



## Canadian Association of Pharmacy Students and Interns

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The Honourable Adrian Dix  
Minister of Health  
PO Box 9050 STN PROV GOVT  
Victoria BC V8W 9E2  
Via email: HLTH.Minister@gov.bc.ca

Dear Minister Dix;

### **RE: Pharmacists prescribing in British Columbia**

On behalf of the Canadian Association of Pharmacy Students and Interns (CAPSI) it is my pleasure to support the initiative for pharmacist prescribing in British Columbia. CAPSI is an organization of nearly 3700 members, empowered to advocate for the advancement of pharmacy and health care towards excellence in patient-centered care. CAPSI represents this vibrant community of future healthcare professionals and aims to improve patient care, medication safety and patient outcomes, as well the environment in which we will one day work.

Curricula in pharmacy schools across Canada have become increasingly focused on the clinical aspects of pharmacy practice. We are equipped with the fundamentals drug therapy evaluation and monitoring, laboratory result interpretation as well as physical assessment. With further training and certification, as outlined in the Certified Pharmacist Prescriber Framework from the College of Pharmacists of BC, we believe that pharmacists can improve patient outcomes via the provision of accessible, evidence-based, drug therapy interventions.

Granting prescribing authority to pharmacists will also help address the shortage of primary care physicians and long waiting times at walk-in clinics. Being able to address the needs of patients who have minor ailments gives other health care professionals time to manage more complex patients.

To date, Alberta continues to lead and demonstrate the expanded scope of pharmacy practice. Since 2007, pharmacists in AB have been able to independently initiate prescriptions and numerous studies have shown the benefits of this practice. The RxING study, showed improvement in glycemic control and cost savings in type 2 diabetes mellitus patients with poorly controlled blood glucose as a result pharmacist intervention, including independent prescribing of oral diabetic medications and/or insulin (1,2). Specifically, pharmacist-initiation of insulin for patients with uncontrolled type 2 diabetes could lead to savings of up to C\$805 per patient (if initiated one year earlier) (2). Significant improvements were also shown for patients with hypertension and dyslipidemia in the RxACTION and RxACT studies respectively (3,4).

As students, we spend countless hours learning patient assessment, drug therapy evaluation and disease state management skills. To this we add significant practical training in direct-patient care settings where we translate our knowledge into patient outcomes. We believe that it is time to utilize pharmacists to the fullest of their capacities in order to improve patient care, its accessibility, and its overall cost-effectiveness. We are confident that enabling pharmacists with prescribing authorities is a proven strategy British Columbia can implement to innovate and optimize its health care system. As future pharmacists, we are ready to face the opportunities and challenges that this expanded scope of practice brings. Help us help Canadians and make this initiative a reality.

Thank you so much for taking the time to consider our opinion. Should you need to contact us, please send an email to vppa@capsi.ca.

Yours truly,

**Canadian Association of Pharmacy Students and Interns**

Jerry Mejia, Vice President, Professional Affairs

References:

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2. Al Hamarneh YN, Charrois T, Lewanczuk R, Tsuyuki RT. Pharmacist intervention for glycaemic control in the community (the RxING study). *BMJ Open [Internet]*. 2013 Sep 24;3(9). Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3787489/>
3. Houle SKD, Charrois TL, McAlister FA, Kolber MR, Rosenthal MM, Lewanczuk R, et al. Pay-for-performance remuneration for pharmacist prescribers' management of hypertension. *Can Pharm J (Ott)*. 2016 Nov;149(6):345–51.
4. Tsuyuki RT, Rosenthal M, Pearson GJ. A randomized trial of a community-based approach to dyslipidemia management. *Can Pharm J (Ott)*. 2016 Sep ;149(5):283–92.