

# Report to the NB Branch of the CSHP

New Brunswick Pharmaceutical Society Observer

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Attended NBPhS Council meeting on September 8<sup>th</sup>, 2008

Items of Interest:

1. Pharmacist Prescribing – Phase 1 complete: Revisions of Act to allow pharmacist prescribing were passed in Legislature in May.
  - Regulations were approved on September 7<sup>th</sup>, 2008 at the Special General Meeting in Moncton.
  - Next step is to hold regional meetings around the province for presentation of new regulations and opportunity for Q & A.
  - Phase 2: Target a “Wellness” program for pharmacists to implement & sell idea to the current government. Health Minister wants to see program rolled out this fall (2008).
    - Some ideas include:
      - Smoking cessation – 1<sup>st</sup> choice – in target with current government’s goals. CPhA already has program made up for CE training, and is currently being used in Dal pharmacy curriculum. One member of council brought up the point that Champix™ is a “live wire”, as it is getting post-marketing adverse reaction reporting. However, other options are available to prescribe for smoking cessation.
      - Undiagnosed cholesterol – 2<sup>nd</sup> choice – next best seller for government & physicians (as it takes this work-load out of their hands). One draw back is gaining pharmacist access to labs for blood work.
      - Minor ailments – in some respects, our current practices are independently prescribing for these.
        - U.K. & Ireland have great literature already done in these areas of pharmacist independent prescribing:
          - a. topicals for burns/rash
          - b. allergic rhinitis
          - c. asthma
          - d. heartburn
      - Other ideas brought up were undiagnosed diabetes, hypertension, & asthma. These topics were thought to be more associated in “collaborative practices” than independent prescribing.
2. Phase 2: Application process to allow Pharmacist Independent Prescribing: to be a mix between the application process in Alberta & Manitoba.
  - In the beginning, a select few willing participants will be asked to pilot this application process (~10-15 pharmacists)
  - Application is a working document, but will likely consist of a series of questions asking you to describe the following:
    - Other training rotations or mentorships (ongoing or completed) outside of formal education
    - Your current practice: role within the practice site
    - Your approach to a new client regarding the collection of pertinent data, assessing the client, identifying deficiencies in care, formulating a care plan, and follow up.
    - How you have developed or participated in a collaborative practice.
    - Provide 2 letters of collaboration from regulated health professionals (other than pharmacists)
3. Strategic planning session: NBPhS is planning for January/February of 2009. Will likely align with CPhA’s Blue Print for Pharmacy.
4. New from Dalhousie – CPE has completed its strategic planning; continue CE with evolving role of the pharmacist
  - A request for an increase in grant from NBPhS from \$5/pharmacist (current yearly giving for past 15 years) to \$10/pharmacist. Council approved for \$7.50/pharmacist for this year, and will re-evaluate next year for further increase in grant.

Respectfully submitted by Erin Clarke, BSc.Pharm