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Canadian  
Pharmacists  
Association

Association des  
pharmaciens  
du Canada

# The Weekly

Bringing the world of pharmacy together

## January 11, 2023

### CPhA

#### ***CPhA: No quick fix for cold, flu medication shortage***

Soaring and sustained demand for adult cold and flu medication is forcing pharmacists and patients to contend with shortages across Canada, [CBC reports](#). Pharmacists say there's no clear sense of when the demand will let up, given the ongoing COVID-19 pandemic and the added challenges posed by respiratory syncytial virus (RSV) and the flu. "The demand is such a critical piece of this particular puzzle that it is very hard to anticipate what the next several months are going to look like," said Joelle Walker, vice-president of public and professional affairs for CPhA. Similar shortages are being reported in the United States and the United Kingdom, also amid increased demand.

#### ***Canadian Pharmacy Heart Failure Symposium: Register now!***

Registration is now open for the [Canadian Pharmacy Heart Failure Symposium](#)! Coming to you virtually on February 4, 2023, the first-ever Canadian heart failure conference aimed specifically at pharmacy professionals in all practice settings will provide you and your team with an overview and update on the latest information and evidence you need to support your patients living with heart failure. This one-day event gives you the

opportunity to earn up to 4 CEUs on topics including diagnosis and assessment, the role of the pharmacist, guideline updates, patient perspectives, and more. [Register here](#).

### ***Join the IPPC's Board of Directors***

Calling all pharmacists interested in supporting efforts to resolve anti-Indigenous racism in pharmacy systems and represent and empower Indigenous pharmacy professionals in Canada! The Indigenous Pharmacy Professionals of Canada (IPPC) is accepting applications for its Board of Directors. Submit your completed [application form](#) by January 15.

### ***Pharmacy Workforce Wellness Initiative: Meet the Wellness Task Force***

As part of our Pharmacy Workforce Wellness Initiative, the Wellness Task Force has been created to help identify solutions to improve the morale, mental health and well-being of the profession. This team of dedicated pharmacy professionals and stakeholders is developing strategies and solutions to support the vision of a pharmacy community that values and promotes professional well-being. [Meet the members](#) of the Task Force.

### ***2022 Year in Review: What CPhA was up to last year***

While the COVID-19 pandemic remained a key aspect of CPhA's work throughout 2022, we also focused our energies on a range of other, often related, issues affecting the profession and health care in Canada. From providing information, advocacy and resources on drug shortages to embedding diversity, equity and inclusion into every aspect of our work, CPhA remained dedicated to empowering the pharmacy community and advocating for your essential role in health care. Take a look at our [Year in Review](#) to learn about how we worked for you in 2022!

### ***CPhA's CPO on reflections and lessons learned in 2022***

In the final issue of [CPO Conversations](#) for 2022, CPhA's Chief Pharmacist Officer, Dr. Danielle Paes, reflects on what she's seen, learned and heard from pharmacists through her first full year as CPO, and what 2023 might have in store for the profession. "I've concluded that the profession of pharmacy is very

good at making lemonade from lemons. We took the pressures thrust upon us during the pandemic and we turned them into professional advancement,” she writes. “Given our track record of meeting challenges with triumph, I look forward to seeing the new heights we’ll soar to in 2023.”

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## Pharmacy on the front lines

### ***Researcher says pharmacies need disaster plans***

Disaster pharmacy researcher Kaitlyn Watson believes it’s important for pharmacies to develop disaster-preparedness plans to ensure communities have access to critical medications in the wake of a disaster or state of emergency. “There is quite a huge expectation in our communities that pharmacies will be open and will be available for immediate health care needs,” Watson [told the St. Albert Gazette](#). Watson, originally from Australia, is a postdoctoral research fellow at the Epidemiology Coordinating and Research Centre at the University of Alberta and the co-chair of the World Association of Disaster and Emergency Medicine. She is also the author of a newly released book introducing pharmacy students and working professionals to the concept of disaster planning. She said an “all hazards” approach is best for emergency plans, as a community’s needs stay the same regardless of the type of disaster. “What I like to say is that every pharmacist is a disaster pharmacist,” Watson said. “Anything can be turned into an emergency that requires you to respond, so we need to be prepared for anything.”

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## Provincial/Territorial

### ***‘Another option’: ON pharmacists say ability to prescribe medicine for minor ailments makes sense for patients, health system***

As of the beginning of this year, pharmacists in Ontario have been able to prescribe medicine for 13 minor ailments, including dermatitis, conjunctivitis, cold sores and uncomplicated urinary tract infections, among others—something already done in most provinces, [the Ottawa Citizen reports](#). “For the people of Ontario, it is another option,” said Ottawa pharmacist Scott Watson. “Some people don’t have a family doctor and are going to the hospital

emergency department. If there are things that we can do to help relieve that whole health-care crunch, I think it is a great step in the right direction.”

