



Canadian  
Pharmacists  
Association

Association des  
pharmaciens  
du Canada

# The Weekly

Bringing the world of pharmacy together

## October 12, 2022

### CPhA

#### ***CPhA meets with federal health minister to discuss children's fever and pain medication supply issues***

CPhA [met with](#) Health Minister Jean-Yves Duclos on October 6 to discuss the supply challenges affecting children's fever and pain medication and the impact on pharmacy teams. Duclos expressed gratitude for everything the profession has done to address the situation and was interested in how the government could support communications efforts. CPhA raised concerns about the amount of time and resources these types of shortages require, particularly given that pharmacy teams are so stretched at the moment, and further cautioned against broad messaging suggesting that all pharmacies could easily compound product. The issue has received an increasing level of attention in the past week—from the media as well as from members of Parliament who have [highlighted the issue](#), including in a joint letter to Duclos calling for the importation of foreign label products. CPhA continues to receive media requests on the issue, and messaging is focused on reassuring pharmacists and the public that, unlike other shortages, there is no major disruption to production and supply of these medications, and that managing demand will be a key element in alleviating this situation. CPhA recently collaborated on a new patient resource ([English](#) and [French](#)) to offer guidance

to parents and caregivers, including when to speak with a health-care professional for advice.

***CPhA's pre-budget submission highlights key areas to help reduce pressures on health system and support pharmacy workforce***

Last week, CPhA submitted a [pre-budget consultation brief](#) for the 2023 federal government budget focused on 4 key areas for investment in health care. The key areas include strategies to enhance health human resources by strengthening recruitment and retention, expanding the rural and remote student loan forgiveness program to pharmacists, investing in community-based care, and implementing a mixed payer pharmacare program. “During the COVID-19 pandemic, Canada’s 45 000 pharmacists and pharmacy teams have stepped in to deliver care to Canadians right in their own community,” the submission stated. “When empowered to practice to the full extent of their scope, pharmacists can reduce the pressures on Canada’s struggling primary care networks and make care more accessible to Canadians. Investments in community-based care are essential to shoring up our health-care system and will support pharmacies in maintaining the level of service that Canadians have come to expect.”

***CPhA meets with chief public health officer and PHAC president to discuss pharmacists’ role in public health***

On October 6, CPhA [met with](#) Dr. Theresa Tam, Canada’s chief public health officer, and Dr. Harpreet Kochhar, president of the Public Health Agency of Canada, to discuss the significant role of pharmacists in public health, including the important role they play during annual flu campaigns and in increasing access to immunizations in rural and remote communities.

***Diabetes care with CPS: Share your feedback for a chance to win***

CPS is an invaluable companion for pharmacy professionals helping patients with diabetes. We want to hear about your experience using CPS to assist you in advising your patients with diabetes or prediabetes! [Share your feedback](#) by October 21 for a chance to win 1 of 2 \$50 cash prizes.

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## Pharmacy on the front lines

### ***BC pharmacists welcome new prescription powers but eye administrative burden***

Pharmacists in British Columbia are welcoming an expansion of their powers to prescribe drugs and give vaccines, but they also say that how the changes are implemented will matter. Cathy Wang, pharmacist and owner of 360Care Denman Pharmacy in Vancouver, described the shift as “very positive.” “It’s a very exciting day for us,” she [told CBC](#), adding it will mean more access to care for patients. Starting October 14, BC pharmacists will be able to administer more vaccines and renew prescriptions for up to a 2-year period for people whose family doctors have retired or left their practices, Health Minister Adrian Dix announced last week. Next spring, they will begin prescribing drugs for minor ailments like urinary tract infections and allergies, as well as contraception. As the changes are rolled out, BC pharmacists say the smoothness of the transition will depend on the reimbursement model, staffing supports and whether there’s an added administrative burden. As an independent pharmacy owner, Wang said she has some control over the workload, but she’d like to see supports in place to protect others from unreasonable demands. At the same time, she said expanding the scope of pharmacists may actually help with retention. “There’s actually a lot of young practitioners who have left the profession because there’s not enough reward. There’s a huge gap in what we learn in school, in terms of clinical practices,” Wang said. “I think, in short, there may be a little bit more workload, but it will probably increase the morale.”

### ***Some confusion as BC influenza vaccine program rolls out***

October 11 was the first day patients could roll up their sleeves for the influenza vaccine in BC, and pharmacists [told CHEK News](#) the demand was high. While the Shoppers Drug Mart on Fort Street in Victoria had 300 people through its doors for vaccines, it turns out that getting an appointment is proving a bit confusing for some. “It’s very confusing and it’s all new for all of us so it’s an online booking tool and it’s all done through the health authority,” said Kim Myers, an associate pharmacist with Shoppers Drug Mart. Unlike last year when patients booked directly through local pharmacies, this year they’re urged to wait for an invite to book through the “Get Vaccinated” system—the same system that alerts patients to book COVID-19 vaccinations. “It’s been

absolutely crazy in terms of the phone calls that we've received," said Hans Bawa, owner of Fort Royal Pharmacies in Victoria. "We're all trying to get a handle on how the system works." Some pharmacies are taking walk-ins while others are offering the flu shot to anyone already coming in for a COVID-19 booster shot. "If people have their COVID-19 booster booked at our pharmacy and they come in and they want a flu vaccine we also give them the flu vaccine," Bawa said. Pharmacists say while there's plenty of supply to go around, they're just urging people to be patient as the invites are sent out.

