscious healthcare with calls to action published in major pharmacy journals, pharmacy-specific Environmental Sustainability Taskforces, and national step-by-step guides on low-carbon sustainable pharmacy practice.

While the potential contributions are manifold, we propose here five small steps with a big impact you can take in your community pharmacy practice today to mitigate the climate impact of therapy, while continuing to provide high quality, patient-centered care.

### 1 Educate yourself on climate impacts of inhalers.

Among the many excellent Canadian-specific resources, we recommend reviewing the two inhaler Playbooks from the knowledge mobilization network CASCADES (Creating a Sustainable Canadian Healthcare System in a Climate Crisis). These include literature summaries which highlight the issue in a Canadian context and include provider- and patient-facing resources and can be found at [cascadescanada.ca/resources/inhalers/](https://cascadescanada.ca/resources/inhalers/).

### 2 Recommend, source, and dispense lower carbon and low volume HFA MDI devices where feasible.

Liang et al. highlighted that the vast majority of the inhaler-related carbon footprint in the Fraser Valley is related to MDIs. However, not all MDIs are made equal. There is substantial variability in the carbon footprint among inhalers, even within the same device type and pharmacologic category.

Some MDIs use ethanol or oleic acid as an HFA-sparing agent, which markedly lowers their carbon footprint. These “low-volume” HFA inhalers have the same device type, the same active ingredient, the same number of doses, the same indications, contraindications, and inhaler technique; the main measurable difference is the carbon footprint which can be cut by two-thirds by selecting low-volume HFA devices. As an example, a high-volume HFA rescue inhaler has the carbon footprint equivalent of driving up to 112.6 km in a standard gasoline-powered vehicle whereas the low-volume inhaler is equivalent to 38.8 km.

Knowing these differences and carefully weighing



carbon footprint as part of the decision-making process when choosing which inhaler to source for your pharmacy can make a significant difference.

Pharmaceutical companies are currently developing lower-carbon propellants such as HFA-1234ze and HFA-152a that will further lower MDI carbon footprint further, which are expected to hit the Canadian market in another five to seven years.

### 3 Continue to regularly review patients' inhaler technique.

An inhaler is only as effective as the technique with which it is used. We know that the majority of patients have at least one critical handling error when using their inhaler. We also know that inhaler technique declines over time; even patients who have been on inhalers for many years and feel confident with their technique can develop critical handling errors which can decrease drug delivery and effectiveness.

Pharmacists are well positioned to review inhaler technique with patients on a regular basis. Online videos can be a useful adjunct to in-person teaching, and we recommend the high quality, brief and patient-centered videos that can be found on the Canadian Lung Association website ([lung.ca/lung-health/how-use-your-inhaler](http://lung.ca/lung-health/how-use-your-inhaler)). Inhaler teaching best practices include observing the patient using their inhaler, then providing targeted feedback on their technique.

Continue to counsel patients that all MDIs should always be used with a valved chamber holding device (spacer device), which greatly increases drug delivery to the lung tissue.

### 4 Identify patients with asthma and COPD who may benefit from optimization of maintenance therapy.

Particularly in the current context where primary care providers are a scarce resource in B.C., the community pharmacist is regularly the healthcare provider with the most exposure and continuity of care with a patient.

We know that rescue inhaler use is a marker of disease control in patients with asthma. We also know that salbutamol refills can be used as a surrogate marker for disease control, with poorly controlled asthma defined as the use of two or more rescue inhalers per year. Community pharmacists can readily identify patients with high frequency of rescue inhaler refills and review and optimize maintenance therapies with patients if already prescribed. If necessary, pharmacists can contact the prescriber

with medication recommendations to optimize disease control, or counsel the patient to seek care as appropriate.

Identifying such patients can trigger a review by their prescriber to reassess inhaler regimens, technique, investigate alternate diagnoses which could be missed (e.g. heart failure, pneumonia), or screen for comorbid conditions that can markedly worsen asthma control (e.g. acid reflux, allergic rhinitis). By promoting better asthma maintenance, we further decrease the carbon footprint of therapy by reducing the need for carbon-intensive rescue MDIs and reducing high-carbon components of care such as ER visits and hospital admissions. Most importantly, better disease maintenance improves the health and quality of life of our patients.

