



Canadian  
Pharmacists  
Association

Association des  
pharmaciens  
du Canada

# The Weekly

Bringing the world of pharmacy together

## July 12, 2023

### CPhA

#### ***CPhA attends Council of the Federation meeting in Winnipeg***

The annual Council of the Federation (CoF) meeting, where all 13 of Canada's Premiers meet to discuss shared priorities, is happening in Winnipeg this week, July 10–12. CPhA is attending CoF to promote the role of pharmacists in health care. CPhA has met with officials and Premiers from a number of provinces, where discussions have focused on pharmacare, scope of practice, and recruitment and retention challenges for pharmacists. The meetings on July 11 focused on health care, with significant attention on how to use immigration to fill staffing shortages, how provinces can better retain workers, and the provinces' ongoing work to submit plans to Ottawa for the new previously announced health-care funding through the Canada Health Transfers.

#### ***Webinar recording available: Understanding the Indigenous experience from both sides of the pharmacy counter***

On June 19, CPhA presented the first session of our new IDEA Dialogues webinar series: Understanding the Indigenous experience from both sides of the pharmacy counter. In this session, a panel of Indigenous pharmacy

professionals discussed their experiences within the pharmacy community, the role that pharmacists can play in understanding and addressing health disparities facing Indigenous patients and communities, and how we can better provide culturally safe, inclusive care. You now have the choice of watching the webinar or listening to an audio recording of the session! [Check out the recordings.](#)

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## Pharmacy on the front lines

### ***Vernon, BC, man achieves highest pharmacist licensing exam grade in Canada***

The [Dean George A. Burbidge Award is presented annually by CPhA](#) to the student who achieves the highest mark on the Pharmacy Examining Board of Canada's qualifying exams, and this year, Vernon, BC's Zachary Kronbauer received the superlative. Kronbauer was born and raised in Vernon, and for most of his life, he knew he wanted to work in health care. "I always knew I wanted to be in the medical field, caring for people and also challenging my brain with the sciences," Kronbauer [told the Vernon Morning Star](#). "I thought about medicine, optometry, but I landed on pharmacy because I really liked my courses in biochemistry and chemistry and thought it would be a good mix of both." Kronbauer said receiving the letter that he achieved the top marks was a complete surprise. "Being a new practitioner, you're expecting yourself to know all these things, and you're starting to get feelings of imposter syndrome," he said. "Then you kind of think back on all the work you've put in, and you do know lots of stuff. It may not always come to you and you may have to look things up, but it is nice to know I can feel confident and I am a pharmacist now."

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## Provincial

### ***PEI pharmacies can now prescribe hormonal contraceptives as part of service expansion***

PEI pharmacies have expanded their scope of services and can now offer assessments and prescriptions for hormonal contraception and treatment for

impetigo and shingles, [CBC reports](#). The change came into effect on July 8 as part of the PEI Pharmacy Plus program. Before, Islanders had to visit a physician to get a prescription for any type of hormonal contraception or treatment for shingles and impetigo. With these recent additions, pharmacists on the Island are now publicly funded to assess and prescribe for 35 common ailments, including sore throat, seasonal allergies, minor joint pain, thrush, heartburn, and some skin conditions like eczema and acne. Erin Mackenzie, executive director of the PEI Pharmacist Association, said the additions were necessary. “This is something that we’ve heard loud and clear that the public wants,” she said. “[Pharmacies are] able to provide that one more piece of care for that person in front of them which before required a referral. It’s been a win-win for people.”

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## National

### ***Canadians should get a COVID-19 booster in the fall, NACI recommends***

Canadians who have gone more than 6 months without a COVID-19 shot or infection should get a booster with a new formulation of the vaccine this fall, according to the experts who guide the country’s vaccination policies, [the Globe and Mail reports](#). In formal recommendations released on July 11, the National Advisory Committee on Immunization (NACI) came out in favour of autumn doses for every age group for which boosters are approved, but emphasized the importance of extra shots for those most vulnerable to COVID-19, including senior citizens, pregnant women, Indigenous people and immunocompromised patients. NACI also endorsed giving COVID-19 boosters and flu shots at the same time—a strategy the panel hopes will increase uptake of both vaccines.