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## Provincial

### ***SK pharmacists permitted to prescribe children's Tylenol***

The 3 licensing bodies for Saskatchewan pharmacists, physicians and nurses have struck an agreement to allow pharmacists to prescribe compounded versions of children's Tylenol, [CTV reports](#). The collaborative practice agreement was announced on October 11 and will help parents struggling with shortages of the brand name acetaminophen products. "With the shortage of pediatric acetaminophen products, pharmacies offering compounding services are able to compound acetaminophen with a prescription as per Health Canada policy. However, pharmacists could only prescribe these products under limited conditions without a collaborative practice agreement in place," [according to a press release](#) from the Saskatchewan College of Pharmacy, the College of Physicians and Surgeons of Saskatchewan, and the College of Registered Nurses of Saskatchewan. Previously, those looking to treat their kids' fever had to obtain a prescription for a compounded version of the drug through a doctor—no small feat with walk-in clinics already overburdened and family doctors in short supply. Parents in need of children's Tylenol can now simply talk to their pharmacists to receive a prescription. The prescription can then be filled at a compounding pharmacy. "This will continue until the shortage is resolved," the press release stated.

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## National

### ***Canada approves Pfizer-BioNTech's bivalent booster targeting Omicron subvariants***

Canada now has another weapon in its arsenal to fight COVID-19: Pfizer-BioNTech's bivalent booster. On October 7, Health Canada announced it had approved the updated shot, which has been designed to target Omicron's BA.4 and BA.5 subvariants that are the dominant strains circulating in the nation at the moment, [according to Global News](#). It has been approved for Canadians ages 12 and older, and can be given at least 3 to 6 months following either the required 2 doses for full vaccination, or a booster shot. The booster shot is the second bivalent vaccine to get federal approval after Moderna's modified booster was authorized for use last month. The Pfizer-BioNTech vaccine also targets the original Omicron strain, Health Canada said in its regulatory approval. Pfizer said in a statement it's planning to submit an application for its bivalent shot for children 5 to 11 to Health Canada for review. Now that Canada has 2 bivalent vaccines on the market, the National Advisory Committee on Immunization (NACI) is "strongly recommending" bivalent vaccines be given as booster doses this fall. [In its own statement](#) on October 7, NACI updated its guidance, strongly recommending Canadians 65 years of age and older, and individuals 12 years of age and older who are at increased risk of severe illness from COVID-19, be offered a fall COVID-19 vaccine booster dose regardless of the number of booster doses previously received. All other individuals 12 to 64 years of age may be offered a fall COVID-19 vaccine booster dose, and those not able or willing to receive a bivalent mRNA vaccine may be offered an original mRNA COVID-19 vaccine.

### ***Federal government reveals plan to improve access to diabetes care across Canada***

The federal government has tabled a long-awaited plan in the House of Commons to improve access to diabetes treatment and prevention in Canada, Health Minister Jean-Yves Duclos announced October 5, [according to the Canadian Press](#). Liberal MP Sonia Sidhu called for the framework as part of a private members' bill that became law in 2021. At the time, Diabetes Canada was clamouring for some kind of national vision to address the spread of the disease. "The framework means that Canada will have a co-ordinated response to diabetes that will improve health outcomes for everyone," Sidhu told a press conference alongside the health minister on October 5. According to the private members' bill, the framework must outline the training, education and guidance health workers need to promote the treatment and prevention of diabetes, including new clinical practice guidelines. Advocates for diabetes patients have lamented the lack of federal vision on the disease for years.

“There’s really the gap of having an overall playbook or framework, and then there (are) gaps in being able to measure progress against that by providing data,” Laura Syron, president of Diabetes Canada, said in an interview on October 5. A federal strategy was established in 1999 but then absorbed into a larger strategy to address chronic diseases in 2005. The strategy will serve as a road map for provincial health systems and outline what diabetes treatment and prevention should look like in Canada, Syron said.