### 5 Educate about and ensure appropriate inhaler disposal.

The majority of MDIs in B.C. have no dose counters, meaning there is no way to accurately quantify how many doses are left within the inhaler at the time of disposal. Although the "float test" has been taught historically, it is neither sensitive nor specific, and is not recommended. The lack of dose counters can lead to patients underestimating how many doses are left in their device, which in turn leads to the premature disposal of inhalers while there is still active ingredient and propellant remaining.

We know that up to a third of the carbon footprint of MDIs comes at the end-of-life phase once the inhaler is ready to be discarded. For safe disposal, the propellant needs to be incinerated at high temperatures to neutralize the remaining propellant.

The Health Products Stewardship Association (HPSA) is a national organization operating in BC whose mission is to promote environmentally safe medication disposal. We encourage you to see if your pharmacy is registered — or learn more about registration to their free post-consumer medication takeback programs at [healthsteward.ca](http://healthsteward.ca).

Pharmacy professionals play a central role in providing climate-conscious care. High yield actions include prioritizing low-carbon inhalers when feasible, reviewing inhaler technique, optimizing patients' disease control, and safe inhaler disposal. Although the climate crisis is creating new challenges for the delivery of healthcare, we can take immediate action to protect our patients by mitigating some of the climate impact while continuing to provide high quality, patient-centered care. **11**

# Addressing the unique challenges of each influenza season

## An in-depth pharmacy operations perspective

WRITTEN BY AJIT JOHAL, FEATURING LINDA GUTENBERG

Pharmacist and BCPhA board member **Linda Gutenberg** supported the Heart Pharmacy group in administering over 12,000 influenza vaccinations during the 2022-2023 season. In a candid, in-depth interview with pharmacist **Ajit Johal**, Linda provides her operational expertise to support pharmacies in navigating another challenging influenza season. Ajit has been providing immunizations and clinical education since 2012, he champions community pharmacist as leaders of immunization services through his vaccine centre of excellence program.

Most British Columbians who received an influenza vaccination did so at a community pharmacy, with B.C.'s pharmacists passing the 1 million doses administered milestone yet again. It has become clear that the province has come to rely on its pharmacists to protect its residents from influenza and other respiratory diseases. Every influenza season has been fraught with unique challenges, which pharmacists have had to navigate and adapt to during what has become arguably "the busiest time of the year" in community pharmacies. The 2022-2023 season was certainly no different: with COVID-19 still a global pandemic, the coadministration of COVID-19 vaccines, using ImmsBC for influenza for the first time, and multiple options for high-risk adults 65 and older. I had the opportunity to catch up with pharmacist Linda Gutenberg to discuss her take on the past influenza season and critical learnings for pharmacists going into the next season.

It was recently stated that "nothing had advanced the pharmacy profession more than the ability to administer vaccinations." Do you think BC pharmacists' ability to provide influenza vaccinations since 2009 has built a strong case for our role as knowledgeable and accessible healthcare providers?

For pharmacists, our advocacy for expanded scope has always materialized when there is a "great need" for us to support in a larger capacity. For influenza vaccination, the great need was additional immunization providers to support vaccinating the population during the H1N1 pandemic. Providing vaccinations

had been advocated for a long time before this, but it was a protected service held on to very tightly by public health. The advocacy laid the foundation for our profession to step up when needed and deliver excellent results. We expect pharmacists' strong track record and growing healthcare needs in our province will continue to yield opportunities for expanded scope.

This past influenza season during the pandemic was undoubtedly a challenging one; how did you mobilize your team to deliver a successful campaign?

Two critical mobilizations for our pharmacy group to prepare for the 2022-2023 influenza season were assigning a dedicated staff member to logistics and leveraging allied healthcare professionals to increase vaccination capacity.

Managing the staffing, clinic schedule, appointments, and vaccine inventory was nothing short of a full-time job. One dedicated staff member attended to all the above responsibilities across all stores. They set the scheduler on ImmsBC, booked all staff at the clinic locations, carefully monitored inventory, and adjusted based on vaccination delivery.

With the ability to have registered and licenced practical nurses administer influenza and COVID-19 in the community pharmacy, our pharmacists could be mobilized as clinical specialists. With "vaccine administration" duties supported by allied health, our pharmacists were better suited to answer patient questions and provided the necessary education on available influenza and COVID-19 products.

One unique operational change this past

season was including influenza vaccination within "ImmsBC", which was previously only used for COVID-19 vaccinations. What challenges did you experience, and how did your team adapt to this new workflow?