Research suggests pharmacist prescribing makes financial sense. A University of Waterloo study found that allowing pharmacists in Ontario to prescribe for minor ailments would save the province upwards of \$42 million a year. Beyond that, pharmacists and others say the expansion is crucial at a time when the health system is overburdened and a significant percentage of people in the province do not have family doctors. Jen Belcher, vice-president of strategic initiatives and member relations for the Ontario Pharmacists Association, said the changes are supported by most people, but added “there has been some pushback, fear-mongering and gate-keeping that this is a conflict of interest, that [it’s] unsafe and it is the privatization of health care.”

### ***Pharmacists worried by dramatic rise in GTA drugstore robberies***

Drugstore robberies in Toronto and the GTA have skyrocketed since 2021 and pharmacists say not enough is being done to protect them, [CityNews reports](#). “Right now, with our safety, we’re just buzzing people in,” said Chris Mandato, the manager at Courtesy Pharmacy in Mississauga. After 2 attempted robberies at Mandato’s pharmacy in a week—the latest on January 5 when 3 men came running into the store, one of them brandishing a knife—he said he’s keeping the pharmacy’s doors locked at all times. This type of incident is becoming the norm across the GTA. Toronto police say there has been a 153% increase in pharmacy robberies since 2021, York Region police say robberies are up 350%, and Peel Region has seen a 400% rise in these types of crimes. The Ontario Pharmacists Association said the demand for narcotics has increased as a result of the worsening opioid crisis in Ontario. At the same time, it has become more difficult to rob pharmacies in other provinces thanks to the implementation of mandatory time-delayed narcotic safes at pharmacies. This measure has helped reduce pharmacy thefts by up to 95% in British Columbia and Alberta. Ontario’s College of Pharmacists is scheduled to vote in March on whether to make the safes a requirement at all provincial pharmacies.

### ***Paxlovid prescriptions double in ON after pharmacists allowed to prescribe***

Three weeks after the Ontario government gave pharmacists the green light to prescribe Paxlovid as a treatment for COVID-19, prescriptions for the

potentially life-saving antiviral drug have more than doubled, [CBC reports](#). But pharmacists and experts say there are still barriers that may make it difficult or impossible for some patients to obtain Paxlovid from a pharmacy, including strict eligibility criteria, staffing challenges and some pharmacies' lack of access to medical information. Provincial data shared with CBC shows 4342 courses were dispensed in the week after the policy was announced by Health Minister Sylvia Jones on December 8—double the previous week and the highest weekly number since the drug became available, according to the minister's office. The number of prescriptions dispensed per day in the community increased by 129% between December 12 and 29, according to the Ministry of Health. The new prescribing policy, which came into effect on December 12, was framed as a way to expand access to the medication, increase protection for the most vulnerable and ease hospital pressures.

### ***Researchers find 'vaccination deserts' in rural, northern parts of ON***

A new study, conducted in partnership by the University of Waterloo and Laurentian University, has identified “vaccination deserts” in which residents have little or no access to pharmacist-administered vaccinations, [Global News reports](#). The study found that the “vaccination deserts” exist in northern and rural parts of Ontario, often where there is a predominant number of residents who speak French. The researchers used provincial and federal data to establish where pharmacists are located in connection to the population, as it concluded that there was a dearth of pharmacists trained to provide vaccinations in these areas. “Our biggest realization is that there are many communities that do not have local access to a pharmacy at all,” said Dr. Sherilyn Houle, co-author of the study. “While medication can be delivered remotely and virtual care can be used for offsite counselling, access to vaccinations will need a more innovative approach.” The researchers point out that as the government turns to pharmacies to provide vaccinations, it will make it more difficult for people living in rural or northern communities to access immunizations.

### ***YK pharmacists can now prescribe in some cases***

Participating pharmacists in the Yukon can now assess and prescribe medications for common, minor ailments, provide injections for travel-related diseases and prescribe medication for quitting smoking, [the Whitehorse Star reports](#). “These expanded services will make better use of pharmacists' clinical

expertise and training, and align with the services provided by pharmacists in many other Canadian jurisdictions,” the Yukon government said in a December 28 statement. “This will help decrease pressures on emergency rooms, doctors’ offices and the entire health care system in the territory.” The government temporarily expanded pharmacists’ scope of practice in May 2020 in response to the COVID-19 pandemic. Similar measures were reintroduced in February 2022. They are now permanent. Patients will need to confirm with their individual pharmacist which services they provide, as well as which fees are not covered by insurance plans, as training and credentials for pharmacists can vary. “The changes to the Pharmacist Regulations allow Yukon pharmacists to use more of their skills and training to help reduce the burden on the ER and physicians’ offices,” said Joanne Gibson, the president of the Yukon Pharmacists Association. “These changes mean that the services that Yukon pharmacists can now offer are among the most extensive in Canada.”