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## International

### ***France: Pharmacists offer medical consultations in new trial***

Fifty pharmacies have begun offering medical consultations as part of a trial aimed at improving health-care access in areas that lack doctors, [the Connexion reports](#). The pharmacists, all of whom are based in Brittany, are able to advise patients on 13 common conditions: rhinitis, pain while urinating, conjunctivitis, back pain, tick bites, diarrhea, cuts, vaginitis, first-degree burns, headaches, dyspepsia and constipation. Patients who arrive at the counter showing any of these symptoms are invited for a consultation in a private corner of the pharmacy without needing an appointment. After identifying the problem, the pharmacist will either recommend a treatment or suggest they see a doctor or go to the emergency room. The treatment usually means suggesting a particular medicine, but the program also allows pharmacists to remove ticks. “It is a response to people who do not have access to a [general practitioner] because otherwise what will they do?” said Martine Costedoat, managing director of Pharma Système Qualité, the association running the trial. “They tend to go to hospital, but emergency rooms are saturated. It’s a door which opens into the health system in areas where there are no doctors.” With the patient’s permission, the pharmacist will also inform the patient’s doctor of their symptoms and treatment. The 50 pharmacies began consultations in April, with the trial set to run until December 2023. By the end of August, 1132 patients had been seen, three-quarters of whom had their problem taken care of in the pharmacy without having to see a doctor.

### ***Australia: NSW minister backs pharmacist prescribing as patients struggle to get doctors’ appointments***

Pharmacists in New South Wales (NSW) may soon be able to prescribe antibiotics for urinary tract infections (UTIs), eliminating the need for a general practitioner visit, as part of wider reforms being considered by the state government to ease pressure on the health-care system, [the Sydney Morning Herald reports](#). In Queensland, pharmacists are now allowed to prescribe for uncomplicated UTIs after an 18-month trial of the system, and the government will now run a trial of pharmacists diagnosing other conditions. NSW Health Minister Brad Hazzard has asked his department to explore a similar trial. “There’s a very clear message from COVID that is that pharmacists have been able to step up where needed to fill gaps,” Hazzard said. “There are parts of the state where it is extremely tough to get in to see a [general practitioner] and there are some conditions, like UTIs, that I think lend themselves to the possibility of pharmacists having an expanded scope of practice.” Pharmacy Guild of Australia (PGA) National President Trent Twomey, who lobbied for the change, said patients should also be able to access care from pharmacists for colds and skin infections, along with prescriptions for the contraceptive pill and medication for blood pressure and cholesterol. “Why is it that women in other highly developed countries in Canada [and] in the United Kingdom can receive contraception from their local community pharmacy, whereas in Australia, they have to wait 4 days to be able to get an appointment?” Twomey said. The Victorian government has also recently introduced changes that will enable pharmacists to offer a wider range of vaccines, following consultation with PGA and other stakeholders.

***Australia: Job vacancies in hospital pharmacy have never been higher, SHPA warns***

The Society of Hospital Pharmacists of Australia (SHPA) has again called for the commissioning of a 10-year National Pharmacy Workforce Plan, to support pharmacy workforce sustainability, [the Australian Journal of Pharmacy reports](#). The call comes following the formal acknowledgement last week by the National Skills Commission (NSC) that shortages exist for both hospital and retail pharmacists. While the Pharmacy Guild recently hinted that the hospital sector was poaching pharmacists, the NSC’s 2022 Skills Priority List found shortages in all states and territories across hospital and retail pharmacist occupation categories. “We have seen alarming rates of hospital pharmacists leave the hospital sector and job vacancies have never been higher,” said Kristin Michaels, SHPA chief executive. SHPA said this scarcity of pharmacists sharpens the focus on an urgent need for a national strategy to meet the immediate and future health-care needs of the Australian community. Michaels



said this strategy must anticipate and fund the training and development of specialist pharmacists and plan the hospital pharmacy roles SHPA says Australia needs to safely and fully realize the benefit of investments made today. “Our medical colleagues and allied health colleagues know how important hospital pharmacists are to improving medication safety, facilitating patient flow through our crowded Emergency Departments and inpatient wards, and improving our healthcare systems capacity,” Michaels added. “In addition to their invaluable clinical skills, specialist hospital pharmacists have been proven to reduce medication-related harms, optimise medication use, decrease hospital length of stay and reduce readmissions and their associated Medicare costs.”

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## In Depth

### ***Trying to survive: To access lifesaving drugs, young cancer patients face huge hurdles***

When a young Canadian is diagnosed with cancer, the cost of treatment should be the last thing on their mind. But when it comes to accessing life-saving drugs in Canada, it turns out age does matter. Because there’s no national drug insurance plan, those without private coverage are at the mercy of provincial rules. And [as Global News explains](#), the disparity can put patients in expensive life-or-death situations.

### ***Endometriosis: Why Canadian women are flocking to a clinic in Bucharest for surgery***

Every year, nearly 100 female and gender-diverse Canadians with endometriosis wind up at the Bucharest Endometriosis Center in Romania for surgery. [Global News](#) took a deep dive into what’s driving them to spend thousands of dollars overseas for health care in Romania that’s supposed to be free and accessible at home.

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This weekly update is compiled by the Canadian Pharmacists Association. Please note that this publication is meant to inform and is not a comprehensive list of information available. Be sure to check with your provincial regulatory authority or advocacy association for province-specific information. While



we aim to ensure all information contained in this update is accurate, the situation is evolving rapidly and CPhA does not take responsibility for the content provided by other organizations and sources.

Canadian Pharmacists Association  
851 Industrial Avenue, Mailbox M035  
Ottawa, ON K1G 4L3  
[Contact Us](#)