Our pharmacy team had to adapt our workflow with the ImmsBC system for both our community pharmacy vaccination clinics and our offsite clinics at long-term care facilities.

Within the pharmacy, it was essential to "monitor" booked appointments on the ImmsBC system to ensure our team could best service our patients. Screening for age, for example would allow us to flag appointments for patients who were 65+ to ensure we had enough of the publicly funded adjuvanted vaccine. Similarly, we would also screen for patients less than 12 to ensure that they were booked for influenza vaccination and not COVID-19 since pharmacies do not carry inventory for this age demographic. When a patient booked an appointment, we did not know if they were coming for one vaccine or two (both COVID-19 and influenza), so it was a challenge to anticipate the time each appointment would take. Juxtaposed on top of this was the fluctuating inventory of multiple COVID-19 mRNA, non-mRNA, and influenza products for different age groups. Our staff member in charge of logistics had to carefully monitor inventory and appointments to ensure everyone who booked received the vaccinations they had selected. Inevitably, there were cases where patients would want COVID-19 and influenza vaccinations, and we would not have the latter in the fridge. We tried our best to ensure these patients got immunized by calling them back for priority "walk-in appointments" to make this as convenient as possible.

For offsite clinics at long-term care homes and assisted living facilities, laptops needed to be purchased to administer vaccinations using ImmsBC. To ensure quality and secure access to ImmsBC, stable and secure internet access was needed to the facility's protected network. To ensure smooth operations for

an offsite clinic, the pharmacy team arrived 35-40 minutes before the first vaccination appointment at the facility. Once again, our central administration person organized all offsite clinics, and a “checklist” for offsite clinics helped to standardize the procedure across all locations. Pharmacies administering vaccinations through ImmsBC at the pharmacy and offsite on the same day should plan accordingly. Especially if the facility requests a report of those residents and staff vaccinated. In that case, it is very difficult as ImmsBC cannot filter out patients vaccinated at the facility versus at the pharmacy.

Another programmatic change to this past influenza season was delineating an influenza vaccination program for community-dwelling seniors 65 and older. Specifically, the allocation of adjuvanted trivalent inactivated influenza vaccination for this group. Historically, no product has been specifically allocated to community-dwelling seniors, with seniors in LTC and assisted living receiving the high-dose quadrivalent inactivated influenza vaccine since 2020. Since community-dwelling seniors may opt to purchase the high-dose vaccine, or receive a publicly funded adjuvant vaccine, what tips do you have for pharmacists to help older adults 65+ understand which vaccine is best for them?

The terminology “enhanced” was very confusing for seniors, and our pharmacist would be called in to clarify the difference between the government-funded adjuvanted vaccine and the high-dose vaccine available for private pay. Since our location offers both vaccinations, we have an independent booking system for those who want to pay privately for the high-dose vaccine. Administering a private “unfunded vaccine” is not currently done through ImmsBC, so this vaccine, once administered, is adjudicated through pharmanet via the pharmacy software. Many patients booked through ImmsBC and wanted to pay for the high-dose vaccine. We established a workflow to let all immunizers know to ask their patients 65 and older which vaccine they wanted. If the immunizer was a nurse working at the pharmacy, they were provided clear instructions to defer all questions about the difference between the two products to the clinical pharmacist.

Some tips for pharmacists to sort out which vaccine is best for their older adult patients while being conscious of the long lineup waiting to be vaccinated are as follows

1. Start by asking the patient what they want. Almost 90 per cent of patient queries regarding selecting vaccination products for those 65+ could be clarified by asking which one they wanted and whether they wanted to pay for it.
2. About 10 per cent of queries fell into the “I’m not sure what I should get” category. In these cases, when it was deferred to the pharmacist, patients were advised that despite a lack of head-to-head comparator studies between the high dose and adjuvanted product, the high dose vaccine has the most evidence showing its superiority over the standard dose in RCT and RWE settings.

Many pharmacies do not opt to order private inventory of influenza vaccinations. What advice would you give to support pharmacists in offering influenza vaccinations that are not part of the public program?

It is important to differentiate your community pharmacy; offering additional influenza vaccination services for high-risk older adult groups is undoubtedly one way to do this. Create a demand for the product before influenza season and build a following of patients who opt for the unfunded vaccination product every season. Screening for high-risk patients, such as older adults with multiple medical conditions, can be part of your pharmacy’s medication review services program.