### ***Medication shortage could mean a rough flu season for some Manitobans, pharmacist says***

There’s never a good time to get sick, but Manitoba pharmacists are urging people to take whatever preventative measures they can this flu season due to a shortage of adult cold medication, [Global News reports](#). Tim Smith, pharmacy practice advisor for Pharmacists Manitoba, told 680 CJOB’s *The Start* that the issue could be ongoing, as there’s no telling when the shortage might let up. “Availability dates are kind of a moving target,” Smith said. “This particular shortage will eventually sort itself out. When? Who knows . . . but it really does feel like playing Whac-a-Mole, in that when one product becomes available, what’s the next drug shortage we’ll be dealing with down the line?” The best way to get ahead of a potential issue, he said, is to consider getting a flu shot and the most recent COVID-19 vaccine in order to stay healthy and prevent the need for medication down the road while shelves are still bare.

### ***Cold and flu meds still in short supply in NB, says pharmacists’ association***

New Brunswick pharmacies are still dealing with high demand for several over-the-counter drugs for pain, cold and flu symptoms for children and adults, [CBC reports](#). The ultimate culprit is a “perfect cocktail” of several viruses including COVID, RSV and the seasonal flu, according to Jake Reid, the executive director of the New Brunswick Pharmacists’ Association. He said in any other year there would be enough drugs to go around without issue, but this flu

season has seen an increase in demand, which has put a “strain” on supplies. “What I’ve heard from some pharmacies is when some of these medications hit the store shelves on a Wednesday they’re gone by Thursday morning, or even quicker sometimes,” Reid said. Canada is part of a global market experiencing increased demand, so there’s little pharmacies can do to increase their stock, he added. But Reid warns against panic-buying, which would only exacerbate the problem, and said patients should speak with medical professionals to determine if they even need the medicine they’re looking to buy. “If you don’t require it and you already have some on hand, it’s better not to purchase it. Leave it for someone else,” Reid said.

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## National

### ***Medimap partners with MedEssist to make clinical pharmacy services more accessible to Canadians***

Digital health companies Medimap and MedEssist [announced](#) last week a strategic partnership to make clinical pharmacy services more accessible to Canadians. The new partnership combines Medimap’s digital platform for finding walk-in clinics and other types of health-care practitioners with MedEssist’s extensive relationships with pharmacies across Canada to make it easier for patients to book appointments with pharmacists and access the services they provide. This strategic partnership will help Canadians utilize pharmacists’ expanding scope of practice and reduce the need for people to visit a clinic or a hospital for minor ailments or non-urgent care, according to a news release. “We are excited to be able to offer this new feature to our users because it will help increase awareness about the important role pharmacists play in our healthcare system and help patients get timely access to care,” said Joella Almeida, co-founder and CEO of MedEssist.

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## International

### ***US: New FDA policy expands access of mifepristone dispensing to certified retail pharmacies***



On January 3, the Food and Drug Administration (FDA) [announced](#) pharmacies can now dispense mifepristone—a pill used in medication abortions. The ruling is expected to make medication abortion, which accounts for more than half of US abortions, more accessible in states where abortion remains legal. The American Pharmacists Association (APhA) [said in a news release](#) that it advocated on behalf of pharmacists urging the FDA to permit pharmacies to become certified to dispense this FDA-approved drug to patients with a prescription, as long as they comply with the certification requirements. A certified pharmacy must ensure certain processes and procedures are in place, and dispense, including by mail-order, within a specific timeframe. The FDA's action does not change the current restriction on patients' access to mifepristone in states that have banned or restricted access following the Supreme Court's recent *Dobbs v Jackson* decision overturning *Roe v Wade*. APhA said it will continue to advocate for clarifications in areas where discrepancies in authorities across state lines exist.

#### ***UK: Joint letter calls for workforce plan to include whole of pharmacy***

Pharmacy leaders have warned the government about a lack of engagement with stakeholders around the development of its long-term workforce plan in England, [according to a statement from the Royal Pharmaceutical Society](#) (RPS). A joint letter signed by representatives from 14 pharmacy organizations has called for reassurance that the workforce plan, expected by April 2023, will cover the entirety of the pharmacy workforce across the health service, including in community pharmacy. The letter notes that the Health and Social Care Committee in July 2022 called for a pharmacy workforce plan to help optimize workloads across primary care, reduce pressure on general practice and hospitals, and support integrated care systems. With continued pressures on pharmacists, the groups plead it's more important than ever to support the pharmacy workforce so that the staff needed to deliver patient care now and into the future can be recruited, trained and retained. "Pharmacy teams across the health service are under enormous pressure and as well as support for frontline staff now, the workforce plan must also look to the future and how we can make the most of the next generation of pharmacist independent prescribers to enhance patient care," said Thorrun Govind, the chair of the RPS in England.