### ***Quebec the last holdout on Ottawa health deal as Nunavut, Yukon and NWT sign on***

Northwest Territories, Yukon and Nunavut all signed on to Prime Minister Justin Trudeau’s health funding offer on July 6, leaving Quebec the only outlier on the new accords, [the Canadian Press reports](#). Trudeau presented his offer to provincial and territorial premiers in February as local politicians, doctors, nurses and health advocates warned of a national health-care crisis. Territorial leaders suggested they were disappointed with the offer and called on the

federal government to put more money toward the Territorial Health Investment Fund, which helps pay for medical travel and other costs of delivering health care in the North. Health Minister Jean-Yves Duclos said there was a breakthrough in negotiations with the territories after the federal government agreed to put \$350 million toward that fund over the next 10 years. The cost of hiring workers in the North can be higher and many communities in the region are remote, he said. There are also many First Nations and Indigenous communities that have been underserved by public health care over the years.

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## International

### ***US: Where you can get birth control from a pharmacist without a doctor's prescription***

Last week, Arizona became the latest in a growing group of states that allow people to get birth control from a pharmacist without a doctor's prescription, [NBC News reports](#). Since 2016, 29 states and Washington, DC, have passed laws allowing pharmacists to prescribe hormonal contraception such as birth control pills and patches. Arizona's new policy, announced July 6, applies to people 18 years and older and comes on the heels of similar legislation that Rhode Island Governor Dan McKee, a Democrat, signed into law last month. The policies vary by state: 10 states require that patients be 18 or over, while 4 specify that pharmacists can only prescribe the pill and patch forms. The pill is the most popular form of hormonal contraception—14% of US women 15 to 49 years old currently use it, according to the Centers for Disease Control and Prevention. "Pharmacists became important points of access during the COVID-19 pandemic," said Nicole Huberfeld, co-director of the Boston University Program for Reproductive Justice. "State laws were out of step with what care pharmacists can actually provide, and the pandemic kind of highlighted the need for reconsidering and maybe modernizing how pharmacists can make use of their licensure."

### ***UK: NHS England to 'explore' shortened medical degree program for pharmacists***

As part of the National Health Service (NHS) workforce plan published last week that sets out plans to increase the number of medical professionals across the UK over the next 15 years, NHS England has said it's looking at

introducing a shortened medical degree program for pharmacists, [Chemist+Druggist reports](#). The proposals to shift around the existing health workforce will see NHS England work with the doctors' regulator, the General Medical Council, and medical schools to "explore options for a shortened medical degree" that "would be available for some existing healthcare professions such as pharmacists and paramedics." NHS decision-makers are also considering the potential of a pharmacist degree apprenticeship, as the workforce plan aims to boost the number of pharmacist training places to 4307 by 2028—a 29% increase from the 3339 training places available for trainee pharmacists in 2022.

### ***Australia: Medical abortion dispensing to be open to all pharmacists***

Beginning August 1, 2023, all Australian pharmacists will be allowed to dispense the medical abortion drug MS-2 Step—the brand name of the mifepristone and misoprostol composite pack—which can be prescribed by any health-care practitioner, [the Australian Journal of Pharmacy reports](#). The decision from the Therapeutic Goods Administration amends previous restrictions, which meant only around 30% of pharmacists could dispense the drug. It also allows for the drug to be prescribed without certification by any health-care practitioner with appropriate qualifications and training. The Pharmaceutical Society of Australia (PSA) welcomed the move and the significant improvement it would mean for access to reproductive health care. "Community pharmacists are the most accessible health-care professional for many Australians and play a critical role to ensure . . . equitable access to reproductive care, especially in rural and remote areas," said Dr. Fei Sim, PSA's national president.

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## **In Depth**

### ***The surge of young people dying from opioids***

The opioid epidemic is taking young lives—the number of 15- to 24-year-olds dying from opioid overdoses tripled between 2014 and 2021 in Ontario. And young people are shown to be less likely to seek treatment for their addictions. A deadly mix of those factors and a contaminated drug supply are creating lethal outcomes. The Ontario Drug Policy Research Network's lead investigator

Dr. Tara Gomes discusses what's behind the numbers on [the \*Globe and Mail\* podcast The Decibel](#).

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## Worth Repeating

“Lots of people don’t access care because they don’t feel that clinical interactions [with health-care providers] reflect their identity and respect who they are . . . Part of it is . . . working to create spaces that are safer for people and that don’t assume that they’re cisgender and that they’re straight.” — Cameron Schwartz, the knowledge translation manager for Vancouver-based advocacy organization Community-Based Research Centre, [calling for diverse gender and sexual identities to be included in health records systems](#)

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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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