As we gear up for another fall respiratory disease season, what key operational insights should BC pharmacists know to have a successful 2023-2024 campaign considering the expanded scope of MACS?

A gradual approach to refining the workflow will help ramp things up for September. Our pharmacy group aims to build upon the successful workflow from last season and accommodate the additional demand for minor ailment prescribing in addition to vaccinations. Some of the things we are looking at include multiple areas within the stores offering vaccination and minor ailment services. Again, screening

your appointments will be necessary. For MACS, for example, building a patient profile into the pharmacy dispensing software and ensuring inventory for potential medications your pharmacist may prescribe are meaningful investments to ensure a high-quality patient experience at the pharmacy.

---

*Special thanks to pharmacist Linda Gutenberg who graciously shared her insights and expertise in navigating the challenges of the 2022-2023 influenza season. This year, we expect an equally busy season with IMMSBC, vulnerable populations, COVID-19 fall boosters, and minor ailment prescribing. Essential to “staying afloat” this year is to plan to optimize the skill set of your pharmacists by empowering your support staff. Prioritizing your older adult patients, as data shows they suffer disproportionately from death, morbidity, and hospitalization secondary to influenza. Understanding that seniors require different vaccines to address age-related immune system decline and the options available is the best way to address this. As always, we can expect pharmacists to “step up” again and deliver a successful influenza campaign in 2023-2024.*

References available at [bcpharmacy.ca/summer-23/influenza-season](https://bcpharmacy.ca/summer-23/influenza-season)

Both the Adjuvanted trivalent influenza vaccination and the high dose quadrivalent vaccine are indicated for use in adults 65+. The 2023-2024 NACI Influenza statement recommends for adults 65+ the high-dose vaccination should be used instead of the standard-dose vaccine with grade-A evidence. The 2022 ACIP analysis stated that there is no strong evidence favoring either high dose or adjuvanted vaccine over one another among studies providing direct comparators. However, according to the analysis the most evidence is for high dose with high quality evidence favouring high-dose over standard-dose from 1 RCT, and the largest quantity of data available for high dose. Pharmacists are expected to provide individual level recommendations based on their knowledge, assessment, and product availability of the patient at the time of vaccination.





# Influenza Vaccine *Fluzone*® High-Dose Quadrivalent

**FOR ADULTS 65+**

FLUZONE® High-Dose Quadrivalent vaccine is indicated for active immunization against influenza caused by the specific strains of influenza virus contained in the vaccine in adults 65 years of age and older.<sup>1</sup>

Please consult the Product Monograph at <https://products.sanofi.ca/en/fluzone-qiv-hd-en.pdf> for contraindications, warnings, precautions, adverse reactions, drug interactions, dosing, and clinical use. The product monograph is also available through our medical department. Call us at 1-888-621-1146.

**National Advisory Committee for Immunization (NACI) recommends that IIV-HD should be used over IIV-SD, given the burden of influenza A (H3N2) disease, and based on IIV3-HD in adults 65 years of age and older.<sup>2</sup>**

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

**References:** 1. FLUZONE® High-Dose Quadrivalent Product Monograph. Sanofi Pasteur. March 3, 2022. 2. National Advisory Committee on Immunization (NACI). Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2022–2023.

FLUZONE® is a trademark of Sanofi Pasteur. Sanofi Pasteur 1755 Steeles Avenue West, Toronto, Ontario M2R 3T4

© 2022 Sanofi Pasteur Limited. All rights reserved. MAT-CA-2200127-v1.0-04/2022

DIN: 02500523

**sanofi**

123





## PRIDE-RX: Advancing gender and sexual health equity through pharmacy education

BY MICHAEL MUI

COMMUNICATIONS MANAGER, BCPHA

A curriculum shift is happening at the University of British Columbia's Faculty of Pharmaceutical Sciences to ensure the coming generations of students are sufficiently educated in the health-care needs of the 2SLGBTQI+ community.

2SLGBTQI+ is the official acronym used by the Canadian government to recognize Two-Spirit, Lesbian, Gay, Bi-sexual, Transgender, Queer, Intersex and others who identify as a part of sexual and gender diverse communities.

