



Canadian
Pharmacists
Association

Association des
pharmaciens
du Canada

The Weekly

Bringing the world of pharmacy together

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CPhA

CPhA's CPO on embracing change

In her [final blog post](#) before maternity leave, CPhA's Chief Pharmacist Officer Danielle Paes talks about change, transition and the ongoing evolution of the pharmacy profession. "Since joining CPhA in 2021, I've witnessed an incredible transformation in the way pharmacy is being included and positioned within the health-care arena," Paes wrote. "I'm noticing it in our discussions at CPhA, at the tables we are invited to sit at and in our advocacy work. Pharmacy is more relevant and present than ever, and I hope you're seeing that from where you're sitting too."

New posters for your pharmacy to discourage aggressive behaviour

According to our 2022 Canadian Pharmacy Mental Health and Workforce Wellness Survey, 48% of pharmacists experience abuse or harassment from patients at least weekly. We know that these encounters are stressful for all involved and can cause serious harm to the mental health and well-being of pharmacy staff and other patients. CPhA has created 2 printable posters that you can display in your pharmacy as a visual reminder that aggressive

behaviour is not tolerated and that your pharmacy team is here to help.

[Download the posters.](#)

Public Service Health Care Plan changes: Information for pharmacists

On July 1, 2023, the Public Service Health Care Plan (PSHCP) will transition to Canada Life. Over the past several months, CPhA has been advocating to reverse changes to the PSHCP switch as related to dispensing fee caps and frequency limits. The changes are a result of negotiations between the federal government and 17 unions and as such are unlikely to change in the immediate future. Some of the changes will impact pharmacies and may generate questions by plan members at the pharmacy counter. To help you explain the upcoming changes to your patients, we have developed [a new resource](#) with some speaking points.

Provincial

Some Manitoba pharmacy grads unable to use all skills learned amid old regulations

They're the first graduates of a new pharmacy program in Manitoba, but old regulations are preventing new pharmacists from making the most of their degrees. The Doctor of Pharmacy degree, or PharmD for short, is a 4-year program at the University of Manitoba designed to expand the scope of what pharmacists can do. New PharmD grad Christine Vaccaro [told Global News](#) that the difference with the new program is more time spent doing rotations and working with patients. The program's only ailment lies in provincial regulations, which don't allow the new grads to flex all their newfound skills. The province said it's changed the scope of work for pharmacists in the past—including giving them the ability to prescribe medication for urinary tract infections and smoking cessation—but did not comment on future potential changes. Pharmacists Manitoba CEO Tanjit Nagra said regulations must change so pharmacists entering the field can use the skills they spent 4 years studying.

British Columbians are getting more prescriptions than ever, thanks to new powers for pharmacists

British Columbia government figures show a 120% increase in the number of prescriptions renewed or adjusted after the province expanded pharmacists' powers last October in an effort to ease strains on the health-care system, [the Canadian Press reports](#). BC pharmacists gained the ability to administer more vaccines and renew or adjust prescriptions for a wider range of drugs, with further changes on the way. The move aimed to help ease the pressures on BC's health-care system, including the ongoing shortage of family physicians and lengthy clinic wait times. Recently released data shows nearly 60 000 prescriptions were renewed or modified by pharmacists in January—more than double the monthly average of about 27 200 in the year before the changes. Christine Antler, Pharmasave's pharmacy director for Western Canada, said patient care and health outcomes have improved since the expansion. Pharmacists are also set to gain the power to prescribe drugs for contraception as well as minor ailments such as urinary tract infections and allergies starting June 1, which Antler says will bring BC in line with other provinces.

Quebec pharmacists worry patients could lose 'exceptional' medications due to health reform

The fear of seeing seriously ill patients lose access to drugs given in exceptional circumstances, was once again raised in a parliamentary committee on Bill 15—Quebec's tabled health-care reform bill. This time, it was the pharmacists who work in institutions who expressed their misgivings to Health Minister Christian Dubé, [the Canadian Press reports](#). According to the way Article 336—"Act to make the health and social services system more efficient"—is written, institutional pharmacists would lose a certain autonomy that would allow them to administer an exceptional treatment to rare patients who do not meet the recommendation criteria of the National Institute of Excellence in Health and Social Services (INESSS). The president of the Association des pharmaciens des établissements de santé du Québec (APES), Julie Racicot, argued that patients with lymphoma, cancer or rare diseases will lose access to treatment if no changes are made to Article 336 of Bill 15. Currently, if a drug has not been recommended for use by INESSS, but a hospital's pharmacology committee is aware of new scientific literature that supports the treatment, it can decide to go ahead and administer it to the patient.