#### ***UK: Shortage of cold and flu medicines increases pressure on pharmacies***



Amid the worst crisis in medicines supply “in 36 years,” community pharmacists have reported severe shortages of cold and flu medicines, [according to the \*Pharmaceutical Journal\*](#). In December 2022, the government agreed to 198 product price concessions—the highest on UK record—in an indication of severe medicines shortages and increased supply prices across the UK. This exceeds the 159 products that were listed in September 2022—the previous record. The list now includes many common products, with recent additions including gabapentin, levetiracetam, mebeverine and nitrofurantoin. Antibiotic shortages also continue, while community pharmacists have reported that they are experiencing shortages of over-the-counter cold and flu medicines, as influenza rates soar. Leyla Hannbeck, chief executive of the Association of Independent Multiple Pharmacies, said she has had discussions with ministers about the issue. “Constructive discussions happened between myself and health minister Will Quince yesterday afternoon concerning the medicines supply chain. Access to medicines is part of the very fabric of our society,” she [tweeted](#) on January 5.

***UK: General practitioner referral is putting too much pressure on pharmacists, pharmacy owner says***

Referring patients with complex medical needs to pharmacies is placing them and chemists under too much pressure, according to pharmacy owner Max Punni. Since 2020, pharmacies have been paid a £14 fee (the equivalent of nearly CAD\$23) per patient referred by to them by general practitioners to try to ease pressure on England’s National Health Service (NHS) during record demand. But Punni, who owns 11 pharmacies, said the fee is inadequate and is placing some patients and staff at risk. “We’ve seen a large increase in the number of people being referred—sometimes inappropriately—to the pharmacy,” he [told BBC](#). “We are effectively the front line [of the NHS], especially after hours. People are turning up to us wanting to remove stitches, people with complex mental health problems [have come in] breaking down. We had a death in one of my branches in Christmas week.” A spokesperson for NHS England South West said pharmacists can refer patients with more complex problems to the most appropriate service. Gareth Jones, director of corporate affairs at the National Pharmacy Association, [told the \*Pharmaceutical Journal\*](#) in October that the scheme would lead to a “more convenient medicines service for long-term conditions, acute care and the prevention of ill health” while also freeing up general practitioners.

## ***Ireland: Pharmacists call for urgent law to let them supply substitute medicines amid shortages***

A crisis in procuring medicines, with hundreds of them unavailable or in very limited supply, has sparked calls from the Irish Pharmacy Union for emergency legislation to allow pharmacists to supply substitute medications without general practitioner approval, [the Irish Examiner reports](#). As of January 9, there have been 219 medications—from children’s antibiotics and painkillers such as acetaminophen to allergy medications and nicotine replacement therapies—listed as in shortage in Ireland. Pharmacists have been left scrambling to secure what limited supply of medications they can and spend hours each day on the phone to already-overstretched doctors suggesting alternatives to unavailable products. Irish law currently does not allow pharmacists to provide therapeutic substitutions. Instead, these must be prescribed by a medical doctor. But a “serious shortage protocol,” if introduced by the government, would allow pharmacists to substitute medications such as antibiotics and painkillers in line with set protocols without first receiving approval from a doctor, said Dermot Twomey, the president of the Irish Pharmacy Union. “So, if an antibiotic is prescribed for a child but that is short . . . as pharmacists, we could substitute for an alternative antibiotic, based on a protocol,” he said.

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## **In Depth**

### ***US drugstores make slow headway on staffing problems***

Major drugstore chains have raised pay and dangled signing bonuses to add employees. They’re also emphasizing lunch breaks and sending routine prescription work to other locations to improve conditions in their pandemic-battered pharmacies. Still, temporary closures persist, and experts say bigger changes are needed. [The Associated Press](#) explains the issue.

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## **Worth Repeating**

“Time and time again . . . we have a [drug] shortage that happens. We all scramble to deal with it and then we sort of move on. What we’d like to see is a more comprehensive action plan to deal with preventing shortages from

happening.”

—Joelle Walker, CPhA’s vice-president of public and professional affairs, [on the cold and flu medication shortage](#) across Canada being a “wake-up call”

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This weekly update is compiled by the Canadian Pharmacists Association. Please note that this publication is meant to inform and is not a comprehensive list of information available. Be sure to check with your provincial regulatory authority or advocacy association for province-specific information. While we aim to ensure all information contained in this update is accurate, the situation is evolving rapidly and CPhA does not take responsibility for the content provided by other organizations and sources.

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