In a 2019 House of Commons Standing Committee on Health report, it was identified that there exists health inequities within each of the 2SLGBTQI+ communities, and how each community experiences these inequities is different. The report also recommended that sexual and gender diversity be included in health professional training. Factors contributing to these inequities include discrimination and stigmatization.

The work at UBC is called PRIDE-RX, funded by a Teaching and Learning Enhancement grant awarded in 2021 and 2022, and is spearheaded by pharmacy lecturers Tristan Lai and Alex Tang. Using the grant, Lai and Tang are in the process of including 2SLGBTQI+ curriculum into each of the four years of the Entry-to-Practice Doctor of Pharmacy program. The initiative has partnered with community organizations, including AIDS Vancouver, Health Initiative for Men, QMUNITY, Community-Based Research Centre, Trans Care BC, WISH Drop-In Centre Society, in addition to subject matter experts and pharmacy students from UBC.

As of 2023, the first two years of the new curriculum have already been implemented.





"PRIDE-RX is an incredible project, which will address curricular gaps regarding the pharmaceutical care needs of 2SLGBTQI+ people. This work is vital, as pharmacists are in an optimal position to deliver affirming and competent care to these communities – but they need to be equipped with the language, confidence, communication and clinical skills to do so. 2SLGBTQI+ are often overlooked in curriculum or included only in cursory ways. PRIDE-RX is working with an advisory of subject matter experts, faculty, and community partners to support the development and implementation of targeted curricular content. Future generations of pharmacists will have the capacity and commitment to deliver inclusive care. As a queer and trans person, this work means a lot to me personally. Not only is the PRIDE-RX curricular development process grounded in anti-oppression frameworks, but as someone who has had less than ideal experiences interacting with pharmacists, I can only look forward to the positive impacts that this project will have on my own future care experiences."

— A.J. Lowik

*A.J. Lowik is a postdoctoral research fellow with UBC Faculty of Medicine's Centre for Gender and Sexual Health Equity. Their work focuses on understanding and improving trans people's experiences of health care, with a particular focus on reproductive health. They are also a proud member of the PRIDE-RX Queer Curriculum Advisory Committee.*

## PRIDE-RX

The components of the 2SLGBTQI+ curriculum are broken down as follows:

- › In program year-one, students can expect to attend a mandatory lecture introducing the concepts of sex, gender, sexuality, and the social determinants of health for people in the 2SLGBTQI+ communities.
- › In program year-two, a mandatory three-hour workshop expands on the content introduced to students in the first year. The workshop includes a panel discussion where three 2SLGBTQI+ community members speak with students, and includes a questions and answers segment.
- › In program year-three, students have the option to enroll in an elective course, which focuses on the pharmacists' role in providing care to 2SLGBTQI+ community members. The course will cover topics including providing culturally safe care and relevant therapeutic conditions, such as mental health, substance use, and gender-affirming therapies.
- › In program year-four, all students will complete an online module in a fourth-year seminar course to learn how they can build a 2SLGBTQI+ inclusive pharmacy practice. In addition, students who completed the third year elective course may pursue a practicum opportunity in fourth year. In this practicum, students will be paired with a 2SLGBTQI+ community partner organization and spend eight weeks immersed in hands-on learning, experiential training and working directly with 2SLGBTQI+ members.

"We recognize that there's a huge gap in terms of knowledge and skills within the current curriculum in the UBC pharmacy program to sufficiently meet the healthcare needs of 2SLGBTQI+ communities," said Lai. "This integrated 2SLGBTQI+ curriculum within the Entry-to-Practice Doctor of Pharmacy program here at UBC involves not only didactic learning but also experiential learning to hopefully affect changes within the pharmacy profession here in British Columbia." **T**

For more information about PRIDE-RX, please visit: [t1ef.ubc.ca/funded-proposals/entry/878/](https://t1ef.ubc.ca/funded-proposals/entry/878/)



# Review your Pharmacy Store Insurance with us today!

## Why Reliance Insurance?

- Successful Pharmacy Insurance Program
- Comprehensive "All Risk" Policy
- Endorsed by the BC Pharmacy Association
- 30+ years of experience insuring BC Pharmacies
- 200+ Pharmacies as customers

Amarjit Taggar

📞 604.255.4616

✉️ ataggar@reliance.ca



PROTECTION  
BEYOND  
INSURANCE®



Scan  
me to  
learn  
more





Pictured: Charissa Tonnesen (left) and the pharmacy staff team at Tumbler Ridge Pharmacy.

