

Part 1: Alberta has the widest scope of practice in the world and RxA is recognized by Alberta Health as a representative association for pharmacists in Alberta. In no more than 1000 words, describe how RxA advocates for the profession and what work it has done to achieve this scope and complementary reimbursement model.

I will start this essay by making two bold assertions: people around the world will owe the Alberta Pharmacists' Association (RxA) a great deal in terms of their health and wellbeing. Similarly, pharmacists globally will owe this trailblazing organization an enormous debt of gratitude. It will shortly become clear why these are not hyperboles.

RxA is the professional organization that promotes the interests of pharmacists to optimize the health of people in Alberta. Its vision is to lead a unified, innovative, inspired, and thriving profession. Briefly, it does this by engaging and educating stakeholders about the value of pharmacists, advocating for the recognition of pharmacists' contribution to healthcare and the advancement of pharmacy, inspiring excellence in practice, and supporting its members through quality services and professional development.

The association is a non-profit, membership-based organization. Membership is voluntary and open to Alberta pharmacists and provisional pharmacists, University of Alberta pharmacy students, and learners in the Certificate to Canadian Pharmacy Practice Program. Voting members elect RxA's Board of Directors who set the association's responsibilities, priorities, and initiatives and appoint its senior executives who oversee day-to-day operations.

RxA sums up its functions under three overlapping domains: "We Advocate, We Educate, We Support." Below is a description of what the association does under each of these categories.

As touched on above, the association champions the role of pharmacists by performing several advocacy functions. Chiefly, it represents pharmacists in its engagement with stakeholders including elected and government officials, other health professionals, pharmacists and pharmacy students, patient-advocacy groups, and the community.

Perhaps RxA's most consequential advocacy achievement yet is the negotiation of the publicly-funded Pharmacy Services Framework with the Alberta government in 2012. This innovative model allowed pharmacist remuneration for patient services beyond dispensing such as prescribing, comprehensive care plans, and medication management services. RxA laid out five guiding principles for this framework, key amongst them were developing long-term relationships with patients, ensuring access for all Alberta residents, and supporting pharmacists in expanding their scope of practice. Crucially, the services are ones that demonstrated improved patient outcomes and care quality through the

Pharmacy Practice Models Initiatives, and the implementation of the framework resulted in Alberta pharmacists having the broadest practice scope in the world. Consequently, this scope of practice made possible several unprecedented studies which demonstrated that independent pharmacist prescribing and care management for a variety of disease states result in improved patient outcomes, equity, and return-on-investment. Having encountered many international pharmacists in my work in the United Arab Emirates, it is no exaggeration to say that pharmacists around the world look to their Alberta colleagues as pioneers, and the outcomes of the practice here will undoubtedly be instrumental in the global movement for expanded pharmacist roles, all for the benefit of patient and population health. RxA continues to work with Alberta Health to update the pharmacy practice agreements and compensation framework.

RxA engages in other advocacy roles provincially and federally. Within Alberta, it identifies issues facing pharmacists and works to alleviate them or provide support. Recent examples include the increasing pharmacy robberies in Alberta and the challenges pharmacists face in facility-based care settings. Additionally, RxA established the Leadership Cohort, a group of activated pharmacists who adopt initiatives early and provide feedback, establish relationships with local, provincial, and federal officials and other stakeholders to increase their understanding of the value of pharmacy. They also meet with pharmacists to discuss current issues, share learnings, and build camaraderie. Moreover, RxA presents the APEX Awards and scholarships that celebrate excellence in practice and engage pharmacy students and internationally-trained pharmacists in Alberta.

At the federal level, RxA collaborates with the Canadian Pharmacists Association and other partners to ensure pharmacists' voice is heard in discussions on the development of the national medication insurance plan (Pharmacare) and to address drug shortages and stress and burnout in the profession.

Under its 'We Educate' domain, RxA assists its members in their professional development activities that ensure their continued competence. It provides them access to Canadian Council on Continuing Education in Pharmacy-accredited courses and programs on topical issues such as the COVID-19 pandemic and vaccinations. Furthermore, the association organizes regular webinars and virtual and in-person conferences and publishes The Capsule weekly newsletter, all of which help keep members abreast of current developments in healthcare and pharmacy.

Beyond advocacy and education, there are various ways in which RxA supports pharmacists in their practice. For example, in 2021, it rolled out the BioNavigate program, which is especially built for Alberta pharmacists to help them navigate the complexities around biological and specialty pharmaceuticals, understand the available patient support programs, and enable them to obtain and dispense these products at their pharmacies to improve patient access. RxA also supports pharmacists

in conducting privacy impact assessments which are necessary to access the provincial electronic health record, and in preparing their applications for Additional Prescribing Authorization to the Alberta College of Pharmacy by means of a dedicated course. Furthermore, the association offers members professional liability insurance through the Canadian Pharmacists Benefits Association, provides them with essential resources and tools that support their clinical practice, and gives them access to psychologist counseling services through its Wellness Program. Finally, RxA works with Alberta Health to secure funding for novel community pharmacy practices through the Innovative Pharmacy Practice Grant.