Cannabis use sending more pregnant Canadians to hospital, new study finds

Researchers behind a new study suggesting an increase in hospital visits by pregnant people related to cannabis use say they're concerned about the potential risks, including premature births and low birth weights, [CBC reports](#). The research paper, published on May 23 in the *Canadian Medical Association Journal*, tracked data from close to 1 million pregnancies in Ontario between January 2015 and July 2021. Of those, a small fraction—540 pregnant people—visited an emergency room or were hospitalized for cannabis use, according to health administrative data compiled by the researchers. Most of those cases, 390, were emergency room visits. But the rate of acute care hospital visits rose after cannabis was legalized for recreational use in October 2018, from 11 out of every 100 000 pregnancies to 20 per 100 000, the study found.

International

UK: Claims pharmacy prescribing could fuel antibiotic resistance are 'disingenuous'

Earlier this month, National Health Service (NHS) England announced community pharmacists will be able to prescribe for 7 minor ailments starting this fall as part of a 2-year government investment designed to “expand community pharmacy services” in England. But a coalition of 14 scientists claimed in an open letter to Prime Minister Rishi Sunak in the Telegraph last week that enabling pharmacists to prescribe for minor ailments could lead to antibiotic resistance, [Chemist+Druggist reports](#). The scientists suggest that the Pharmacy First scheme could cause the over-prescribing of antibiotics. But pharmacists say the claims are “disingenuous.” “We don’t accept the premise that allowing pharmacists to initiate antibiotics will increase antimicrobial resistance,” said Gareth Jones, director of corporate affairs for the National Pharmacy Association. Jones stressed that pharmacists are “highly trained and will only initiate treatment after careful consideration of the appropriate options.”

Australia: Queensland UTI pharmacy pilot an outstanding success, report finds

The Pharmacy Guild of Australia has [welcomed](#) the findings from the final evaluation report for the Urinary Tract Infection Pharmacy Pilot in Queensland, which is now a permanent and successful service available in community pharmacies across the state. The guild's Queensland Branch President Chris Owen said the final report cements the success of the service and shows patients were overwhelmingly happy with the service, would use it again and would recommend it to others. Throughout the pilot, over 10 000 Queenslanders had their urinary tract infection (UTI) symptoms identified and managed by a community pharmacist in a safe and effective manner. Of those, 88% reported that their UTI had successfully resolved. In cases where symptoms had not resolved, pharmacists verbally referred patients to a general practitioner. "The service was of significant value because of improved accessibility and convenience. Community pharmacy remains the most reliable and trusted health profession and the report demonstrates that patients experienced high-quality care and treatment," Owen said in a statement.

In Depth

It took 60 years, but RSV vaccines are just around the corner—and could make a big difference

Earlier this month, the US approved the first vaccine for respiratory syncytial virus (RSV) for use in adults aged 60 and older. One dose of the vaccine Arexvy, from drugmaker GSK, was found to be nearly 83% effective at preventing RSV lung infections in a study published in the *New England Journal of Medicine*. It has taken decades of research to get to this point. Once all regulatory hurdles have been cleared in Canada, the newly approved GSK vaccine, as well as other potential treatments to protect infants, could make a monumental difference in the number of people being hospitalized and dying from RSV, according to infectious disease and public health experts. [CBC Radio explains](#).

Worth Repeating

"Pharmacists, alongside nurses and physicians, are central to the management of oncology patients . . . Nothing happens until pharmacists

approve the medication orders from a physician. In a sense, we are the gatekeepers for oncology patients.” —Dr. Tom McFarlane, a researcher and clinical lecturer at the University of Waterloo School of Pharmacy, [on the important role pharmacists play in oncology patient management](#)

This weekly update is compiled by the Canadian Pharmacists Association. While we aim to ensure all information contained in this update is accurate, CPhA does not take responsibility for the content provided by other organizations and sources.

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