## Pivoting community pharmacy to integrate minor ailments prescribing

BY LORI BONERTZ, BSC(PHARM) AND CHARISSA TONNESEN, BSC(PHARM) PHARMD (CANDIDATE)

As the days ticked down to the June 1 launch of the Minor Ailments and Contraceptive Service in British Columbia, we experienced cautionary feelings that the additional workload may be too much for existing pharmacy staff at the four locations operated by the HealthTeam Holdings Corporation.

Our stores serve the rural/remote communities of Tumbler Ridge, Fort St. John, West Kelowna and Keremeos. Similar to many other organizations, we are experiencing staffing challenges and two of the four pharmacies have just one pharmacist on staff per shift. On the heels of having already placed additional workload on our pharmacy team members through the COVID-19 vaccination campaigns, staff members questioned whether our pharmacists would have sufficient time to also perform minor ailment assessments.

It felt like the rollout happened very quickly. We organized a Zoom meeting for all staff across the four locations and determined that we would take a discretionary approach to minor ailments assessments and prescribing.

We knew there were going to be certain minor ailments that our pharmacists had greater confidence assessing or that were

more straightforward to assess while contraception was identified as the area that pharmacists wanted to approach more gradually. We only have seven pharmacists within our organization, so each pharmacist was encouraged to choose to perform the minor ailment assessments they were most comfortable with or that they had time to perform.

Including the pharmacists, we have a total of approximately 30 staff across our stores. Generally, we have not had to place too much additional training on the staff to recognize when they should call a pharmacist over to see if a patient needs a minor ailments assessment. We ensured a list of all 21 minor ailments was placed beside each phone. That really helps our staff recognize the conditions that must be referred to a doctor versus the conditions patients can see our pharmacist for.

For many of the conditions, our pharmacists were already accustomed to assessing patients who would first present to the pharmacy seeking a solution. Now we are able to help many of them instead of sending them to the physician's office.

Especially in the beginning when our staff were still familiarizing themselves with the documentation requirements, this



slower approach allowed our pharmacists to build confidence and to experiment with how they could fit minor ailments into their existing workflow. We have not set quotas and each pharmacist has the option of how and when to perform minor ailment prescribing.

Initially, there was some thought that we could have patients attend the pharmacies during specific clinic hours. Some of our pharmacies offer regular clinic hours to focus on services such as immunizations and we thought that those clinic hours would be a great time to have patients come in for minor ailments.

The reality, to date however, is that very few of our patients use the online booking system or call ahead for an appointment. The vast majority are walk-ins and our pharmacists accommodate the patients right away if they have time or ask them to come back later in the day. Appointments are ideal from a workflow perspective, but based on what we've seen so far in the first two months, it seems that, at least for our locations, we will continue to see the bulk come in as intermittent walk-ins. This is especially noticeable during summer in our Fort St. John location, due to its location on mile 48 of the Alaska Highway. Travellers often see Fort St. John as the last stop before they continue on up to Alaska, with a significant portion of them from out of province. For the out-of-province/ country patients, we decided to charge a fee of \$25 to \$30 per assessment. Cold sores, followed by urinary tract infections, have been the most common minor ailments for which treatment has been sought at each pharmacy.

One thing we have realized since launch is that the documentation process is time-consuming and the current fee for providing the service does not truly reflect the time commitment. To try to streamline the process, we are now exploring purchasing additional software that would automate filling out the patient profile, identify concurrent medications and conditions the patient may

have, and even automates PharmaNet billing codes. There's a growing number of vendors that are offering similar services and we are in the midst of exploring those options now. Having tested one of the options, our conclusion is that it really does speed up the process. However, currently we are still exploring our software options and just how much impact having that piece within our pharmacies is not something we have been able to measure yet.

Going forward we hope to set up clinic days for specific indications that do not present acutely, such as smoking cessation for which one of our pharmacists has done ongoing additional training. In addition, while the physicians in the four communities seem broadly supportive of minor ailment prescribing by pharmacists, we hope to further advertise it to physicians and to other health-care professionals locally to ensure our patients are receiving efficient, appropriate health care. **T**



Lori Bonertz and Charissa Tonnesen (pictured) are two of the shareholders of Health Team Holdings Corporation, a pharmacy ownership group that owns and operates Tumbler Ridge Pharmacy, Andreen's Pharmacy, Similkameen Pharmacy and Fort St. John Pharmacy & Wellness Centre.