In conclusion, by championing the creation of the widest scope of practice and by supporting Alberta pharmacists to keep this unique practice model thriving, RxA became the torchbearer of the contemporary pharmacy profession all over the world. Alberta pharmacists must be proud to be represented by this organization, and with the extraordinary accomplishments of the profession in improving patient and population health outcomes, international pharmacy associations would be wise to follow in its footsteps.

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Part 2: As you move forward to become practitioners in Alberta, you will have the responsibility of working in the unique Alberta practice model. In no more than 1000 words, describe how do you plan to utilize your experience to advocate for the profession and make an impact on your patients.

A short introduction about me. I'm Syrian, but I was born and raised in the United Arab Emirates (UAE) where I went to pharmacy school and upon graduation worked in pharmacy practice research for six years. Briefly, the research focused on current pharmacist practices and how they can be changed to better serve the needs of specific patient groups and public health at large. For example, we developed and implemented screening and prevention models for diabetes and cardiovascular disease risk and explored the needs of patients with multimorbidity for special support from pharmacists.

Throughout my research, I learned that three things are essential for practice to advance and continually deliver positive outcomes. First, practice needs to be supported by ongoing research to identify current issues, develop relevant solutions, and systematically implement them and monitor their execution and results. Second, I learned that these findings, whether they are patient, economic, or implementation/process outcomes, need to be shared with various stakeholders to inform larger change. Lastly, that whenever there is a gap in care provision or an emerging health need, as pharmacists, we should ask ourselves: "How can we step in and help fill this gap?" I decided to take these three lessons to heart to guide my approach to practice.

For the past few years, professional pharmacy associations and researchers have called for a transformation of community pharmacies from places where medications are distributed and advice offered to health hubs, capitalizing on their reach within the community and pharmacists' unique training. Such a model would see pharmacies also provide health screenings, preventative services, and disease management and triage and connect patients to other health and social services. Pharmacy in Alberta has made significant inroads towards this goal, and it is my intention to work within the current framework and perhaps push the envelope a bit further to see community practice achieve its fullest potential.

There are a few areas to which I see myself paying particular attention because I find them personally meaningful and important and because they are amenable to pharmacist intervention. The first is homelessness outreach and the others are increased support to patients experiencing mental illnesses and patients' primary care needs.

I had not seen homelessness until I moved here, and although I expected it, I was surprised by how much seeing homeless people upset me. Living in Downtown Calgary and relying on transit, I encounter them almost every time I leave my house. It saddens and angers me to think about their

hardship and lack of the most basic necessities. Upon exploring the literature, I learned that homeless people are at increased risk of injuries, infections, chronic physical conditions, mental illnesses, substance use disorder, adherence issues, and other unique medication-specific challenges. Fortunately, I found studies on how pharmacists can help. Through further engagement with the literature, practice, and patients, I hope to learn more about the challenges that homeless patients face here and the available resources. Next, and based on my reading, there are specific services that I would like to incorporate into my future practice: assessing homeless patients for physical and mental illnesses, determining if they have challenges with their medications and prescribing treatment, referring them to the appropriate health services, or providing other relevant solutions. Additionally, it would be vital to directly assess and address the more fundamental issues such as debt or need for stable housing. This can be done by identifying resources for social support and referrals or collaborating with social workers. Within this context, if no channels currently exist for pharmacists to work with social services, I would work to establish such networks. Finally, it would be important that any care provided here be done in a manner that suits patients' individual circumstances, priorities, and values.

Through exposure to practice, I learned that many patients are going without a family physician to address their primary care needs, including some patients with severe mental illnesses who may also not be receiving psychiatrist care or other essential social services. This leaves patients without adequate support and follow-up, can worsen their health outcomes and distress, and further strains emergency departments. To help mitigate this, the current practice framework empowers pharmacists to take on some of these primary care responsibilities by performing assessments, prescribing, making referrals, and following-up with patients. The recent interest in establishing pharmacist-led clinics and mental health reform to a recovery-oriented care model are big steps in bridging these gaps, and I similarly plan on utilizing the current frameworks to their full extent to make sure patients get the care they need.

Having seen the important role of research in supporting and expanding practice, I resolved to maintain involvement in it, incorporate it as an element of my practice, and collaborate with colleagues and interested partners here in Alberta and internationally. As mentioned, this would help in creating focused and applicable interventions, systematize and ensure relevance of data collection, and give a platform for publicizing findings.

A final note on how my work so far has changed my outlook on practice. It has allowed me to look not just at how things are but also at how they can be. Every pharmacist can help lead the change they want to see, and this has made me passionate about advocating for pharmacy and my future patients.

Because of this, RxA's message that "the most important way that each of us can advocate for our profession is by practicing collaborative patient-centered care, practicing to our full scope and effectively communicating what we do" resonated strongly with me. I will strive to embody these values as an Alberta pharmacist.

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