*Independent Pharmacists for Independent Pharmacy*

**We are a strong supporter of independent pharmacies and committed to looking after our member stores.**

**We represent a peer network of like minded independent pharmacy owners that shares experience, knowledge and philosophy.**

**We have an experienced and dedicated home health care team that is second to none with vast product knowledge and access to an extensive mix of home health care products.**

**We are an industry leader in customer service - only a phone call or an email away for any issues that may arise.**

**With the changing pharmacy landscape, now is the time to join uniPHARM!**



**For more information on what we can offer you as a primary wholesaler, please contact:**

**Ron Gracan B.Sc.(Pharm), R.Ph.  
General Manager  
Tel: 604-276-5236  
Email: rong@unipharm.com**

**Proudly supporting independent pharmacy for over 40 years!** 





## Meet the BCPHA's ImmsBC support team!

Since the launch of the ImmsBC appointment booking system, the Association assembled a dedicated team made up of BCPHA staff and contract employees to managing all aspects of the provincial ImmsBC system for pharmacy users. The work includes provisioning pharmacies and pharmacy user accounts onto ImmsBC, training, day-to-day technical support, vaccine ordering and allocations, as well as forecasting demand and coverage capacity in partnership with health authority for both COVID and Influenza. In late June, the ImmsBC system was expanded to enable patients to book Minor Ailments and Contraceptive Services appointments in pharmacies. The team is currently developing a new online support website so that pharmacies can access the information they are seeking with greater ease as well as a live chat box feature alongside in preparation of the upcoming COVID and influenza season. Also, the team is working with health authorities in increasing pharmacy participation in HPV vaccinations in key areas where HPV vaccinations are low. To reach the ImmsBC team, please contact [immunizationsupport@bcpharmacy.ca](mailto:immunizationsupport@bcpharmacy.ca).

---

PICTURED ABOVE (LEFT TO RIGHT, STANDING): GARY MUI, BRYCE WONG, EMILY STORY, ANDY SHEN, CHENOA FLACK, VINCE LEE, KAM AUJLA, INNA OMELYUKH, CHELSEA NETZLAW. (LEFT TO RIGHT, SITTING): YVONNE BROWN, ANN JOHNSTON, RACHEL ALBERT, STEPHANIE ANUTA, JENNA MORNEAU, PATRICIA CHIN.



*The Medicine Shoppe*<sup>®</sup>  
PHARMACY

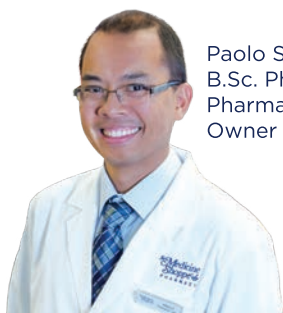
**30 YEARS**  
OF CARE

## Own your own pharmacy

Open a Medicine Shoppe  
in your community, today!

### Our franchise model offers:

- ✓ Easy start-up
- ✓ Site selection  
& leasing services
- ✓ Comprehensive  
business planning
- ✓ Ongoing operational  
& marketing support



Paolo Sales  
B.Sc. Pharm  
Pharmacist  
Owner



Jodi  
Cunningham  
B.Sc. Pharm  
Pharmacist  
Owner

Medicine Shoppe  
West Bank, BC

Medicine Shoppe  
Vernon, BC

**Connect  
with us to  
learn more.**



Scan the  
QR code to  
visit us online.

call **Aaron Rota 604-362-8661**  
email **arota@medicineshoppe.ca**



# For The Prevention & Treatment of Iron Deficiency

5

## Medicinal Ingredients

PER CAPSULE

Elemental Iron  
Vitamin C  
Vitamin B12  
Folate  
Glycine

1

## Non-medicinal Ingredient

PER CAPSULE

Hypromellose



Available in  
150mg,  
75mg & 30mg  
Elemental Iron



Proudly  
Canadian



| [FERAPRO.com](https://FERAPRO.com)

FERAPRO 150mg Medicinal ingredients: 150mg Elemental Iron (FERROUS FUMARATE) | 350mg Vitamin C (ASCORBIC ACID) | 1000mcg Vitamin B12 (METHYLCOBALAMIN) | 80mcg Folate (L-5-MTHF) | 100mg Glycine (AMINOACETIC ACID)